Intensive Substance Abuse Case Advocacy Program: The Survey

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INTRODUCTION

This is the second in a series of reports from the Intensive Substance Abuse Case Advocacy Program project conducted by the Guardian ad Litem (GAL) Services Division of the North Carolina Administrative Office of the Courts. The first report gave an overview of the project, described the research methodology in detail, including the survey questionnaire used as the data-gathering instrument and presented preliminary findings from numeric data calculated by spreadsheet functions. Since that time we have "cleaned" the data set and performed a more extensive statistical analysis.

Data cleaning operations reduced the number of usable questionnaires from 1323 reported originally to 1317 and the number of cases from 956 to 951. There remains something of a problem with missing data on some of the variables. For example, respondents (GAL advocates) either did not know or for some other reason failed to report such information as race, age and educational level of many of the parent/caretakers.

The final sample for this study consisted of 951 cases from 17 counties with active GAL volunteer programs. Survey instruments were sent to all GAL volunteers in these counties who had cases with new petitions filed in 1990 or 1991. The survey instrument was a questionnaire that consisted of both closed and open-ended questions about parents/caretakers of the children and about what had happened in the cases. Thus, subjects for this study were parent/caretakers of abused, neglected and/or dependent children for whom guardians ad litem are advocates. The advocates themselves, either volunteers or their GAL staff supervisors, were the respondents who filled out the questionnaires. For simplicity they are called either "**volunteers**" or "**respondents**" in this report. Even though many of the subjects were non-parent caretakers, they are called simply "**parents**" or "**subjects**" in this report. Also, for the sake of simplicity, families where direct indicators of substance abuse were identified are called **SAB cases**; others are called **non-SAB cases**.

Two sections based on the first report follow this introduction. As a convenience to the reader who may not have ready access to the first report, we have included excerpts from the Background and Methodology sections of that first report. The third section is an overview of the study sample of cases using univariate analysis of the basic data from the questionnaires and a description of additional variables computed from the original responses. The fourth section describes the statistical techniques used for bivariate analysis, the findings from these procedures in tabular form and a discussion of these findings. The report concludes with a summary, recommendations and a brief statement of the plan for the next phase of the project. Appendix A consists of a copy of the survey instrument and codes developed for open-ended questions in the instrument. Appendix B contains a list of items used in computed variables. Footnotes follow the last page of text.

I. BACKGROUND

In the State of North Carolina, drug related arrests of women, who are often the primary caretakers of children, have increased by 82% from 1986 to 1989, compared to a 71% increase in controlled substance arrests of men. The same three-year period also showed an overall 25% increase in arrest rates of females for all crimes.

In the period from 1989 to 1991, women's admissions to prisons have increased by 19%, or 357 inmates, and men's admissions have increased by 31%. Although these admissions cannot be differentiated by type of crime, the resident population of the prisons can be differentiated. The resident population of women serving time due to drug offenses increased by 85% in the three year period from 1989 to 1991, compared to a 66% increase for men. The children of incarcerated females who are single parents are likely to be taken into nonsecure custody, necessitating the filing of a juvenile petition.

The number of petitions alleging abuse, neglect and dependency have been filed in greater numbers each year since the Guardian ad Litem (GAL) program has been in existence. Statewide, the GAL caseload has grown at a rate of 25% yearly for the past three years. Substance abuse by parents or caretakers is increasingly perceived to be a major contributing factor in these petitions. This seems a credible perception given the increasing number of females incarcerated for substance abuse related offenses together with increased numbers of abuse, neglect and dependency petitions. However, no hard data have been available on what percentage of the GAL caseload has parental substance abuse as a contributing factor necessitating the filing of the juvenile petition. Informal estimates from the GAL district staff range from 50% to 90%. Nationwide, the National Council of Juvenile and Family Court Judges estimates that substance abuse is an underlying factor in between 60% to 90% of juvenile and domestic cases.

Children with AIDS, children of parents with AIDS, babies born addicted to drugs or with Fetal Alcohol Syndrome, children of drug addicted parents, and children of parents who abuse alcohol are at particular risk for entering the system, usually into nonsecure custody (i.e., foster care). It should also be noted that children with special needs (such as AIDS babies, crack babies, and other drug dependent babies) present special challenges even under the best of parental care circumstances. When the parents are themselves impaired by a variety of conditions ranging from poverty to immaturity to drug addiction, the care of these children becomes especially problematic. In addition to the sense of loss and the stigma that children in foster care often feel, foster care is, at times, only a small step above the care that they received in their natural families. Reunification of these children with their natural families is often viewed as an ideal goal. However, a lack of appropriate services for the children and family members often impedes such reunification.

The goal of the Guardian ad Litem Services Division of the Administrative Office of the Courts is to advocate for whatever is in the best interest of children in court. GAL recommendations to the court focus on appropriate services for the child and to the extent that it is in the interest of the child, the child's family. Often, in substance abuse related cases, GAL volunteers need special information about substance abuse issues and how to access appropriate

services in their communities. Where these services are not readily available, guardians need to advocate for making them available.

In order to provide the appropriate supervision and training for GAL volunteers related to the often thorny substance abuse related cases, a two phase research project was designed. The first phase of the project utilized a statewide sample of counties where there are teams of volunteer and attorney GALs who advocate for children in court. Volunteers or their GAL staff supervisors in those counties responded to a questionnaire about their cases for which new petitions were filed in 1990 and 1991. This questionnaire was designed to estimate the number of GAL cases that involved substance abuse along with certain details about the family lifestyles and types of substances abused, if any. Additionally this first phase study explored the types of services that were needed and available for parents with substance abuse problems as well as the needs of their children. The second phase of the research project, which is now underway, is intended to provide an advocacy model so that the disposition recommendations of the GAL volunteer made to the court are in the best interests of the children and their families. This report addresses findings from the first phase of the research project.

II. METHODOLOGY[1]

INSTRUMENT DEVELOPMENT

A survey instrument (a questionnaire) was developed to address the contribution that substance abuse by parents or other caretakers made to the filing of a petition for abuse, neglect, and/or dependency. In addition, other contributory factors were explored such as mental health problems, unemployment, poverty, lack of parenting skills and the like. Finally, the instrument asked about services that were needed for parents or other caretakers and for children that would facilitate family reunification. Several open-ended questions were included in the instrument to allow the responding GAL volunteer to provided detailed narrative on the case in question.

The initial draft of the instrument was not fully pretested due to the principal investigator leaving the survey team before the complete pretest was accomplished. Time constraints and staffing limitations dictated that the instrument would go into the field as it existed. The full instrument is reproduced in Appendix A.

SAMPLING

A purposive sample of twenty-one counties with GAL volunteers was drawn. Three counties were selected because of their relatively high concentrations of Native American or Hispanic populations. This was done to insure representation of these groups in the study. The remaining counties were sorted into three geographic groups -- East, Piedmont and West and six were drawn randomly from each group. Four counties were later dropped from the sample because of a variety of insurmountable data collection problems.

Following are comparisons of the sample county characteristics with state data. These data were provided by the State Data Center and are based on the 1990 Census. Overall, the sample counties are reasonable approximations of state characteristics for these variables and can

therefore be considered reasonably representative of the state as it is covered by the GAL program.

The state population reported for 1990 was 5,708,537. The seventeen sample counties have a population of 1,647,312 for this same time period. Average county population and percent rural differ noticeably for the state and the county study sample. The relatively higher average population and lower percent rural in the sample reflects an urban bias in the sample. This bias exists because county GAL programs that use volunteers do not exist in three rural districts consisting of 11 counties where there have been fewer abuse and neglect petitions.

Differences in median income and unemployment rates can be explained by the urban bias in the sample which in turn reflects the urban bias of the program as explained above. The higher proportion of Native Americans in the samples is a result of the purposive sampling described above.

When numbers of female-headed households, number of abuse and neglect cases for which petitions were filed, number of children placed by Departments of Social Services (DSS) and admissions alcohol or drug treatment in each county were divided by that county's population, the resulting rates in the sample counties were similar to those in all counties.

Figure I: Summary of Demographic Characteristics

Demographic Characteristic	State	County Sample
Total population (in millions)	5.708537	1.647312
Average county population (in thousands)	65.615	102.951
Percent rural	73%	63%
Percent Black	22%	20%
Percent Native American	1.44%	5%
Female-headed households (rate)	.037	.038
Children placed by DSS (rate)	.014	.015
Number abuse/neglect petitions (rate)	.025	.021
Admissions for alcohol or drug treatment	47.4	43.0
Median income (in thousands)	$27.226	$28.742
Unemployment rates	4.96%	4.71%

These demographic comparison variables represent factors that may be related to or reflect the incidence and prevalence of abuse, neglect and dependency cases in which parental or caretaker substance abuse is a factor. Overall, it appears that the sample of counties from which these data have been taken matches the state characteristics for these selected variables reasonably well. While the sample counties are somewhat more urban than all counties throughout the state, this factor appears to have minimal impact on the other matching variables of interest. In sum, the sample data may be viewed as properly portraying GAL case characteristics statewide.

THE SURVEY

The plan for the survey was to have every GAL volunteer in the sample counties fill out a questionnaire on each caretaker in each family for which petitions were filed in 1990 and 1991. The number of eligible cases was determined by counting new petitions reported on monthly statistical forms by GAL district staff. While a few of these petitions did not pertain to the child maltreatment cases this study is concerned with, this remains the best estimate of a baseline number to work with. There were 1157 new petitions reported for the 1990-91 time period. Of these 1157 cases, questionnaires were returned for a total of 956. This resulted in a respectable response rate of 82.6% overall. This figure excludes questionnaires that could not be used because of inadequate or contradictory information, or because they reported cases which were not eligible for the study.

Counties were divided between the principal investigator and a part-time research analyst for distribution of the survey instruments and training GAL volunteers about how to complete the questionnaires. The part-time research analyst held briefing sessions with groups of volunteers in ten counties to give instructions and answer questions about the survey instrument. The principal investigator left the study before distribution of survey instruments had been completed, and there was little information concerning how the distribution had been accomplished. It was discovered in subsequent contacts, however, that in some of these other counties instruments went to volunteers without consistent training in how they were to be filled out.

GAL district staff distributed copies of the instrument to volunteers who did not attend the briefing sessions. Although a deadline return date was given, two administrators delayed over two months before distributing the questionnaires to their volunteers who had not attended training sessions. The research analyst found it necessary to expend a great deal of time and effort in trying to retrieve completed questionnaires. Further delays resulted from attempts to reach volunteers who had submitted incomplete or inconsistent information in an effort to clarify information so that more of the surveys could be salvaged. The timetable for completing this phase of the project was delayed considerably by these difficulties. In the end there was a six-month delay before the last questionnaires were received. This was particularly troublesome since only two months had been allocated for this phase.

DATA PROCESSING.

The information gathered from the survey instruments was put through several data processing steps to insure that the information provided by the GAL volunteers was accurately transferred to the final data set used for analysis. The well-known rule of GIGO or garbage in, garbage out refers to the fact that corrupted data can only lead to corrupted analysis results. To the extent that the GAL volunteers provided accurate accounts of the cases they reported on, the data have been faithfully transcribed and coded to reflect their reports.

