Neglect Experienced by Children of Substance Abusing Parents: Implications for Schools

C hild neglect is the most common form of child abuse in the United States and is characterized by a parent's ongoing pattern of failure to meet a child's basic physical, social, and emotional needs. This document focuses on neglect experienced by children of alcoholics and the school's role in addressing the problem.

> Child neglect is often described as a "hidden epidemic." Child neglect has been defined as any egregious act or omission by a parent or other caregiver that deprives a child of basic age-appropriate needs and thereby results, or has reasonable potential to result, in physical or psychological harm. Younger children are neglected most, and more girls suffer from neglect than boys. Child neglect encompasses abandonment; lack of appropriate supervision; failure to attend to necessary emotional or psychological needs; and failure to provide necessary education, medical care, nourishment, shelter, and/or clothing.
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> According to U.S. Department of Health and Human Services (2016), rates of neglect in the U.S. are higher than those for other types of child maltreatment. Of the at least 672,000 maltreated children in the U.S., 7 per 1,000 were reported victims of neglect.

Substance Abuse and Neglect

The prevalence of substance abuse, especially alcoholism, as a contributing factor to child maltreatment has risen over 16% in the past two decades and is continuing to increase (U.S. Department of Health and Human Services, 2019). As reported by the American Academy of Child and Adolescent Psychiatry (2019), alcohol is one of the most abused substances in the United States with 16-17 million people suffering from alcohol dependence or chronic alcohol abuse, which is about 1 in 12 adults. Alcohol can be highly addictive and is associated with AUD (alcohol use disorder).

> The Mayo Clinic (2018) defines AUD as a pattern of alcohol use that involves problems controlling drinking, being preoccupied with alcohol, continuing to use alcohol even when it causes problems, having to drink more to get the same effect, or having withdrawal symptoms when one rapidly decreases or stops drinking. Important symptoms of alcoholism that specifically relate to child neglect are seen as including: spending a lot of time drinking, getting alcohol or recovering from alcohol use; failing to fulfill major obligations at work, school or home due to repeated alcohol use; continuing to drink alcohol even though it's causing physical, social or interpersonal problems; giving up or reducing social and work activities and hobbies; using alcohol in situations where it's not safe, such as when driving or swimming; and experiencing withdrawal symptoms - such as nausea, sweating and shaking.

Parental substance abuse is associated with child neglect and with student learning, behavior, and emotional problems. Abusing substances can drastically impair a parent's ability to properly take care of a child and can influence their behavior in an unpredictable way. Parenting practices displayed by alcoholic parents are characterized by emotional and physical abandonment, aggressiveness, excessive inconsistency, and impaired judgement. For example, such parents commonly are inattentive and irritable; may be overcontrolling and strict some of the time, and overly permissive at other times; while intoxicated or hung-over they may give children too much responsibility. Routine tasks like cleaning, preparing meals, supervising children, helping with homework, ensuring a reasonable standard of hygiene may be put off or forgotten, children's emotional needs may be ignored, and children may even be put in harmful or dangerous situations (AACAP, 2019; Thomas, 2015).

It is common for a child with alcoholic parents to experience an array of emotions in response to their parent's behavior and addiction. Examples include worrying, anxiety, embarrassment, and shame about the situation at home; guilt and confusion arise when youngsters perceive themselves as the cause of a parent's drinking; anger and resentment also are frequent reactions (American Academy of Child and Adolescent Psychiatry, 2019; Watkins, 2020).

Emotional neglect experienced by children of alcoholics can affect a youngster's socioemotional development, particularly the child's ability to form close social relationships and their sense of self and personal security (Lander, Howsare, & Byrne, 2013; Taillieu, 2016). Children who experience trauma because of parental alcoholism are four times more likely to become alcoholics themselves, than children of non-alcoholics (Mayo Clinic, 2018).

Impoverished or disadvantaged communities are linked to higher rates of child neglect and learning, behavior, and emotional problems. Children reared in such communities are more likely to lack support and structure within the community and to attend lower performing schools. Parents have fewer job opportunities and other resources and supports. Another environmental factor is lack of resources related to accessing health services ((Dubowitz, 1999; Jenny, 2007 Sackett & Levitt, 2016; U.S. Department of Health and Human Services, 2004).

Because of the amount of care and attention required by younger children, especially those under 4 years of age, such youngsters put considerable stress on parents and are more likely to experience neglect (CDC, 2020). Children who have a cognitive, emotional, or physical disability or chronic illness also are more prone to neglect and maltreatment, with those disabled from birth more likely to be neglected (U.S. Department of Health and Human Services, 2004).

