



# Parental Drug Use – The Bigger Picture

## A Review of the Literature

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*The Mirabel Foundation – Researching for Positive Change*



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The Mirabel Foundation is committed to research that will make a positive difference to the lives of children living in kinship families. This discussion paper is one of many tools that will be used to document best practice when working with children who have been orphaned or abandoned due to parental illicit drug use and the kinship carers who give of themselves for the sake of the children.

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## ■ Purpose of Report

This report is intended to bring together the current literature available on children and families who have been affected by parental illicit drug use. The report examines the effects of parental drug use on children and the implications for the broader community. The review of the literature is intended to assist with the formation of a research agenda, ultimately bringing about positive change for the children and their families.

## ■ Terminology

Terms such as ‘parental illicit drug use’, ‘parents addicted to substances’, ‘substance abuse’ and ‘parents using illicit substances’ are used throughout this paper. In all cases, such terms are used to describe parents who meet the criteria for substance dependence and abuse in the Diagnostic and Statistical Manual IV of the American Psychiatric Association.



## ■ Introduction

The Victorian government has been called to acknowledge the “...seriousness of the deteriorating situation surrounding increasing use of illegal drugs, rising deaths from overdose, increasing community concern over people injecting and suffering drug overdose in public places, littering of syringes and needles and increasing crime associated with drugs” (Drug Policy Expert Committee 2000). This acknowledgment of the chronic drug epidemic fails to mention the plight of children who face the consequences of their parents’ drug addiction.

Heavenly Hiraani Tiger Lily, the daughter of Michael Hutchence and Paula Yates, has experienced the tragedy of losing both her parents in drug-related deaths (Clohesy 2000). She, like so many others, has joined the congregation of children orphaned or abandoned due to parental illicit drug use. This issue has become so pressing that in Victoria it has resulted in the formation of a charity, The Mirabel Foundation (Mirabel), designed solely to assist such children. Mirabel aims to assist children who have been orphaned or abandoned due to parental illicit drug use and are now living with kinship carers. Chief Executive Officer of Mirabel, Jane Rowe, says she established the foundation after seeing so many children abandoned because of their parents’ drug habits (Clohesy 2000).

Australia’s policy makers have largely overlooked the effects of parental drug use on children and it appears that there is little in the way of substantive Australian research on the subject. In 1993, Corby noted that there is little empirical research on the relationship between drug abuse and child maltreatment. Ten years on, it seems that in Australia this is still the case. The majority of the research conducted to date appears to have taken place in the United States where it has been reported that at least half of the parents whose children are clients of the welfare system have substance abuse problems (Tomison, 1996a).

This paper provides an overview of the existing research available on the effects of parental illicit drug use on children, with particular regard to the physical, cognitive and psychosocial

development of children. Specific consideration is given to the role of child protection services in Australia and the trend to reunify and preserve families. The United Nations Convention on the Rights of the Child is discussed in relation to parental drug use, as are the commonalities found with other marginalised groups in the community, specifically parents experiencing mental health issues or intellectual disability.

## ■ Illicit Drug Use and Prenatal Exposure

People aged between 18 and 35 years are the group most likely in the population to be addicted to illicit substances and also the most likely to bear children (Lex 1995 in Campbell 1997). Some research has been conducted on the effects of illicit drug use on the developing foetus and the newborn infant. Shortly after birth, however, it becomes problematic for researchers to differentiate between the effects of prenatal exposure to drugs and the role the environment has on the developing individual. Knowledge of the effects of prenatal drug exposure can assist proactive government and community organisations in immediate and long-term planning for the infant; planning that is essential in assisting infants to reach their full potential.

There is an almost unanimous belief that prenatal substance abuse negatively affects the outcomes of birth (Eyler, Behnke, Conlon, Woods & Wobie 1998; Clark 2001; Horwitz & Higham 2001; McNichol & Tash 2001; Gleeson 2000; McCarty, Waterman, Burge & Edelstein 1999; Besinger, Garland, Litrownik & Landsverk 1999; Brook, Whiteman, Shapiro & Cohen 1996; Sluder, Kinnison & Cates 1996; Tomison 1996a). Wright (1994) notes that prenatal drug exposure has diverse effects on children and McNichol and Tash (2001) suggest that the subtle effects of prenatal drug exposure require special intervention for cognitive, academic, speech and language delays. Delaney-Black, Covington, Templin, Ager, Martier and Sokol (1998) estimate that the financial cost for such intervention in New York could be as high as \$US352 million per year. Closer to home in Australia, Gleeson (2000: 12) suggests that infants with foetal substance abuse symptoms encompass one of the highest protective risk categories for “...short term and long term damage to their physical, social and emotional health and well-being”.

During pregnancy, exposure to toxic substances increases the likelihood of spontaneous abortion (Tomison 1996a), foetal anomalies and growth retardation in utero (Clark 2001). Substance abuse, deficient nutrition and inadequate prenatal care are associated with higher rates of premature birth (Clark 2001). At birth, infants exposed to drugs prenatally are frequently born with neonatal withdrawal syndrome (Clark 2001), foetal distress (Russell 1995), low birth weight (LaGasse et al 1999 in Barth 2001), respiratory distress (Horwitz 2001), shorter length and smaller head circumference (LaGasse, Seifer, Wright, Lester, Tronick, Bauer, Shankaran, Bada & Sneriglio 1999), physical and/or mental disabilities (Russell 1995), and are inconsolable and fussy (Besinger et al 1999). Following birth (and for some infants a stay in hospital for detoxification purposes), many children go on to experience a range of physical, cognitive and psychosocial difficulties that have been associated with prenatal drug exposure (Horwitz 2001).