As much of the instrument as was possible was precoded for future data entry and a codebook was developed for the close-ended items in the questionnaire. Since the open-ended questions did not have pre-developed codes, they were not coded until later in the data processing effort. The instruments were carefully checked as they were received. Numerous questionnaires

that had incomplete or conflicting data were checked by directly calling the GAL volunteer who completed the instrument or the district administrator and getting additional information or clarification on why the missing information could not be obtained.

Spreadsheet files were initially developed for counties and data from each questionnaire were entered on a county by county basis in the spreadsheet. After most of the entries were made, spot checks of the spreadsheets revealed numerous errors. Printouts of the data were reviewed and corrections were made by other data entry personnel. During this latter data entry, the open-ended questions were being transcribed to index cards so that they could be sorted and developed into codes. Representative codes were developed after about two-thirds of the sample's open-ended questions were transcribed. Normally, fewer transcriptions are done but the open-ended questions in this sample were sparse and diverse thereby necessitating a larger number of transcriptions than normal.

After the open-ended coding was completed, these data were added to the spreadsheet files of the closed-ended questions. These data files were taken through several stages of processing to prepare a data set that could be successfully transferred from its spreadsheet format to a statistical analysis program format. We encountered numerous additional difficulties in this process which delayed the final cleaning of the data set preparatory to analysis.

III. OVERVIEW OF THE STUDY SAMPLE

DEMOGRAPHIC VARIABLES

The initial section of the questionnaire asked for information about parents' gender, race, educational attainment, age and relationships to children. This information is depicted in Tables 1 through 4 below. Percentages in these tables refer to the number of responses, not total number of questionnaires.

The 1317 parents remaining in this sample include 835 mothers and 335 fathers, indicating that natural parents are a distinct majority of caretakers involved in these cases. Stepparents accounted for 73, or only 5.5 % of these caretakers. The sample also includes 28 grandparents and 27 parents' lovers. The residual category of Other was listed only 19 times. The low incidence of stepparents and lovers may reflect poor reporting. That is, some respondents did not understand that questionnaires were to be completed for all household adults who ever functioned as caretakers, not just those named in the petition.

TABLE 1: Parents/Caretakers

A. RELATIONSHIPS	Number in Category	% of Subjects	B. GENDER	Number in Category	% of Responses
Mothers	835	63.4%	Females	873	66.7%
Fathers	335	25.4%	Males	436	33.3%
Step-parents	73	5.5%	**Total**	**1309**	**100%**
Grandparents	28	2.1%			
Parents' B/G Friend	27	2.1%			
Others	19	1.4%			
Total	**1317**	**100%**			

Most of the parents in the sample were females, which is not surprising since 63% of them are mothers.

There were responses to the question about parents' race on 1247 questionnaires, but 90 of these (7.2%) were "don't know" answers. An additional 4 respondents said "Other" without specifying. There were 770 whites, accounting for 61% of the sample. There were also 298 blacks (23%), 61 Native Americans (4.9%), 18 Hispanics (1%) and 6 Asians (less than 1 %).

TABLE 2: Parents' Race

RACE	Number	% Responses
White	770	61.7%
African-American	298	23.9%
Native American	61	4.9%
Hispanic	18	1.4%
Asian	6	0.5%
Other	4	0.3%
Don't know	90	7.2%
Total	**1247**	**100%**

Ages were given for only 841 or 63.9% of the subjects. Parents range in age from 13 to 79 with a mean of slightly less than 32 years for those reported. The median age is 29.5, indicating that there are more parents in the younger age groups, and a greater distribution of ages in the older groups. There were 360, or 42%, who were younger than thirty and only 167, or 19%, are 40 or older.

TABLE 3: Parents' Age Groups

AGE GROUPS	Number in Group	% of Responses
15-19	45	5.4%
20-29	315	37.5%
30-39	314	37.3%
40-49	126	15.0%
50-59	27	3.2%
60 +	14	1.7%
Total	**841**	**100%**

Respondents answered the question about parents' educational level on only 619 or 47% of the questionnaires, so this variable has limited usefulness in bivariate analysis. Of these 619, nearly half (48%) were reported to be high school graduates, and an additional 31% had some level of post high school formal education. A total of 126 parents, 20.4% of those for whom educational level was reported, did not graduate from high school. Some of the open-ended responses suggested limited formal education for some of these subjects, but no specific information was given.

TABLE 4: Parents' Education

EDUCATIONAL LEVEL	Number in Category	% of Responses
< High School	42	6.8%
Some High School	84	13.6%
High School Grad	298	48.1%
Some College	38	6.1%
Two-year Degree	8	1.3%
Four-year Degree	149	24.1%
Total	**619**	**100%**

The number of children in families ranged from 1 to 14, with a distinct majority having only one or two children (see Table 5). The mean is 2.2 children per family. This figure must be noted with caution, however, since later conversation with some of the respondents indicated that some had interpreted the question to signify number of children for whom petitions had been filed rather than total number in the family.

TABLE 5: Number of Children in Families

Children in Family	Number in Category	% of Responses
1	320	33.9%
2	316	33.5%
3	175	18.6%
4	85	9.1%
5	22	2.3%
6	12	1.3%
7	6	0.6%
>=8	7	0.7%
Total	**943**	**100%**
	Mean=2.2	

Age of oldest child was used as an indicator of years of parenting experience. The breakdown of age groups (Table 6) indicates that a simple majority of these families had **oldest** children who were between 5 and 14 years of age, with a mean of 9.27 years. Thus, parents for the most part were not newcomers to having responsibilities for child care.

TABLE 6: Oldest Children's Age Groups

Children's Age Groups	Number in Category	% of Responses
1 yr. or less	54	5.8%
2-4 yrs	167	18.0%
5-9 yrs	266	28.6%
10-14 yrs	243	26.2%
15-18 yrs	182	19.6%
over 18	17	18.0%
Total	**929**	**100%**
	Mean=9.29	

INDICATORS of PARENTS' DYSFUNCTIONAL LIFESTYLES

The set of items indicating dysfunctional lifestyles of parents included not only reporting whether parents and other members of the household are substance abusers, but also questions related to frequent changes of jobs and/or residence, mood swings and/or breaking promises, and family history of violence and/or alcoholism. Respondents were also asked to describe any other behaviors or conditions that indicated possible problems with substance abuse. Frequencies for these variables are shown in Table 7.

Respondents identified 600 parents as substance abusers, or 45.6% of the subjects themselves. Also, respondents indicated that 330 parents had another person in the home who was a substance abuser. The "other" may have been but was not necessarily another caretaker and may or may not have been another subject in this study. In five cases the "other" was identified as the child.

TABLE 7: Indicators of Dysfunctional Lifestyle

DYSFUNCTION	Number in Category	% of all Subjects
Difficulty holding a job	684	51.9%
Frequent change of residence	639	48.5%
Unpredictable / Mood swings	583	44.3%
Breaks promises	556	42.2%
Family history of violence	609	46.2%
Family history of alcoholism	506	38.4%
Financial problems	656	49.8%
Related to substance abuse	(414)	(31.4%)
Other	(242)	(18.4%)
Parent is substance abuser	600	45.6%
Alcohol only	(284)	(21.6%)
Other drug only	(78)	(5.9%)
Both	(238)	(18.1%)
Other in home is substance abuser	330	25.1%
Alcohol only	(170)	(12.9%)
Drug only	(34)	(2.6%)
Both	(126)	(9.6%)

Note: Percentages in this table are based on total number of parents, N=1317

As shown in Table 7 above, alcohol is overwhelmingly the drug of choice in the sample of parents who maltreat their children and also among others in these households. Those identified as abusers of "alcohol only" (454) outnumber abusers of "other drugs only" (112) by more than 4 to 1; another 364 parents and others in the home abuse both alcohol and other drugs, for a total of 818 parents and/or others in the home who are alcohol abusers. Combining the "other drug only" and "both alcohol and drugs" categories 476 parents and others in the households were identified as other drug abusers.

Marijuana and forms of cocaine together comprised the lion's share of identified drugs accounting for 192 or 83.1% of those mentioned. Note, however, that even these two combined add up to less than half the number of "alcohol only" designations.

TABLE 8: Names of Drugs Other Than Alcohol

Name of Drug	Number mentions	% of Responses
Marijuana	85	36.8%
Cocaine	79	34.2%
Crack	28	12.1%
Unspecified Prescription Drugs	11	4.8%
Other depressants	7	3.0%
Heroin	5	2.2%
Other narcotics	5	2.2%
Hallucinogens	3	1.3%
Antidepressants	3	1.3%
Others	3	1.3%
Unspecified combination	2	0.9%
Total	**231**	**100%**

Additional information concerning lifestyle and substance abuse was derived from items asking about drug testing and treatment programs, arrests, and whether DSS knew the parents to be substance abusers. Table 9 shows frequencies for these variables.

TABLE 9: Parental Substance Abuse Indicators

Closed-end Responses	Number in Category	% of Subjects
Tested positive for drugs or alcohol	243	18.5%
Never tested	308	23.4%
Treatment Program		
Admitted	197	15.0%
On waiting list for program	14	1.1%
Refused treatment program	101	7.7%
Arrest/incarceration		
drug related	217	16.5%
other causes	74	5.6%
Arrested for DWI	154	11.7%
DSS knows of drug/alcohol problem	530	40.2%

Note: Percentages are based on the total sample of 1317 parents.

CASE DESCRIPTIONS

Data in this section come from both closed and open-end questions. Unfortunately, although most respondents answered at least one open-end question, few answered all, so that much of the information is missing. One general open-ended item asked volunteers to briefly describe what happened in each case from the beginning to the current status. Answers to this question provided data that fell into three broad classifications: (a) types of child maltreatment,

(b) factors contributing to child maltreatment, and (c) placement of children who were removed from their homes.

Open-ended descriptions of types of child maltreatment are reported in Table 11 in the section with adjudications of abuse, neglect and dependency. Characteristics of parents and children are placed with factors contributing to child maltreatment. Data about placement of children follows discussion of the closed-ended question about removal of children from their homes. Where information from these answers is classified and reported, percentages refer to the number of actual responses in the classification, unless noted otherwise.

Types of Child Maltreatment

Adjudications were not reported for 72 of the cases. Table 10 reports types of adjudications in the remaining 879 cases. Neglect was found in 485 or 55.6% of these cases. This was by far the most frequent finding.

TABLE 10: What Was Adjudicated

ADJUDICATIONS	Number in Category	% of Responses
Abuse	254	28.9%
Neglect	485	55.2%
Dependency	133	15.1%
Delinquent	4	0.5%
Undisciplined	3	0.3%
Total	**879**	**100%**

Table 11 shows the distribution of types of abuse and neglect described in open-ended responses that included this information. It is interesting to note that where there were open-ended responses describing what was alleged or what had happened to the children, there were 89 mentions of abuse where neglect was adjudicated.