Implications for Schools

Students manifest learning, behavior, and emotional problems for a variety of reasons Adelman & Taylor, 2017, 2020). Parental substance abuse compounds matters by exacerbating a child's vulnerablity to stress and generalizing trust and relationship problems to include adults at schools. (Casas-Gil & Navarro-Guzman, 2002; Lander, Howsare, & Byrne, 2013; Taillieu, Brownridge, Sareen, & Afifi, 2016; Thomas, 2015).

What should schools do?

Schools, of course, are required to report any form of child abuse. However, neglect associated with parental substance abuse can be difficult to identify, especially when students are exposed to toxic neighborhoods and experience frequent traumatizing events. Most schools have protocols detailing how to report suspected maltreatment to Child Protective Services (CPS). These protocols specify the type of information educators need to provide and to whom such a report should be made (Crosson-Towers, 2003).

Beyond reporting requirements, a school's response involves providing the type of student/learning supports that are needed by all students who are not doing well. *This is not a matter of developing a special intervention initative for children being neglected by substance abusing parents.*

While there are calls for schools to respond with special initiatives for substance abuse, child abuse, trauma, anxiety, depression, suicide prevention, disconnected students, truancy, adverse childhood experiences, social and emotional health, and other mental health concerns, there is no feasible way for schools to do pursue so many discrete problems. Moreover, the reality is that a student often has multiple problems. Clearly, there is a need for schools to play a role in addressing such matters. However, they must proceed in ways that avoid the fragmentation and marginalization that has plagued previous efforts, especially as they try to account for the impact of the COVID-19 pandemic.

In responding to the overlapping problems experienced by so many students, families, schools, and neighborhoods, a school must avoid magic bullet thinking and buzzword answers, ad hoc and piecemeal approaches, cycling from one concern to another, and interventions that pull resources away from other priority concerns and increase inequities of opportunity for other students. With this in mind, we advocate that schools take immediate steps to transform student/learning supports in ways that take a unified, comprehensive, and equitable approach to addressing barriers to learning and teaching and reengaging disconnected students.

About Transforming Student/Learning Supports

Here are three free resources we have developed to provide online in depth aids to guide school transformative planning:
> *Improving School Improvement*
> *Addressing Barriers to Learning: In the Classroom and Schoolwide*
> *Embedding Mental Health as Schools Change*

All three can be accessed at
http://smhp.psych.ucla.edu/improving_school_improvement.html

And here is a recently released policy analysis prepared for PACE:

Restructuring California Schools to Address Barriers to Learning and Teaching in the COVID- 19 Context and Beyond
https://edpolicyinca.org/publications/restructuring-california-schools-address-barriers-learning-and-teaching-covid-19

Concluding Comments

Parental child neglect is one of the many barriers to learning and teaching that schools must address. Key to a school's response to all such barriers is developing a unified, comprehensive, and equitable system of learning supports. Such a system can help counteract feelings of isolation that maltreated children experience. This includes personalizing classroom experiences; ensuring warm and sympathetic teachers that allow children to see adults in a positive, supportive, and caring role; increasing contact with classmates as opportunities to make new friends; fostering social emotional development to help students problem solve and more effectively cope. To address parents who have problems and need help, a transformed system of student/learning supports offers educational, social, and recreational opportunities that can help buffer against their problems, and such a system also provides referrals for special services as needed.

Given the increasing number of learning, behavior, and emotional problems confronting educators after the COVID-19 pandemic, it is essential that schools avoid pressures to just add another "hot topic" program. Instead, now is the time to start a process for transforming student/learning supports in ways that substantially and substantively address a broad range of barriers to learning and teaching.

Resources Used in Preparing This Resource

Adelman, H.S., & Taylor, L. (2020). *Embedding mental health as schools change*. Los Angeles: Center for MH in Schools & Student/Learning Supports at UCLA.
http://smhp.psych.ucla.edu/improving_school_improvement.html

Adelman, H.S. & Taylor, L. (2017). *Addressing barriers to learning: In the classroom and schoolwide.* Los Angeles: Center for MH in Schools & Student/Learning Supports at UCLA.
http://smhp.psych.ucla.edu/improving_school_improvement.html

Alcohol Addiction Center. (2019). *Alcoholism causes and risk factors.* Online.
https://alcoholaddictioncenter.org/alcohol/causes-risk-factors/

American Academy of Child and Adolescent Psychiatry. (2019). *Alcohol use in families*. American Academy of Child and Adolescent Psychiatry: Facts for Families. Online. https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Children-Of-Alcoholics-017.aspx

