

As an observing member of the DEC workgroup, I would like to share with you my two cents on the issue. I hope it is helpful.

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### **Drug Endangered Children and Differential Response**

The Differential Response (DR) approach and Family Assessment pathway is a very positive improvement for the management of most child neglect (CN) cases as in unsafe home setting that involves cleanliness versus lack thereof, a toddler sneaks out of the house in a moment of brief lack of supervision, etc. Since these cases make a significant portion of all child abuse and neglect (CAN) reports, DR has proven not only to improve DHS-family relationships and family compliance to child safety matters, it also must have decreased the burden on DHS workers, thus, improving productivity.

However, when a parent's substance abuse and addiction is discovered in the context of child neglect, regardless of child's age, DR may not be the appropriate route to go when our goal in child protection is or should be to provide the child with physical, sexual, and emotional safety since these are essential elements of safety and health as defined by the World Health Organization.

The Iowa Alliance for Drug Endangered Children (DEC) defines a DEC as a child who is at risk of suffering physical harm or neglect as a result of illegal drug use, possession, manufacturing, cultivation or distribution. I assume this definition refers to parental illegal drug use, possession, manufacturing, cultivation or distribution. If that is the case, this definition lacks one very important component in the set of negative consequences arising from living in a household where parents use, abuse, sell, or produce drugs and that is emotional harm:

These children live in homes where safety (physical, emotional, and sexual) is lacking overall. Their parents' drug use is overwhelmingly due to their own childhood trauma and their need to self-medicate the pain they feel. Since unaddressed trauma leads to behaviors around trauma organization, they have been led to drug culture. Trauma organized individuals are unable to provide emotional safety to a child. As a result, these households display elements of depression, anxiety, chaos, disorganization involving multiple family members including the parents and children. Under these circumstances, basic trust building in children is not successful. When a child doesn't feel safe emotionally, physically, or sexually, they develop behavioral and emotional challenges due to constant exposure to traumatic experiences as a result of their parents' drug use, abuse, distribution, or production among other mental health conditions.

My position on this issue is that, with every drug endangerment of children regardless of age, emotional abuse needs to be considered at intake and throughout DR assessment process. These children are emotionally abused and mentally injured by the lack of trust arising from lack of physical, sexual, and emotional safety; by corruption (following parents' suit, many young preadolescents or adolescents are introduced to drugs by their parents); by parentification (5-6 year olders become parents of their younger siblings); and terrorization (if police raids or violence occurs in the home as a result of drug culture). If Iowa Alliance for Drug Endangered Children expands its definition for DEC to include emotional abuse and lack of emotional safety, this may give DHS workers more ability to bump a case that started in family assessment (FA) pathway to child abuse pathway. This way, drug

rehabilitation may be court ordered and cases may be handled by drug courts to first and foremost eliminate drug culture from households before any other intervention can work.

Thus, a more expansive DEC definition will simply change the pathway which Drug Endangered Children allegations are examined and assigned at intake and throughout DR assessment process. It will not change any other types of assessments which can still be handled via FA or Child Abuse Assessment protocols. This modification will not be an attempt to overhaul the DR system, in fact it will improve the benefits of the DR system while protecting children better. With the lack of this opportunity in current practice in the context of a neglect allegation, if there is a child living in the home with a parent who uses heroin, cocaine or other illicit drug and the child is 6-7 years old, DHS routes such allegations to the FA pathway involving voluntary cooperation and services. Thus, the general public's and professionals' expectation that DHS will respond to such cases by conducting a Child Abuse Assessment is not accomplished. This lack of vigilance also may hurt the communication between DHS, law enforcement, and the County Attorneys' Offices in DEC cases to ensure child safety when the initial allegation is child neglect.

Lastly, DEC are exposed to multiple trauma that are embedded within their parents' substance abuse and are in higher needs for behavioral, developmental, and mental health services. With DR being based on voluntary services on such cases, fewer DEC are being connected to health care services for evaluation and treatment of developmental delays, behavioral problems and mental health needs although it is well known that children who grow up in homes with a parent who has a drug addiction often experience these health problems due to the parent's focus on their addiction, and not on stimulating the early brain development of their child.

**Current examples of Drug Endangered Children allegations reported to DHS that are not investigated through the Child Abuse Assessment process:**

1) Neighbor calls DHS about 3-year old child who lives with a single mother. The neighbor believes the mom is using heroin. Mom has a lot of visitors, and they often party until late into the night. Child plays outside alone a lot, unsupervised. When neighbor asks the child where his mom is, he says she is inside sleeping again and states he is hungry and hasn't eaten since last night. When neighbor does see mom she doesn't look very healthy and tends to slur her words. Neighbor had noticed track marks on her arms during the warmer weather.

- A Child Abuse Assessment only occurs if the allegation is meth and the child is under 6-years old. This type of case is assigned to the Family Assessment pathway.

2) A mandatory report from a teacher states a student in her 2nd grade class reports her mother uses methamphetamine and is sometimes in bed for days at a time. The 8-year old told the teacher she is responsible for taking care of her 6-year old brother when her mother can't get out of bed.

- A Child Abuse Assessment only occurs if the allegation is meth and a child in the home is under 6-years old. This type of case is assigned to the Family Assessment pathway.

A call from a concerned citizen reports that three children (ages 6 months, 5 and 8 years) are left at home alone while mom and dad are selling drugs at a nearby rest area on I-80 late at night.

- A Child Abuse Assessment only occurs if the allegation is the drug sales or manufacturing occurs in the home. This type of case is assigned to the Family Assessment pathway.

A case assigned to the Family Assessment pathway does not:

1. Allow DHS to drug test the child or the parent.
2. Allow the DHS worker to speak with the child individually about the allegations without the parent's presence.
3. Allow DHS to stop by the home unannounced.

4. Allow DHS to contact law enforcement to determine if law enforcement has more information regarding drug activity in the household or by the parent.
5. Allow DHS to request law enforcement accompany DHS to the home visit to ensure worker safety.