TABLE 11: Types of Child Maltreatment

Types of Maltreatment	No. in Category	% of Responses
(Abuse)		
Sexual abuse	154	34.5%
Physical abuse	98	22.0%
Unspecified abuse	30	6.7%
(Neglect)		
Unspecified neglect	57	12.8%
Failure to provide basic needs	38	8.5%
Lack supervision/Abandoned	37	8.3%
Failure to provide special needs	13	2.9%
Failure to protect	10	2.2%
Missed school	4	0.9%
Other	5	1.1%
Total	**446**	100%

Maltreatment	No.	%
Total number abuse	282	63.3%
Total number neglect	159	35.6%
Other	5	1.1%
Total	**446**	100%

While adjudications of neglect greatly outnumber adjudications of abuse (the state's narrow legal definition of abuse makes neglect easier to prove), abuse accounts for 63.3% of the mentions of child maltreatment in open-end descriptions. Further, sex abuse was mentioned more times than physical abuse and unspecified abuse together. This could reflect a tendency for volunteers to comment in more detail on circumstances they consider more serious.

Factors Contributing to Child Maltreatment

Respondents were given a list of 14 possible factors that contribute to circumstances of child abuse, neglect and/or dependency, and were asked to identify those relevant to their cases. They were also asked to name any others they thought applied but were not listed. Tables 12A and B depict the numbers for each factor cited.

Factors in 12A come from the list in the survey instrument, and those in 12B come from open-end responses. The "Other" category from Table 12A is summarized in 12B from the 35 respondents who actually named specific other factors.

TABLE 12: Factors Contributing to Circumstances of Child Maltreatment

A. Factors (closed-end)	Number	% Responses
Lack of parenting skill	641	67.4%
Mental/emotional problems	504	53.0%
Unstable living conditions	487	51.2%
Alcohol abuse	389	40.9%
Insufficient income	379	39.9%
Single parent	365	38.4%
Low SES	344	36.2%
Unemployment	357	37.5%
Inadequate housing	307	32.3%
Chronic family violence	244	25.7%
Drug abuse	225	23.7%
Social isolation	165	17.4%
Parent abused as child	117	12.3%
Health problems	104	10.9%
Mental retardation/ Lo IQ	88	9.3%
Other	35	3.7%

B. Factors (open-end)	Number	% Responses
Language/Cultural	6	17.1%
Lack coping skills	6	17.1%
Arrest / Incarcerated	4	11.4%
Marital problems	3	8.6%
Absent P/C	2	5.7%
Fear / Dependency	2	5.7%
Other	13	37.3%
Total	**35**	100%

Percentages are based on total number of open-end responses to this item.

NOTE: Percentages are based on the total of 951 cases.

Six of the 14 factors in Table 12A were selected in more than 35% of the cases. Lack of parenting skills was the most frequent selection, identified in 641 or 67.4% of all cases. The second most frequently identifed was mental/emotional problems in 504, or 53% of all cases.

In addition to contributory factors, volunteers also described what they considered relevant characteristics of parents and children. Tables 13A and B show the distribution of 176 mentions of parents' characteristics and 68 mentions about children's characteristics. "Substance abuser" is the most frequently mentioned characteristic of parents. Family violence is a distant 2nd with 37 (21%) mentions, and low IQ has half as many (18) mentions as violence. Mental illness accounted for 18, or 10.2%, of the mentions.

TABLE 13: Characteristics of Parents and Children

A. Parents' Characteristics	Number in Category	% of Responses
Substance abuser	54	30.7%
Family violence	37	21.0%
Mental retard /Lo IQ	21	11.9%
Mental illness	18	10.2%
Criminal conviction	16	9.1%
Marital discord	11	6.3%
Physical illness	8	4.5%
Juvenile parent	2	1.1%
Other	9	5.1%
Total	**176**	**100%**

B. Children's Characteristics	Number in Category	% of Responses
Emotional behavioral problem	21	30.9%
Physical/mental handicap	12	17.6%
Fetal alcohol syndrome	11	16.2%
Born cocaine addict	8	11.6%
Delinquency/arrest	7	10.3%
Physical illness/injury	4	5.9%
Unspec. drug addict	2	2.9%
Other	3	4.4%
Total	**68**	**100%**

Note: Percentages in these tables are based on number of actual responses in each, N=176 and N=68.

Removal of Children from Home

In 830 or 87.3% of the cases children were removed from their homes. There were 651 open-ended responses that addressed one or more of the classifications related to removal and placement of children. Tables 14A - D show children's initial placements, subsequent placements, present status, and dispositions for permanent removals. Note that these grouped classifications are not mutually exclusive; that is, there were responses in more than one group for some cases. Percentages in these tables are based on the total number of responses in each group.

Table 14A shows where children were initially placed for 228, or 27.5%, of the 830 cases in which children were removed from their homes. Children in more than half of these 228 cases were initially placed in foster care. Another 31.6% were placed with other relatives, leaving only about 12% placed in other kinds of settings. Only 13, or 5.7% were initially placed with another parent not living in the home.

Returns to home or other subsequent placements were noted for 197 of the 830 cases where children were removed. (See Table 14B.) Of these the largest number, 56, were still in foster care at the time of the survey. In another 80 cases, or 40.6%, children were either returned to the original parent(s) (49) or placed with another parent outside the original home (31). Another 56 were placed with grandparents or other relatives.

TABLE 14: Removal and Placement of Children

A. Initial Placement			B. Subsequent Placement		
Foster care	128	56.1%	Remain in foster care	56	28.4%
Other relatives	72	31.6%	Return to parent	49	24.9%
Institution	12	5.3%	To grandparent(s)	36	18.3%
Other parent	13	5.7%	To other parent	31	15.7%
Other	3	1.3%	To other relatives	20	10.2%
Total	**228**	**100%**	Specialized setting	5	2.5%
			Total	**197**	**100%**

C. Status of Return to Family			D. Permanent Removal		
No conditions noted	70	40.0%	TPR/Unspecified plan	18	35.3%
Closed / dismissed	44	25.1%	Long-term foster care	16	31.4%
DSS still in case	40	22.9%	TPR/Adopted or spec.plan	11	21.6%
Spec. conditions met	21	12.0%	Voluntary consent	6	11.8%
Total	**175**	**100%**	**Total**	**51**	**100%**

Note: Percentages are based on number of responses in each classification.

Table 14C shows that 175 responses described circumstances in which children were returned to their parents or other relatives. In 70 of these cases no conditions were specified as having been made or met for return of children to parents. Special conditions were noted to have been met in 21 cases where children were returned, and 44 cases had been closed or dismissed. The Department of Social Services was reported to be still involved in some way in 40 cases where children were returned to parents or placed with other relatives.

Table 14D shows a breakdown of 51 cases where respondents noted that children had been permanently removed from their parents or where their return was considered highly unlikely. In 29 cases termination of parental rights (TPR) proceedings had been completed; however, in only 11 of these cases did respondents indicate that a definite adoption plan was implemented. That is, 11 of the 29 children either had been adopted or had adoption proceedings in progress. In another 6 cases parents voluntarily consented to giving their children up for adoption, but only one of these children had been adopted at the time of the survey. Another 16 children are in long-term foster care, with no plans to find adoptive homes.

Respondents were asked to estimate whether parental substance abuse had contributed completely, very much, somewhat, or not at all to the removals discussed above. In five cases, respondents didn't answer this question, so there were only 825 responses. In nearly 47% of these cases (see Table 15) respondents believed that substance abuse had nothing at all to do with the removals. Another 323 respondents (39.1% of cases) thought that substance abuse was a major contributor to the children being taken from their homes. In another 116 cases respondents

indicated that substance abuse "somewhat" contributed to removal; however, on 13 of these questionnaires there was no other information indicating substance abuse. Therefore, in subsequent analysis we used only the "completely" and "very much" categories as variables in a scale to determine whether to classify a case as one with or without substance abuse.

TABLE 15: Influence of Substance Abuse on Removal of Children

Influence	Number in Category	% of Responses
Completely	172	20.8%
Very Much	151	18.3%
Somewhat	116	14.1%
Not at All	386	46.8%
Total	**825**	**100%**

Predicted Positive Changes in Families

Respondents were also asked to estimate the possibility of changing the family's circumstances or life conditions. Answers ranged from Impossible to Very likely. Table 16A shows that there is considerably more pessimism than optimism about the likelihood of change in these families, in that 532 cases were rated impossible or unlikely, for a total of 59% of the responses.

TABLE 16A: Predicted Change in Families

Possibility of Change	Number	% of Responses
Impossible	154	17.1%
Unlikely	378	41.9%
Likely	222	24.6%
Very likely	143	15.8%
Don't know	6	0.7%
Total	**903**	**100%**

Reasons given in open-ended responses for these ratings are summarized in Tables 16B and C. Responses were grouped into two categories, **likely change** if respondents checked Likely or Very likely and **unlikely** if Impossible or Unlikely were indicated.

Note that responses that described attributes of the parents (cooperative, committed, evidence of progress, learning about children's needs) comprised 203 or 70.5% of the responses. It thus appears that parents' attributes were the major factor in predicting an optimistic outcome.

TABLE 16B: Why Change is Likely

Factor listed	Number in Category	% of Responses
Parents cooperative	79	27.4%
Parents committed to children	63	21.9%
Evidence of progress	48	16.7%
Problem parent gone	28	9.7%
Family support	21	7.3%
Learned about needs	13	4.5%
TPR / adopted	11	3.8%
Conditional prediction	10	3.5%
Other	15	5.2%
Total	**288**	**100%**

Note: "Conditional prediction" : respondent indicated possible change IF certain kinds of circumstances took place.

Similarly, attributes of parents figure prominently in respondents' explanations of why change is unlikely. One general category combines uncooperative and uncommitted, continued substance abuse, denial of problems, irresponsibility, not believing the children and poor parenting for a total of 249 responses, or 68.6% of the total "why unlikely" responses. A second general category combines low IQ, mental or emotional illness and immaturity with those cases where the child doesn't want to live with the parents. This second category includes a total of 71 responses, or 19.6% of the total.

TABLE 16C: Why Change is Unlikely

Factor Listed	Number in Category	% of Responses
Parents uncooperative	100	27.5%
Parents uncommitted	59	16.3%
Continued SAB	46	12.7%
Mental/emotional illness	28	7.7%
Lo IQ	24	6.6%
Denial of problems	16	4.4%
Immature parents	14	3.9%
Parents don't want child	12	3.3%
Irresponsible parent(s)	11	3.0%
No parents / absent	11	3.0%
Legal problems	9	2.5%
Poor parenting	9	2.5%
Child not believed	8	2.2%
Parent's lover remains	6	1.7%
Child doesn't want parents	5	1.4%
Sex abuse	5	1.4%
Total	**363**	**100%**

Recommended Services and Strategies

In addition to questions about what happened in a case, respondents were also asked to identify services needed by parents and children in order to prevent removal of children from the family or to facilitate family reunification. The questionnaire included both lists for respondents to select named services and spaces to write in others they thought appropriate. Table 17 summarizes these services for parents.

TABLE 17: Parents' Needs

A. Needs on List	Number	%
Counseling	929	70.5%
Parenting education	806	61.2%
Employment	484	36.8%
Drug / Alcohol Treatment	474	36.0%
Job training	430	32.6%
Housing	367	27.9%
Child care	362	27.5%
Transportation	300	22.8%
Food stamps / AFDC	293	22.2%
Medical care	268	20.3%
Health services	261	19.8%

Note: Percentages are based on number of Parents (1317).