Ammerman, R., Kolko, D., Kirisci, L., Blackson, T. (1999). Child abuse potential in parents with histories of substance use disorder. *Child Abuse and Neglect, 23*, 1225-1238. https://doi.org/10.1016/S0145-2134(99)00089-7

Bennett, L.A., Wolin, S.J., and Reiss, D. (1998). Cognitive, behavioral, and emotional problems among school-age children of alcoholic parents. *American Journal of Psychiatry 145,* 185-190. https://doi.org/10.1176/ajp.145.2.185

Brown, R., Coles, C., Smith, I., Platzman, K., Silverstein, J., Erickson, S. & Falek, A. (1991). Effects of prenatal alcohol exposure at school age: Attention and behavior. *Neurotoxicology and Teratology, 13*, 369-376. doi: https://doi.org/10.1016/0892-0362(91)90085-B

Casas-Gil, M.J., & Navarro-Guzman, J. (2002). School characteristics among children of alcoholic parents. *Psychology Reports, 90,* 341-348. doi: 10.2466/pr0.2002.90.1.341.

Center for Disease Control and Prevention. (2020). Risk and protective factors for child neglect. Online https://www.cdc.gov/violenceprevention/childabuseandneglect/riskprotectivefactors.html

Cheng, A., Gau, S.F., Chen, T. (2004). A 4-year longitudinal study on risk factors for alcoholism. *Archives of General Psychiatry, 61,* 184-191. doi: 10.1001/archpsyc.61.2.184

Clarke, J., Stein, M., Sobota, M. (1999). Victims as victimizers: Physical aggression by persons with a history of childhood abuse. *Archives of Internal Medicine, 159*, 1920-1924. doi: 10.1001/archinte.159.16.1920

Crosson-Tower, C. (2003). The role of educators in preventing and responding to child abuse and neglect. *Child Abuse and Neglect User Manual Series, 1*, 13-53. https://www.childwelfare.gov/pubPDFs/educator.pdf

Dube, S.R., Anda, R., Felitti, V., Croft, J., Edwards, V., Giles, W. (2001). Growing up with parental alcohol abuse: Exposure to childhood abuse, neglect, and household dysfunction. *Child Abuse and Neglect, 25*, 1627-1640. doi: https://doi.org/10.1016/S0145-2134(01)00293-9

Dubowitz, H. (1999). *Neglected children: Research, practice and policy*. Thousand Oaks: Sage.

Jenny, C. (2007). Recognizing and responding to medical neglect. *Pediatrics, 120*, 1385-1389. https://pediatrics.aappublications.org/content/pediatrics/120/6/1385.full.pdf

Lander, L., Howsare, J., & Byrne, M. (2013). The impact of substance use disorders on families and children: From theory and practice. *Soc Work Public Health. 28*, 194-205. https://pubmed.ncbi.nlm.nih.gov/23731414/

Mayo Clinic. (2018). *Alcohol use disorder: Symptoms and causes.* Online. https://www.mayoclinic.org/diseases-conditions/alcohol-use-disorder/symptoms-causes/syc-20369243

Sackett, C., Levitt, R. (2016). Neighborhoods and violent crime. *Evidence Matters, 6*(1). https://www.huduser.gov/portal/periodicals/em/summer16/highlight2.html

Taillieu, T., Brownridge, D., Sareen, J., Afifi, T. (2016). Childhood emotional maltreatment and mental disorders: Results from a nationally representative adult sample from the United States. *Child Abuse and Neglect, 25*, 1-12. https://doi.org/10.1016/j.chiabu.2016.07.005

Thomas, G. (2015). Parenting and alcohol abuse. Healthy families British Columbia: *Activity and Lifestyle*, 1-2. https://www.healthyfamiliesbc.ca/home/blog/parenting-and-alcohol-use

U.S. Department of Health and Human Services: Child Bureau. (2019). Definitions of child abuse and neglect. *Emerging Practices in the Prevention of Child Abuse and Neglect, 1*, 1-8. https://www.childwelfare.gov/pubPDFs/define.pdf

U.S. Department of Health and Human Services: Child Bureau. (2004). Risk and protective factors for

child abuse and neglect. *Emerging Practices in the Prevention of Child Abuse and Neglect, 1*, 1-5. https://www.childwelfare.gov/pubPDFs/riskprotectivefactors.pdf

Watkins, M. (2020). Alcoholism and family/marital problems. Online https://americanaddictioncenters.org/alcoholism-treatment/family-marital-problems

Windle, M. (1996). Effects of parental alcoholism on adolescents. *Alcohol Health and Research World, 20*, 181-184. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6876511/