B. Others Named	Number	%
Psychiatric care	10	24.4%
Sex abuse therapy	6	14.6%
Family therapy	4	9.8%
Respite	2	4.9%
Other financial support	2	4.9%
Home / Skills program	2	4.9%
More general education	2	4.9%
Other	13	31.7%
Total	41	100%

Note: Percentages based on number of responses (41).

It is interesting that the most frequently selected need by far was counseling, with 929 recommendations, or 70.5% of the parents in the study. Also, more specific types of counseling or psychiatric therapy constituted 20, almost half, of the few open-ended recommendations. Parenting education was a close second, selected 806 times, for 61.2% of the subjects. Despite the fact that 600 parents were identified as substance abusers, drug and/or alcohol treatment was selected as a need for only 474. Employment was a distant third in identified needs, and, with 484 mentions, was still more frequently indicated than was substance abuse treatment. Economic needs in general were designated a total of 1574 times, including employment, job training, housing and food stamps and/or AFDC. Medical care and health services together were selected 529 times, a combination that also exceeds selection of substance abuse treatment.

Table 18 summarizes the kinds of services respondents said children needed in order to prevent removal of children from their families or to facilitate reunification. Respondents checked counseling a total of 544 times, or in 57.2% of the cases. Medical care was a distant second with 298 mentions in 31.3% of the cases.

TABLE 18: Children's Needs

Needs on List	Number	%	Others Named	Number	%
Counseling	544	57.2%	Day care	8	25.0%
Medical Care	298	31.3%	Stability/safety/love	7	21.9%
After School Care	281	29.5%	Psychiatric care	6	18.8%
Summer Camp/Care	232	24.4%	Specific therapies	4	12.5%
Special Education	175	18.4%	Sex abuse victim therapy	3	9.4%
Tutor	164	17.2%	Therapeutic foster care	2	6.3%
Boys/Girls Club	144	15.1%	Adoption	2	6.3%
Libraries	90	9.5%	**Total**	**32**	**100%**

Percentages are based on total number of cases (951). Percentages based on total number of responses (32)

One point of interest relates to the number of cases and questionnaires in which there were no needs identified. There were 298 out of 951 cases in which no children's needs were checked. On the other hand, out of 1317 parents, there were only 275 with no reported needs. Since volunteers are primarily involved with what is in the child's best interest, it is interesting that cases with no identified children's needs outnumber parents with no identified needs. This may reflect an assumption by volunteers that meeting parents' needs will in fact serve children's best interests.

The survey instrument ended with a request for respondents to design an ideal service strategy for the family and to describe what, if any, obstacles existed that prevented using such a strategy. Many of the entries simply referred back to the parents' and children's needs listed above. In 350 cases, however, respondents either named some different approaches or gave more specific suggestions related to the general categories in the "Needs" lists. Tables 19A - C summarize these additional recommendations. Percentages in these tables refer to the number of responses for each.

TABLE 19: Ideal Strategies

19A. Therapeutic Interventions	Number in Category	% Responses
Special types of counseling	74	52.1%
Substance abuse therapy	38	26.8%
Special services for children	16	11.3%
Support group/Role modeling	14	9.9%
Total	**142**	**100%**

It is interesting to note that while there were 154 total mentions of child sex abuse in the open-ended descriptions of cases, the "special types of counseling" noted in Table 19A mentioned specific sex abuse counseling for offenders only four times and sex abuse victim therapy only once. Most of the mentions of substance abuse therapy recommended in-patient treatment or intensive follow-up for existing treatment. The dearth of recommendations (total of 38) about substance abuse therapy in a sample that contains 600 identified substance abusers may very well reflect the fact that such therapy was a choice in the closed-ended item about parents' needs.

Table 19B depicts 138 responses in the empowering strategies category, and in-home services account for the largest number of the recommendations. However, 22 of the in-home service mentions were from a single county. One other county accounted for 13 and another had 8 mentions, so that 86% of these mentions came from only 3 counties. The other 7 mentions were spread over 6 counties. This may reflect a greater availability or more public awareness of a need for this kind of service.

19B. Empowering Strategies	Number in Category	% Responses
In-In-home services	50	36.2%
Parenting skills	35	25.4%
Job training/employment	18	13.0%
Financial help / Housing	12	8.7%
Life skills	9	6.5%
Transportation/Child care	7	5.1%
Health education	7	5.1%
Total	**138**	**100%**

Parenting skills and other general life skills were recommended a total of 44 times, indicating that where GAL volunteers wrote down ideas for strategies a prime concern was that many of these parents need help in coping with everyday household life.

As shown in Table 19C, there were only 60 recommendations concerning placement of children, and these included suggestions to leave the child at home and remove the perpetrator. This was the idea that had the most mentions (14); adoption was a close second with 13 mentions.

19C. Placements/Caretakers	Number in Category	% Responses
Remove problem person	14	23.3%
Adoption	13	21.7%
Place w\other relative	11	18.3%
Remove child	8	13.3%
Special /Long-term foster care	7	11.7%
Place w\other parent	5	8.3%
Therapeutic group/Institution	2	3.3%
Total	**60**	**100%**

The question about obstacles was intended to elicit descriptions of difficulties in implementing each specific "ideal strategy". Unfortunately, many of the responses were not clearly related to specific strategies. Tables 20A - C show three main categories of obstacles: (a) characteristics and behaviors of parents, (b) conditions related to available resources, and (c) problems related to the children themselves.

TABLE 20: Obstacles to Intervention Strategies

A. Parents' Behaviors/ Characteristics	No. in Category	% of Responses
Uncooperative	146	32.2%
Lack commitment	39	8.6%
Denial of problems	24	5.3%
Absent parents/Incarcerated	23	5.0%
Continued substance abuse	18	4.0%
Mentally ill	17	3.7%
Limited abilities/LoSelf Esteem	16	3.6%
Marital discord/Dysfunction	15	3.3%
Immature parents	9	2.0%
Other	10	2.2%
Total	**317**	**69.8%**

B. Problems with Resources	No. in Category	% of Responses
Program non-existent	76	16.7%
System ambiguity	28	6.2%
Insufficient funding	8	1.8%
Lack of family support	7	1.5%
Other	6	1.3%
Total	**125**	**27.5%**

C. Obstacles Related to Children		
Permanent Removal	6	1.3%
Health/Emotional	3	0.7%
Child refused services	3	0.7%
Total	**12**	**2.6%**

Note: Percentages in this group of tables refer to the total responses in the "obstacles" group (454)

The most frequently identified obstacle is uncooperative parents, 32.2% of all obstacles listed. Grouping "uncooperative" with "lack commitment", "denial" and "marital discord", these behavioral attributes of parents sum to a total of 224, which account for almost half (49.3%) of all obstacles mentioned.

A distant second is in the group under "problems with resources" in which non-existent programs are mentioned 76 times. The category "system ambiguity" (28 mentions) refers to some kind of organizational or system problem that makes access to programs difficult. An example is the "Catch-22" situation in which parents are not eligible for public housing unless they have children, but they can't get their children back unless they have housing for them. The common denominator here and with the category of "insufficient funding" is that these programs are not easily accessible. Combining these categories into a general "poor access" classification gives a total of 112 mentions, 23.7% of the total obstacles listed.

There were too few responses in the category of obstacles related to children themselves to make any generalizations. The "permanent removal" category means that in 6 cases children had been permanently removed. In three others the children's physical or emotional conditions were such that they could not be cared for at home. The other three children refused services.

It is interesting that a substantial majority (69.8%) of reported obstacles are attributes and behaviors of parents. A much lower proportion (27.5%) or responses mentioned lack of access to resources as obstacles. This may reflect not only a normative middle class bias among

respondents, but also the focus of guardians ad litem on best interests of children rather than on services for family units.

Indicators of Substance Abuse and Other Dysfunctions

Two additional variables were computed from indicators of substance abuse and from other dysfunctional lifestyle indicators. In order to distinguish cases with substance abuse (SAB cases) from those without (non-SAB cases) we added all the "yes" answers to items in the parental substance abuse section of the questionnaire (reported in Table 9), and "yes" answers to the dysfunction items about whether parents and others in the home are substance abusers and whether they have financial problems related to substance abuse (see Table 7). These "yes" answers were combined into an additive scale. Any case with any one of these indicators, i.e., a non-zero category on the scale, was classified as a SAB case.

A similar approach was used to create a non-drug specified dysfunctional indicator. We combined affirmative answers to dysfunction items that did not specifically mention substance abuse by the parent, i.e., the first six categories in Table 7 plus the "other" financial problems category.

Table 21 depicts the two scales and Table 22 shows the number of cases in each dichotomous category.

TABLE 21: Substance Abuse and Other Dysfunctional Lifestyle Indicators

A. Substance Abuse

Number of SAB Indicators	Number of Cases in Category	Pct Cases in Category
0	407	42.8%
1	85	8.9%
2	78	8.2%
3	75	7.9%
4	91	9.6%
5	87	9.1%
6	95	10.0%
7	33	3.5%
Total	**951**	**100%**

B. Non-Drug Specified Dysfunctions

Number of Dysfunction Indicators	Number of Cases in Category	Pct Cases in Category
0	159	16.7%
1	106	11.1%
2	121	12.7%
3	147	15.5%
4	172	18.1%
5	188	19.6%
6	51	5.4%
7	7	0.7%
Total	**951**	**100%**

Number of SAB indicators were fairly evenly distributed between a count of 1 and a count of 6 indicators, with a maximum variation of only 2.1%. Only 3.5% had the maximum count of 7 indicators. There is more variation in the "other dysfunctions" scale. Within the range of 1 indicator and 5, where 77% of the cases fall, there is a difference of 8.5% between minimum and maximum. Further, in this range there is an increasing progression of numbers in each category with 5 as the maximum. It is interesting to note that there were 159 families in which **no**

non-drug specified dysfunctional lifestyle indicators were reported. These families account for 16.7% of the sample. This seems a large number given the fact that the study population consists of families with maltreated children.

TABLE 22: Dichotomous Measures of Substance Abuse and Other Dysfunctions

A. SubstanceAbuse Indicator	Number in Category	Pct in Category	B. Other Dysfunction Indicator	Number in Category	Pct in Category
Zero items	407	42.8%	Zero items	159	16.7%
One or more items	544	57.2%	One or more items	792	83.3%
Total	**951**	**100%**	**Total**	**951**	**100%**

According to the dichotomous measure there were 544 SAB cases in the sample, or 57.2% of the total number of cases. While this does represent a definite majority of the cases, it certainly does not indicate an overwhelming involvement of drugs in child maltreatment cases.

The "other dysfunction" indicator shows a large majority of cases with at least one dysfunction checked, although most cases had more. Given the nature of the sample, i.e., families with maltreated children, it is, perhaps, surprising that in 16.7% of the cases volunteers identified zero dysfunctional lifestyle indicators.

The dichotomous indicator of presence of substance abuse in a case is the primary variable by which comparisons are made between cases in the next section. The "other dysfunction" indicator is one of the factors on which SAB and non-SAB cases are compared.

IV. COMPARISONS BETWEEN CASES WITH and WITHOUT IDENTIFIED SUBSTANCE ABUSE INDICATORS

This section presents findings of relationships among key variables. The technique used here is contingency tables with cell counts and row and column totals. Statistical tests Tau-C[2] and Chi-square[3] are used as measures that show strength, direction and significance of associations between variables[4].

The first set of comparisons is between demographic variables of parents identified as substance abusers and those who are not. Next, and most critical, is a comparison on key variables between cases in which substance abuse is identified and those in which it is not. A few comparisons are included among types of substance abuse: alcohol only, other drugs only, and both alcohol and other drugs.

While a large part of the questionnaire included information concerning individual parents, this analysis deals primarily with case, or family, level data. This is because there was little consistency in information about the second parent in a family. There were 366 cases in which no questionnaires were completed for a second parent. More important, however, is the fact that even where two questionnaires were returned, there were more items with missing values for the second parent than there were for the first parent.

COMPARISONS OF DEMOGRAPHIC VARIABLES

Tables 23 - 26 are contingency tables which compare distributions of demographic information about parents identified as substance abusers with those not so identified. These totals are all less than 1317, indicating that respondents either didn't know or chose not to answer these questions.

Table 23 shows the age distribution for the two groups of parents, those who are substance abusers and those who are not. Although this analysis found that the mean age of substance abusing parents is slightly younger than non-substance abusers, the difference is nonsignificant. Note, however, that age was missing from over 1/3 of the questionnaires.

TABLE 23: Parents' Age Groups by Identified Substance Abuse

PARENT	Age Groups						
SABuser	15-19	20-29	30-39	40-49	50-59	>=60	
No	28	159	159	68	17	10	441
Yes	17	156	155	58	10	4	400
Column	45	315	314	126	27	14	841
Chi-sq.	9.7658 (p=.1349)						
Tau-C	.0426 (t=1.4006)						

As shown in Table 24 the gender difference between the two groups is even smaller than the age difference.

TABLE 24: Parents' Gender by Identified Substance Abuse

Parent SABuser	Gender: Female	Male	Row
No	485	226	711
Yes	388	210	598
Column	873	436	1309

Chi Sq. 1.6223 (p=.2028)
Tau-C -.0331 (t=-1.2717)

Table 25 shows the distribution by race of both SAB and non-SAB cases. Note that the percentages, but not the total numbers, in each category differ from the totals reported in Table 2. This is because the "don't know" category from Table 2 is omitted from this analysis.

TABLE 25: Parents' Race by Identified Substance Abuse

Parent SABuser	Race: White	African American	Native American	Hispanic	Asian	Other	Row
No	407	164	21	9	5	4	610
Yes	363	134	40	9	1	0	547
Column	770	298	61	18	6	4	1157

Chi-sq. 14.7324 (p=.0116)
Tau-C .0107 (t=.3806)

The race differences between the two groups of parents appear to be concentrated among Native Americans. This is the only group in which identified substance abusers outnumber non-substance abusers. Recall, however, that this sample contains a disproportionally large number of Native Americans, as compared to the state population. While the Chi-square statistic indicates that this difference is statistically significant, the Tau-C shows very little strength of association.

Respondents reported parents' level of educational attainment less frequently than any of the other demographic items; they gave this information on only 692, or 52.5%, of the parents. Therefore, the comparison in Table 26 must be interpreted with caution.

TABLE 26: Parents' Educational Level by Identified Substance Abuse

Parent SABuser	Educational Level: Less than HiSch.	Some HiSch	HiSch Grad	Some College	College Grad	Row
No	25	125	194	26	17	387
Yes	17	169	104	13	2	305
Column	42	294	298	39	19	692

Chi Sq. 44.1938 (p=.0000)
Tau-C -.2158 (t=-5.561)

Within this group substance abusing parents outnumber non-substance abusers only in the "some high school" category. However, there is a decreasing percentage of substance abusers as educational levels increase from high school graduation through college graduation.

COMPARISONS OF KEY VARIABLES

The key variables for comparisons between types of cases are adjudications, mentions of abuse and neglect, predictions of families' abilities to change, numbers and certain types of contributory factors, dysfunctional lifestyle indicators, needs and strategies, whether children were removed from their homes, and types of obstacles and reasons for optimism and pessimism about possibilities for change in families. The reader is again reminded of the problems with inconsistencies of responses in the questionnaires. Just as caution was required in generalizing from frequencies, so is caution required in interpreting associations between variables.

Table 27A shows associations between adjudications and substance abuse. This table indicates that neglect is far more likely than are abuse and dependency to be adjudicated in any of the cases. However, the difference between SAB cases and non-SAB cases is much greater than in the total sample, with SAB cases accounting for 67% of the neglect adjudications. The Chi-square test indicates that this is a statistically significant association. SAB cases account for 52.8% of the abuse adjudications, close to half, slightly smaller that the proportion of SAB cases in the whole sample. This indicates that, while SAB is strongly associated with court findings of neglect, it is not significantly associated with findings of abuse.

TABLE 27A Substance Abuse and Adjudications

	Adjudication			
SABCASE	Abuse	Neglect	Depend'cy	Row
No	120	160	81	361
Yes	134	325	52	511
Column	254	485	133	872
Chi-sq.	38.5675 (p=.0000)			
Tau-C	-0.0266 (t=-.7346)			

A further breakdown separating alcohol from other patterns of substance abuse in the case (Table 27B) puts another light on this story. Table 27B shows a comparison between 235 SAB cases in which there is alcohol abuse only and 57 SAB cases in which "other drugs only" was reported.

Of these 292 cases there were 88 adjudicated abuse and 204 adjudicated neglect. Those in the "alcohol only" group, who comprise 80.5% of the 292 cases in this subsample, account for 87.5% of the 88 abuse adjudications, and 77.4% of 204 neglect adjudications. The "drug only" group comprises only 19.5% of the subsample, but account for 22.5% of the neglect cases and only 12.5% of abuse adjudications.

Table 27B: Type of Substance Abuse and Adjudications

	Adjudicated		
Type SAB	Abuse	Neglect	Row
Alc.Only	77	158	235
Drug Only	11	46	57
Column	88	204	292
Chi-sq..	3.9518 (p=.0468)		
Tau-C	.0846 (t=2.180)		

Thus it appears that, while alcohol accounts for more of the difference between SAB cases and non-SAB cases (Table 27A) than does abuse of other drugs, alcohol is associated more with abuse and other drugs more with neglect as shown in Table 27B.

We examined a further sub-classification of forms of child maltreatment based on open-ended responses that described what happened in cases. We classified open-ended mentions of all forms of abuse into a single category, and mentions of all forms of neglect into a second category.

Table 27C: Type of Substance Abuse and Type of Child Maltreatment

	Type Maltreatment		
TypeSAB	Abuse	Neglect	Row
Alc Only	83	17	100
Drg Only	18	10	28
Both	31	16	47
Column	132	43	175
Chi-sq.	7.2436 (p=.0267)		
Tau-C	.1702 (t=2.5030)		

Substance abuse in general in these cases had a very small and non-significant association with forms of maltreatment. However, when we compared forms of maltreatment with three types of substance abuse (alcohol only, other drugs only, both alcohol and drugs), we found a more substantial association as reported in Table 27C. This finding further supports the idea that alcohol abuse is more strongly associated with child abuse than is other substance abuse.

We compared types of adjudicated maltreatment by whether children were removed from their homes. No table is presented here, as there was no demonstrable association between these two variables. Still, an overwhelming majority of children in this sample had the experience of being removed from their homes. Respondents answered this question for 931 of the cases. These responses indicated that in 830 cases (or 89.2%) children had been removed at some point.

TABLE 28A: Substance Abuse and Removal of Children

	Child Removed		
SABCASE	No	Yes	Row
No	56	340	396
Yes	45	490	535
Column	101	830	931
Chi-sq.	7.7257 (p=.0054)		
Tau-C	.0560 (t=2.6985)		

Table 28A shows the association between substance abuse and removal of children from their homes. The difference between SAB and non-SAB cases is relatively small, but is statistically significant. Recall that Table 15 in the previous section showed that in 439 cases substance abuse was "completely" (172), "very much" (151) or "somewhat" (116) influential in the removal of children from their homes. Table 28A shows substance abuse present in 490, or 59%, of cases where children were removed. This suggests that in some SAB cases volunteers did not consider the substance abuse to be a major factor in removal of children from the home.

When types of substance abuse were compared the association was also notable. Table 28B shows that where parents used either alcohol or both alcohol and other drugs, removals were more likely. Non-alcohol drug abuse alone is not strongly associated with removal of children from the home, and, unlike with alcohol or both alcohol and drugs, this category is proportionally over represented in the few cases where children were not removed.

TABLE 28B: Type of Substance Abuse and Removal of Children

	Child Removed		
TypeSab	No	Yes	Row
NoSab	61	367	428
AlcOnly	26	245	271
DrgOnly	9	63	72
Both	5	155	160
Column	101	830	931
Chi-sq.	8.1258 (p=.0172)		
Tau-C	.0525 (t=2.3694)		

The number of SAB cases where respondents considered a positive change unlikely is more than double the number of those cases in which the respondents were more optimistic (see Table 29). Further, SAB cases account for more than 62% of the negative responses. This indicates a significant negative association between the presence of substance abuse in the case and the respondent's optimism for a positive outcome that includes family reunification.

TABLE 29: Substance Abuse in Case and Likelihood of Positive Change

	Likelihood of Positive Change		
SAB Case	No	Yes	Row
No	222	185	407
Yes	364	180	544
Column	586	365	951
Chi Sq.	15.0544 (p=.0001)		
Tau-C	-.1211 (t=-3.987)		

Volunteers gave 288 open-ended responses as to why they thought positive changes were likely, and 363 responses for why positive changes were unlikely (see Tables 16B and C). Continued substance abuse was mentioned 46 times as a reason for an "unlikely" response. Respondents identified attitudinal and behavioral problems of 199 parents the most frequently cited general category of reasons shown in Table 16C. These "attitudinal" responses included parents identified as uncooperative, uncommitted, irresponsible and/or those who denied their problems or did not believe the children. As shown in Table 30 SAB cases were more likely than non-SAB cases to have responses in this category, but the difference is not statistically significant.

TABLE 30: Substance Abuse and Parents' Attitudinal Problems influencing Possibility of Change

	Attitude Problems		
SABCASE	No	Yes	Row
No	332	75	407
Yes	420	124	544
Column	752	199	951
Chi-sq..	2.6828 (p=.1014)		
Tau-C	.0428 (t=1.6587)		

Respondents gave fewer reasons for an optimistic view of families' ability to change in a positive way, and there were relatively few mentions of each one (see Table 16B). However, parents' attitudes and behaviors were also mentioned in 190 of the 288 cases where reasons were given for positive responses. These positive reasons included parents identified as cooperative or committed to children or who had shown general evidence of progress. No table is presented here as there was no association between these two variables.

It must be noted, however, that the question of likely change was not uniformly interpreted by respondents, and in some cases responses to the open-ended "why" question were inconsistent with the closed-ended Impossible to Very Likely choices.

A major concern among child advocates is that children who are maltreated grow up to be parents who maltreat their own children. An unexplained facet of this issue is the relationship between a childhood of abusive maltreatment and an adulthood that involves substance abuse. Table 31 describes the association between presence of substance abuse and the identification of abuse victimization of parents as a factor in the case.

TABLE 31: Presence of Substance Abuse and Parents as Child Abuse Victims

	Parent abused as child		
SAB Case	No	Yes	Row
No	369	38	407
Yes	465	79	544
Column	834	117	951
Chi-sq.	5.8022 (p=. 0160)		
Tau-C	.0508 (t=2.4822)		

This table indicates that in SAB cases the incidence of parents who were abused as children is twice as high as in non-SAB cases. It must be noted, however, that only 12.3% of the cases included parents identified as childhood abuse victims.

This association raised the question of a possible relationship between whether or not parents were identified as former child abuse victims and the types of adjudications regarding their children.

Table 32 shows a small but statistically significant relationship in that parent-victims are over-represented in the cases in which abuse was adjudicated. They are under-represented in both neglect and dependency cases. This finding raised the question of whether a history of family violence was related in a similar way. Table 33 shows this to be an even stronger relationship.

TABLE 32: Parents as Child Abuse Victims and Adjudications

	Adjudication			
Parent Victim	Abuse	Neglect	Dependency	Row
No	209	432	123	764
Yes	45	53	10	108
Column	254	485	133	872
Chi-sq.	10.5049 (p=.0052)			
Tau-C	-.0737 (t=-3.132)			

In nearly half the cases (49.1%) respondents reported a history of family violence in the children's families. Table 33 shows that such a history is not evenly divided between SAB and non-SAB cases. Not only do SAB cases account for 72.2% of the cases with a family history of violence, but also, the cases without such a history outnumber the others by more than 2 to 1 among non-SAB cases. The association between these variables is moderately strong and has a high statistical significance. Together with the information above on differences in whether parents were child abuse victims, these numbers suggest that substance abuse may more likely be an outcome rather than a cause of child abuse. That is, parents who have been abused as children may be more likely to become substance abusers as adults.

TABLE 33: Substance Abuse and Family History of Violence

	History Violence		
SABCASE	No	Yes	Row
No	277	130	407
Yes	207	337	544
Column	484	467	951
Chi-sq.	83.8824 (p=.0000)		
Tau-C	.2939 (t=9.6078)		

Volunteers also attributed other problems more to SAB families than to families with non-substance abusers, even problems that indicate lifestyle dysfunctions not directly related to the substance abuse. The following tables and discussion describe reported arrests and financial problems, and a general dysfunction indicator that excludes drug-related behaviors. The dysfunction indicator was coded 0 if none of the items was checked "yes". If one or more items were checked "yes", the indicator was coded 1.

Tables 34A - B show the relationships with the individual items, and Tables 35A - B show the general indicator of dysfunction.

TABLE 34: Substance Abuse and Non-Drug Related Financial Problems and Arrests

	A. Finance Problems		B. Arrests		
SABCASE	No	Yes	No	Yes	Row
No	309	98	391	16	407
Yes	444	100	493	51	544
Column	753	198	884	67	951
Chi-sq.	.5824 (p=.0323)		10.5354 (p=.0012)		
Tau-C	-.0558 (t=2.1152)		.0533 (t=3.4482)		

Table 34A shows the association between non-drug related financial problems and substance abuse. This is not a strong association, but is statistically significant. We looked for this association because we noted that on some questionnaires the item about financial problems was checked for both drug-related and non-drug related problems. Also, some questionnaires had both substance abuse indicators and non-drug related financial problems checked.

We also looked for an association with arrests for non-drug related causes, keeping in mind that both substance abuse and criminal behavior could have similar antecedents, other than associations only with drug-related crimes. Perhaps it is not surprising that non-drug related arrests are reported at a much higher rate in SAB cases than in non-SAB cases (see Table 34B). While all SAB cases are only 57.2% of the total number of cases, they account for 76.1% of the non-drug related arrests. This is a statistically significant association.

In assessing the association between substance abuse and the overall dysfunctional lifestyle indicators, we used both the SABCASE variable, dividing families according to whether or not any substance abuse indicators were reported, and the PARSAB variable which split all parents in the sample according to whether or not they were identified as substance abusers. Recall that the overall dysfunctional lifestyle indicator omits items that specifically mention substance abuse. Tables 35A and B show these associations.

TABLE 35: Substance Abuse and Dysfunction Indicators

A. Dysfunction Indicator

SABCASE	No	Yes	Row
No	127	280	407
Yes	32	512	544
Column	159	792	951
Chi-sq.	107.209 (p=.0000)		
Tau-C	.2479 (t=9.2062)		

B. Dysfunction Indicator

PARSAB	No	Yes	Row
No	228	489	717
Yes	40	560	600
Column	268	1049	1317
	127.297 (p=.0000)		
	.3109 (t=8.3235)		

It is not surprising that a large majority of families have one or more indicators of a dysfunctional lifestyle; it may be more surprising that volunteers did not report such indicators on as many as 16.7% of the cases. SAB cases account for 512, or 64.6% of the families where dysfunctions were identified, a much larger proportion than non-SAB cases which accounted for only 35.4% of families with identified dysfunctions. When this same comparison (Table 35B) is made between substance abusing and non-substance abusing parents, the differences are similar.

We also determined whether the presence of substance abuse in cases affects relative numbers of identified needs of parents, needs of children and contributory factors in abuse, neglect and dependency. Tables 36A - C address these comparisons. In order to arrive at these

relative numbers, we took the total number of non-drug related needs and of non-drug related factors, determined means for each total and created dichotomous variables, with 0 indicating the number of needs or factors at or below the mean and with 1 indicating the number above the mean.

TABLE 36: Substance Abuse, Needs and Contributory Factors

	A. Parents' Needs		B. Children's Needs		C. Contrib.Factors		
SABCASE	Low	High	Low	High	Low	High	Row
No	275	132	298	109	274	133	407
Yes	231	313	311	233	220	324	544
Column	506	445	609	342	494	457	951
Chi-sq.	58.393 (p=.0000)		26.04 (p=.0000)		67.3926 (p=.0000)		
Tau-C	.2458 (t=7.966)		.1572 (t=5.251)		.2632 (t=6.544)		

These tables indicate that with SAB cases respondents identified more non-drug related contributory factors and more needs for parents than in non-SAB cases. For children's needs, even though more SAB cases were in the low needs category, those cases accounted for 68% of the high needs category, 11% more than the proportion of SAB cases in the sample.

COMPARISONS OF STRATEGIES AND OBSTACLES

Strategies recommended by volunteers fell into three general classifications: treatment interventions, empowering strategies and placement of children. Comparisons of cases with and without substance abuse are presented in Table 37.

Treatment interventions (special types of counseling, special services for children, and support group and role modeling) were combined into a single indicator of whether volunteers recommended specific treatments for family members. We tried comparisons using both this indicator and another which added substance abuse therapy. While the second indicator did have a few more mentions of treatments, associations were very weak and non-significant with both. The low number of substance abuse therapy recommendations in SAB cases could be related to the fact that "drug and alcohol treatment" were included on the list of the closed-ended "Parent's Needs" item.

We combined most of the mentions within the empowerment classification into two more general indicators. Empowering strategies related to job training, employment and financial resources were combined into an economic indicator, and recommendations for in-home services and teaching parenting and other life skills were combined into a everyday coping indicator. Tables 37A and B show the associations between these empowering strategies and presence of substance abuse.

TABLE 37: Substance Abuse and Empowering Strategies Recommended

	A. Everyday Coping		B. Economic Assistance		
SABCASE	No	Yes	No	Yes	Row
No	358	49	402	5	407
Yes	500	44	527	17	544
Column	858	93	929	22	951
Chi-sq.	4.119 (p=.042)		3.706 (p=.054)		
Tau-C	-.039 (t=.8324)		.019 (t=2.0511)		

Strategies involving everyday coping were somewhat more likely to be recommended in non-SAB cases, and economic assistance was recommended more frequently in SAB cases; both associations, however, are relatively weak. One reason may be that both of these recommended strategies classifications have small numbers in proportion to the total number of cases.

We combined placement strategies that involve removing children or leaving them placed outside the home into a single out-placement indicator. The comparison between SAB and non-SAB cases, however, showed no difference in whether out placement was recommended or not.

There were more total mentions of obstacles to ideal strategies for these families than total mentions of the strategies themselves. Obstacles named by volunteers fell into three very general classifications: attributes of parents, attributes of children and problems with access to resources. There were too few (12 total) responses that named attributes of children to make a valid comparison on this classification.

We identified two categories of parents' attributes that were most frequently mentioned as obstacles; many of these elements were very similar to reasons for a pessimistic view of the families' chances for positive change (Table 16C). As shown in Table 38A one category includes parents identified as uncooperative and/or unmotivated, those in denial and those described as having acrimonious relationships with others in the household. The other (Table 38B) relates

more to inherent inadequacies: parents who have limited abilities, some unspecified dysfunction, who are immature or who lack self-esteem.

TABLE 38: Substance Abuse and Parents' Attributes as Obstacles

	A. Negative Behaviors		B. Inherent Inadequacies		
SABCASE	No	Yes	No	Yes	Row
No	342	65	393	14	407
Yes	402	142	526	18	544
Column	744	207	919	32	951
Chi-sq.	14.0365 (p=.0002)		.0123 (p=.9118)		
Tau-C:	.0992 (t=3.8718)		-.0013 (t=-.1105)		

These tables show that while respondents associate the more behavioral attributes with substance abuse in their cases, they don't make the same associations with attributes that imply inherent inabilities. That is, parents in SAB cases are more likely than those in non-SAB cases to have problematic behaviors reported, but there is no significant association between identified inadequacies and parents in SAB cases. Note, however, that the number of cases of identified inadequacies is very small.

We combined three of the lack-of-resource categories into one program unavailability indicator: these included non-existence of program, policies that make use of the programs difficult, and insufficient funding of programs for wide availability. There was no demonstrable association between substance abuse in the cases and limited availability of resources.

COMPARISONS OF OTHER GENERAL INDICATORS

There were several recurring themes in responses to various different items: financial problems, mental health problems and mental ability deficits, personal characteristics of parents, and general lack of parenting skills. We constructed five variables in these general areas from responses relating to contributory factors, parents' and children's needs, reasons for predicting likelihood of positive change, recommended intervention strategies, and perceived obstacles to interventions. Specific items used for these indicators are listed in Appendix B.

The contributing factors, parents' needs, and intervention strategies which were directly related to insufficient financial resources in the family were combined into a single poverty indicator for comparison between types of cases. They include items related to basic necessities and employment. As shown in Table 39 SAB cases were more than twice as likely to have at

least one of these poverty items as were non-SAB cases. This is one of the most impressive differences we found in this analysis, and it is statistically highly significant.

TABLE 39: Substance Abuse and Poverty Indicator

	Poverty		
SABCASE	No	Yes	Row
No	203	204	407
Yes	121	423	544
Column	324	627	951
Chi-sq.	79.1524 (p=.0000)		
Tau-C	.2706 (t=9.0183)		

Several items pertained to mental illness in parents and/or children. The needs for psychiatric care, the mention of mental or emotional illness as a characteristic or a reason for a pessimism about a positive outcome were combined into single indicators for parents and children. As shown in Tables 40A and B, mental illness is frequently attributed to parents, rarely to children.

TABLE 40: Substance Abuse and Mental Illness

A. Mental Illness (Parent)

SABCASE	No	Yes
No	195	212
Yes	215	329
Column	410	541
Chi-sq.	6.6814 (p=.0097)	
Tau-C	.0822 (t=2.5851)	

B. Mental Illness (Child)

	No	Yes	Row
	388	19	407
	536	8	544
	924	27	951
	8.6301 (p= .0033)		
	-.0313 (t= 2.7413)		

It is interesting that mentions of mental illness in parents are positively associated with SAB cases, but in children the association is negative. That is, the few mentions of mental illness in children are concentrated primarily among non-SAB cases. We also constructed a separate variable that used mental retardation / limited mental ability responses, but associations with substance abuse were found to be very weak and non-significant.

Another recurrent theme is the perception of parents' uncooperative attitudes and behaviors as reasons for pessimism about outcomes and for strategies being ineffective. We constructed a general "negative attitude/behavior" variable and compared SAB with non-SAB cases. This association is similar to the one shown in Table 38A, where respondents described negative behaviors as obstacles to intervention strategies. That is, despite the greater number of SAB cases in the "no" category for negative attitudes/behaviors, , the proportion of SAB cases in this category is greater that the proportion of SAB cases in the sample, and is greater than the proportion of non-SAB cases in the "no" category. It is interesting, however, that these differ

from Table 30, which shows no significant association between SAB cases and attitude problems as a reason for pessimism in predicting positive change.

TABLE 41: Substance Abuse and Parents' Negative Attitudes/Behaviors

	Negative Attitudes/Behaviors		
SABCASE	No	Yes	Row
No	302	105	407
Yes	346	198	544
Column	648	303	951
Chi-sq.	12.1462 (p=.0005)		
Tau-C	.1038 (t=3.589)		

One of the main concerns of volunteers in terms of parents' needs, reasons for pessimism about positive outcomes and recommended empowering strategies is lack of parenting abilities. We combined responses relating to parenting into a single indicator. Table 42 shows a positive and statistically significant relationship between substance abuse and lack of parenting skills.

TABLE 42: Substance Abuse and Lack of Parenting Skills

	Lack of Parenting Skills		
SABCASE	No	Yes	Row
No	112	295	407
Yes	83	461	544
Column	195	756	951
Chi Sq.	21.472 (p=.0000)		
Tau-C	.1201 (t=4.5409)		

Respondents identified poor parenting skills or lack of parenting skills in a substantial majority of the total cases (79.5%). A total of 84.7% of SAB cases had lack of parenting skills mentioned, whereas non-SAB cases were over represented in the much smaller group where parenting skills were not identified as a problem.

V. SUMMARY and CONCLUSIONS

This project began with the conjecture that substance abuse in parents is highly associated with child maltreatment. Nationwide, the National Council of Juvenile and Family Court Judges estimates that substance abuse is an underlying factor in between 60% and 90% of juvenile and domestic cases. In North Carolina informal estimates from the GAL field staff range from 50% to 90%.

The preliminary findings from this data set indicated that respondents reported some type of substance abuse in slightly more than half (53.4%) of the cases in the study sample. This current analysis produced a slightly higher number (544, or 57.2%), but still under the lowest national estimate. Even more interesting is the finding that substance abusing parents comprise only 600, or 45.6%, of the total number of subjects. This difference of proportion reflects the different ways in which substance abuse was determined to be present in cases as compared with individual parents. For example, a two-parent family might have only one parent identified as a substance abuser. The case would be counted as a SAB case, but only one of the two parents would be classified as a substance abusing parent.

The data show that alcohol, with or without other drugs, is the dominant drug of choice among parental substance abusers (see Table 7). The 600 substance abusers include 284 (47.3%) who abuse alcohol alone, and 238 (39.7%) who abuse both alcohol and other types of drugs. Another 78, or 13%, abused other drugs only without alcohol. There were a total of 522 (87%) who abused alcohol with or without other drugs.

If we look at these numbers as proportions of total number of subjects (N=1317), however, those who abuse alcohol only (the largest group of substance abusers) comprise only 21.5% to the total. Those who abuse both alcohol and other drugs make up 18.1% of the whole, and those who abuse other drugs only include just 5.9% of all subjects. In other words, over one-fifth (21.5%) of this sample of caretakers of children for whom child maltreatment petitions have been filed (N=1317), have been identified as alcohol abusers without other drugs. When we add those who abuse both alcohol and other drugs, alcohol abusers comprise nearly two-fifths (39.6%) of the total sample.

A total of 506 parents have a family history of alcoholism. If this factor were added to the other current substance abuse indicators, only 49 of the 951 cases could be said to be entirely free of all indicators of substance abuse in the family. This is interesting, because it appears that even when the immediate family has no substance abuse indicators, it may be that alcoholism in a family of origin has pervasive effects on the children's eventual ability to parent as adults.

The relationships between substance abuse and types of adjudications of child maltreatment support the suggestion that substance abuse in general is more strongly associated with neglect than abuse (see Table 27A). When use of alcohol only and use of other drugs only are compared in terms of abuse and neglect adjudications only (Table 27B), alcohol is shown to be more frequently associated with abuse than is other drug abuse by itself, whereas drug abuse is

more frequently associated with neglect. However, given the dominance of neglect among adjudications (55.2% of all adjudications), and the dominance of alcohol in substance abusers in the sample cases (87% of identified substance abusing parents and others in the home), alcohol is still associated to a great extent with adjudicated neglect as well.

Among the strongest associations we found for substance abuse in cases were (a) a more likely family history of violence (Table 33,Tau-C=.294), (b) more poverty (Table 42,TauC=.271), (c) greater numbers of contributory factors in general (Table 37C, Tau-C=.263), (d) more parents' needs (Table 37A, Tau-C=.246) and children's needs (Table 37B, Tau-C=.157) for non-drug specified services, and (e) failure to complete high school (Table 25, Tau-C=-.216). Further, SAB cases are more likely to result in adjudications of abuse and neglect, and the children are more likely to be removed from their homes. Further, GAL volunteers consider these families less likely to change, so that reunification becomes more difficult.

These findings are interesting in and of themselves as separate pieces of information. Taken together, however, we begin to see that substance abuse, while prominent in child maltreatment cases, may need to be considered in a larger context. With a family history of alcoholism present in 68.4% of the SAB cases and a family history of violence in 61.9% of SAB cases, it is reasonable to infer that there is considerable overlap of these two factors. Also, one of the most interesting (though not necessarily surprising) single findings was that over two-thirds of the relatively few parents (117) who were identified as having been abused as children were in SAB families. Further, these abuse-survivor parents were disproportionally represented in cases with adjudications of abuse, and were underrepresented in cases with adjudications of neglect and dependency. These findings suggest that part of the significant correlation between substance abuse and child maltreatment may be spurious. That is, both the substance abusing behavior and the child maltreatment behavior may be a common denominator with the factors of parental substance abuse, violence and maltreatment in the parent's own childhood.

The following policy implications are derived from the data found in this report. The predominance of alcohol as the drug of choice for abuse suggests that intervention and treatment resources need to be focused more on alcohol than on other types of drugs. However, the high incidence and prevalence of polydrug abuse (that is, alcohol and other drugs) in this study indicate that alcohol and other drugs need to be considered together and not as separate problems for separate treatment. Hence, the main emphasis needs to be on alcohol treatment, whether for alcohol abuse alone or in conjunction with other drugs. To focus primarily on illegal substances would be to overlook the major contribution of alcohol to substance abuse issues today.

In addition, because of the preponderance of family histories of alcoholism and violence, even the successful treatment of caretakers' substance abuse alone will not necessarily suffice. Note that non-SAB cases are more likely to have adjudications of abuse than are SAB cases; and parents who were abused as children are more likely to both abuse their children and abuse substances. Thus, intergenerational problems weigh heavily on the caretakers in this study. As such these issues also need to be addressed in bringing the family into a meaningful functional balance in the best interests of the children in the family. Therefore, substance abuse treatment must be backed up with interventions that address the family dysfunctions which are instrumental

in transmitting substance abuse and child maltreatment behavior patterns from generation to generation.

With these ideas in mind, the next phase of the project focuses on developing an advocacy model for substance abusing families with abused, neglected and dependent children. This model will be determined after interviews and observations in the field with GAL advocates as well as with other agencies involved in substance abuse treatment and family interventions.

Notes

1. The figures reported in this section are taken from the first report, and are based on the preliminary analysis using spreadsheet functions. They are not identical to the figures produced in the current analysis which is reported in Sections III and IV.

2. Kendall's Tau-C is a non-parametric measure of strength of association between two nominal or ordinal variables that do not have interval values. Possible Tau-C values range from -1 to +1, with the strongest associations the greatest distance from zero. A Tau-C value of less than zero indicates a negative relationship.

3. Chi-square is a statistical test that measures differences in comparing two variables that each have more than one category. Here it is used to determine whether the actual numbers in a cell are significantly different from the numbers that would be expected if the distribution was random.

APPENDIX A

Substance Abuse Assessment Questionnaire
and
Code Book Addendum

SUBSTANCE ABUSE ASSESSMENT QUESTIONNAIRE

INTRODUCTION:

TO: Case Guardians

FROM: Substance Abuse Research Analyst

In the State of North Carolina, petitions alleging abuse, neglect, and dependency are increasingly being filed because of parental substance abuse. Although it has been estimated that substance abuse accounts for 60 to 90% of juvenile and domestic cases in this country, no such statistics are available in our state. This survey attempts to determine the prevalence of parental substance abuse in North Carolina. This information will help standardize the case plan and recommendations across the state when parental substance abuse is involved. This research will also determine needs of substance abusing parents and their families so appropriate services can be provided to prevent the removal of the children from their natural families and, in such cases where removal is necessary, facilitate family reunification.

When you complete the survey, please note:

1. This survey is about the child(ren)'s parents/caretakers before the petition was filed. Do not complete a survey on foster parents.

2. Please fill out one questionnaire for each parent. In other words, if there are two parents in this family. You need to complete two surveys. When you respond to the survey, refer all questions to the specific parents.

3. This survey is designed for all cases which were active during 1990 and 1991, including cases which were closed during that time. In other words, whether or not the parents abuse substance, a case needs to be included as long as it was active during that time.

4. Although certain information in the survey such as parent's education level and age, children's age, and number of children in the family, etc. may not be readily available to you, it will be very helpful if you can get it and fill in those blanks.

5. Some questions need your elaboration, please try your best to respond as fully as possible.

Thank you for your assistance.

Petition number _____
County _____
Guardian's Name _____
Parent/Caretaker's
  Relationship to the Child _____
  Parent's Ethnic Background _____
  Parent's Age _____
  Parent's Gender _____
  Parent's Highest Education _____
Number of Children
 in this family _____
Age(s) of Child(ren) _____

Direction:

Please respond to the following questions, based on your observations and/or inquiry from children, relatives neighbors, medical personnels, police, school/daycare teachers, and parent's employers.

I. Indications of Disruptive or Dysfunctional Lifestyle

1. The parent has difficulty in holding down a job.

   A. Yes
   B. No
   C. N/A

2. Frequent change of residence

   A. Yes
   B. No
   C. Do not know

3. The parent has unpredictable and inconsistent behavior or wide mood swings.

   A. Yes
   B. No
   C. Not observed
   D. Do not know

4. The parent frequently breaks his/her promises (e.g., to go somewhere or do something with the family, not get drunk at certain occasion).

   A. Yes
   B. No
   C. Do not know

5. History of family violence.

   A. Yes
   B. No
   C. Do not know

6. Family history of alcohol problems.

   A. Yes
   B. No
   C. Do not know

7. The parent has financial problems related to substance abuse.

   A. Yes
   B. No
   C. The parent has financial problems but unrelated to substance abuse.
   D. N/A

8. Does the parent abuse

   A. Alcohol only
   B. Drug only (please list types of drug)_____
   C. Both alcohol and drugs (please list types of drugs)
   _____
   D. Neither alcohol nor drug

9. Are there other persons in the household who are substance abusers?

   A. Yes (What relationship to child?)_____
   B. No
   C. Do not know

   If yes, does this (do these) person(s) abuse

      A. Alcohol only
      B. Drugs only (please list types of drug)_____
      C. Both alcohol and drugs (please list types of drug)
      _____
      D. Do not know which substance

10. Other indications of alcohol and/or drug abuse. (Please list)

II. Test and Treatment Information

Through your investigation, did you determine any of the following about this parent?

1. Positive drug or alcohol tests.

   A. Yes
   B. No
   C. Never tested
   D. Do not know

2. Admissions to drug and/or alcohol treatment programs.

   A. Yes
   B. On a waiting list to be treated
   C. Refused to go to a treatment program
   D. Do not know

3. Arrest or incarceration due to drug/alcohol related cases.

   A. Yes
   B. No
   C. Arrest or incarceration due to other charges
   D. Do not know

4. Arrested for driving while impaired.

   A. Yes
   B. No
   C. Do not know

5. DSS knowledge of alcohol or drug problem.

   A. Yes
   B. No
   C. Do not know

III. Effect of Substance Abuse on Results of this case.

Based on your investigation, please answer the following questions.

1. Please briefly describe what happened from the beginning of this case to the present status?

2. What was the result of the adjudication?

A. Abuse
B. Neglect
C. Dependency

3. Was the child removed?

A. Yes
B. No

If yes, to what extent did the parent's drug/alcohol problems contribute to the removal?

A. Completely
B. Very much
C. Somewhat
D. Not at all

4. What were the contributory factors that influenced the circumstances of abuse, neglect, or dependency in this case? (Circle relevant ones).

A. Alcohol problem
B. Drug problem
C. Health problem
D. Mental/emotional problem
E. Mental retardation
F. Insufficient income
G. Inadequate housing
H. Social isolation
I. Unemployment
J. Unstable living condition
K. Low socioeconomic status/poverty
L. Lack of parenting skill
M. Chronic family violence
N. Single parent
O. Caretaker/parent abused as child
P. Other (please list)

5. What was the possibility of changing the circumstances or life conditions in this family?

   A. Impossible
   B. Unlikely
   C. Likely
   D. Very likely

   Why do you think so?

6. To prevent the removal of the child and, in cases where removal is necessary, facilitate family reunification, what kind of services do this family and the children need?

Parent's Needs	Children's Needs
___ Drug and alcohol treatment	___ After school supervision
___ Medical care and followup	___ Libraries
___ Child care	___ Summer camps/care
___ Transportation	___ Tutors
___ Employment	___ Medical care
___ Counseling	___ Boys and girls club
___ Parenting education	___ Counseling
___ Job training	___ Special education
___ Housing	___ Other (please list)
___ Food stamps/AFDC	
___ Health services	
___ Other (please list)	

7. If you could design an ideal service strategy for this family, what would it include? Also, <u>what obstacles</u> prevented using such a strategy for this family. (For example, the parent refused services, services do not exist, there is a waiting list for this service, or the parent cannot participate in services for whatever reasons etc.)

   Ideal service strategy:

   Obstacles to strategy:

CODE BOOK ADDENDUM: Open-end Questions				
Question #	**Code**	**Category**	**Code**	**Category**
I 8b	1	Marijuana	10	Inhalants
(Same for	2	Crack	11	Other (Specified)
I 9d)	3	Cocaine	12	Unspecified combination
	4	Heroin	13	Antidepressants
	5	Rx Drugs (Unspecified)	14	Stimulants
	6	Other Narcotics		
	7	Other cannabis	88	no 2nd, 3rd mention
	8	Other Depressants	98	Use noted, none specified
	9	Hallucinogens	99	Don't know
I 10 Other	1	Use, Symptoms Reported	5	Illegal Income Sources
Indications	2	Aberrant behaviors Report	6	Job Losses
	3	Violence, Abuse	7	Neglect of Children
	4	Arrests / Jail	8	Other
III 1	1	Sexual abuse	6	Fail to protect
Abuse / Neglect	2	Physical abuse	7	Missed school
	3	Unspecified abuse	8	Lack supervision/Abandon
	4	Fail to provide basics	9	Unspecified neglect 10 Dependent
	5	Fail re: special needs	88	Other
III 1 P / C	1	Substance Abusers	7	Marital Discord /Separated
Characteristics	2	Violence	8	Other
	3	Mental Illness	9	Juvenile Parent
	4	Crim / Incarceration	10	Parent Absent / Dead
	5	Physical Illness	11	Parent Homeless
	6	Mental Retard / Low IQ		
III 1 Child	1	FAS / Alc Intox at birth	5	Phys / Mental Handicap
Characteristics	2	Born Cocaine Addict	6	Physical illness / Injury
	3	Other Unspecified drug	7	Delinquency / Arrests
	4	Emotion/ behavior problem	8	Other
III 1 Removed to	1	Foster Care		
	2	Relatives		
	3	Institution		
	4	Other Parent		
	8	Other		
III 1 Return to	1	Parent(s)		
or Place w	2	One (other) parent	5	Remains in foster care
	3	Grandparent(s)	6	Specialized setting
	4	Other relatives	8	Other
III 1 Returned	1	No conditions nor closure		
	2	Case closed or dismissed		
	3	After meeting conditions		
	4	DSS still involved		
	8	other		

CODE BOOK ADDENDUM: Page 2				
Question #	**Code**	**Category**	**Code**	**Category**
III 1 Permanent	1	TPR, unspecified adoption plan		
Removal	2	TPR, specific adoption planned or done		
	3	Vol. Consent, unspecified plan		
	4	Vol.Consent, specific adoption		
	5	Long-term foster care		
III 4 q Other Contri-	1	Language / Cultural		
butory Factors	2	Marital problems	6	Absent Parent
	3	Parents lack coping skills	7	Child's Behavior
	4	Arrest / incarceration	8	Other
	5	Parent afraid/Overdependent	9	Lack of Education
III 5b Why Likely	1	Parents cooperative	6	Can't meet special needs
	2	Parents committed, caring	7	TPR -- Adoption
	3	Evidence of progress	8	Other
	4	Family support	9	Conditional
	5	Problem parent gone		
III 5b Why	1	P/C uncooperative	10	P / C Immaturity
Unlikely	2	P/C uncommitted, uncaring	11	Poor parenting
	3	Continuing substance abuse	12	P/C's don't want children
	4	Low I.Q.	13	Children don't want P / C
	5	Mental / Emotional Illness	14	No parents
	6	Problems with law	15	Sexual abuse
	7	Denial of problems	16	Parent's B / G Friend
	8	Child not believed	88	Other
	9	Irresponsible P / C		
III 6 l Parents'	1	Respite	5	Other financial support
Other Needs	2	Sex abuse counseling / Rx	6	Home / Skills program
	3	Family Therapy	7	More Education (General)
	4	Psychiatric care	8	other
III 6 u Children's	1	Adoption	5	Day care
Other Needs	2	Stability / Safety / Love	6	Therapeutic Foster Care
	3	Sex abuse victim Rx	7	Specified Therapies
	4	Psychiatric care	8	Other

CODE BOOK ADDENDUM: Page 3				
Question #	**Code**	**Category**	**Code**	**Category**
III 7 a Ideal :	1	Spec types of counseling	4	Spec services for Children
Treatment	2	Support group/role models		
Interventions	3	Drug abuse Rx		
Empowering/Self	1	In-home Services	7	Transportation
Improving	2	Life Skills	8	Financial Resources
	3	Parenting Skills	9	Child Care Assistance
	4	Job Training	10	Housing
	5	Health Education	11	Services in III 6
	6	Employment		
Placement/Persons	1	Remove Problem Person	8	Other
	2	Remove Child from Home	5	Adoption
in Home	3	Place child with other parent	6	Foster Care
	4	Place ch. w\ other relative	7	Therapeutic Grp / Institution
Other / None	1	None recommended		
Recommended	8	Other		
			4	Acrimonious Rel'n'sps
III 7 b Obstacles	1	Uncooperative	5	Absent parent(s)
P / C Behaviors	2	Lack commit/motiv.	6	Parent(s) incarcerated
	3	Denial	8	Other
P/C Characteristics	1	Mentally ill / Unbalanced	5	Immature
/Conditions	2	Continued Substance Abuse	6	Lack Self-esteem/assertive
	3	Limited Abilities		
	4	Dysfunction	8	Other
Lack Resources	1	Program non-existent		
	2	System Ambiguity		
	3	Lack funding for services		
	4	Lack family support		
	8	Other		
Child Characteris-	1	Permanent place out of home	8	Other
tics/Conditions	2	Hlth / Emotional Condition		
	3	Refuses Services		

APPENDIX B

Items used in Computed Variables

APPENDIX B

ITEMS USED IN COMPUTED VARIABLES

1. Parent Substance Abuser (PARSAB): Item I 8

2. Substance Abuse in Case (SABCASE): "yes" answers to PARSAB or I 7, I 9, or any of II 1 - 5

3. Attitude Problems influencing Possibility of Change: I 5b, Unlikely open-ended responses

4. Positive Attitudes influencing Possibility of Change: I 5B, Likely open-ended responses

5. Non-SAB Treatment Indicator, and Treatments including SAB Therapy: III 7a, Treatment open-ended responses

7. Everyday Coping, and Economic Assistance: III 7a, Empowering, Self-improving Open-ended responses

8. Outplacement Recommended: III 7a, Placement/Persons Open-ended responses

9. Negative Behaviors: III 7b, Parent/Caretaker Behaviors

10. Inadequacies: III 7a, Parent/Caretaker Characteristics/Conditions

11. Poverty: III 4 Contributory Factors, or III 6 Parent's needs

12. Mental Illness (Parent): III 4 or open-ended responses to III 1 Parent/Caretaker Characteristics, III 5b Why Unlikely, III 6 Parents' other needs, III 7a Treatment/Interventions, or III 7b Parent/Caretaker Characteristics/Conditions

13. Mental illness (Child): III 1 Child Characteristics or III 6 Children's other needs

14. Negative Attitudes/Behaviors (General): III 5b Why Unlikely or IIII 7b Parent/Caretaker Characteristics

15. Lack of Parenting Skills: III4 or III 6 or III 5b Why Unlikely or III 7a Empowering