### Physical Development

Dore, Doris and Wright (1995) suggest that children exposed to drugs prenatally have an increased risk of sudden infant death syndrome. In addition, Dore et al (1995) found that such children experience an increased risk of neurological deficits with others implying that they have underdeveloped muscle tone, poor reflexes and trembling hands (Daberczak, Shanzer, Senie & Kendal 1988).

In a study of 204 children under the age of three who were placed in foster care, McNichol (1999) found that children exposed to illicit drugs prenatally presented with significantly more special needs in physical development than those children not exposed. Similarly, Arendt, Angelopoulos, Salvator and Singer (1999) conclude that there is emerging evidence that prenatal drug exposure results in persisting delays in gross and fine motor skill development. Others emphasise the difficulties experienced in fine motor development noting that delays are more evident than those seen with gross motor skills (Sluder et al 1996). Irrespective of these findings, it seems that Sluder et al (1996) are accurate when they suggest that children with prenatal drug exposure will require special intervention that addresses potential motor deficiencies.

### Cognitive Development

A concerning study of 268 children in formal kinship care, found that children with prenatal exposure to drugs scored in the below average range in all areas of cognitive functioning (McNichol & Tash 2001). In addition, Dore et al (1995) suggest that such children encounter learning disabilities - a notion supported by Leshner (1999 in Barth 2001) who found that such children have lower IQ and difficulties with attention span. Similarly, Sluder et al (1996) agree that these children experience severe cognitive difficulties that have widespread implications for their education.

Viadero (1990 in Sluder et al 1996: 4) asserts that children prenatally exposed to drugs "...perform poorly on tests designed to measure concentration...", an assertion reinforced by Sluder et al (1996: 4) who found that these children are often "...disorganised, unstructured, less-goal orientated and have trouble processing information". Chapman and Worthington (1994) found that such children have difficulty with articulation, identifying pictures and expressive language. In addition, Behrman (1990) suggests that hand-eye coordination is a persistent problem as these children mature.

A group of 20 adoptive parents confirmed findings about the negative impact that prenatal drug use has on cognitive development when they were interviewed four months after their child's inclusion in their family and again after 12 months. The most frequent concern expressed by the parents was the effect of prenatal drug exposure on their child's learning ability (McCarty et al 1999). A separate longitudinal study found "...subtle but significant cognitive effects that presage long-term educational and mental health service use" (Lester et al 1998 in Barth 2001: 2).

### Psychosocial Development

The psychosocial development of children prenatally exposed to drugs shows numerous deviations from the realm of normal development. Bellisimo (1990) found that these children have difficulty interacting with others, become quickly frustrated and resist attachments to new adults and peers. Other noticeable differences include impulsivity and antisocial behaviour (Dore et al 1995), severe emotional swings, irritability and the inability to control behaviour when there are changes to the children's environment or disruptions to their routine (Sluder et al 1996).

Similarly, McNichol and Tash (2001) found that children with prenatal exposure to drugs have an increased risk of disturbed behaviours. Viadero (1990 in Sluder et al 1996: 4) reinforces this assertion by highlighting the increased difficulties such children face in "...group interaction and coping with an instructional environment".

McCarty et al (1999) found that many adoptive parents felt prenatal drug exposure might be the cause of emotional difficulties, low self-esteem and attachment problems for their adopted child. Even the play of these children seems affected by their exposure with observations suggesting that such children do not follow the usual developmental stages of play and have difficulty initiating independent play or concentrating on an activity (Sluder et al 1996). Sluder et al (1996)

discuss the immense implications for professionals working with children as they struggle to provide additional nurturing and encouragement for children who present with severe social and behavioural difficulties.

Substantive quantitative and qualitative evidence exists to indicate that children are adversely affected by prenatal exposure to toxic substances. Such children begin life disadvantaged and are likely to require early intervention to maximise their potential.

## ■ Illicit Drug Use and Environmental Factors

The developing individual is the result of the complex relationship between nature and environmental influences (Berk 1994). The environment significantly affects the progress of children's physical, cognitive and psychosocial development. Tomison (1996a) asserts that the developmental outcome for children exposed prenatally to drugs but not born with neurological damage, appears to depend more on the home environment than the prenatal exposure. Likewise, Greenberg (1999) found that children may be at high risk not only because of prenatal exposure but also due to factors secondary to drug use.

In an article in Melbourne's *Good Weekend* (*The Age* 1999), Hooton describes a situation in which five boys lost both their parents in separate drug-related deaths in the space of 6 weeks. When the boys left their family apartment where they had lived with their parents, all five of them were malnourished. The 6-month-old baby had respiratory problems and was born with hepatitis C as a result of his mother's drug-taking during pregnancy. The older children experienced multiple behavioural and emotional difficulties associated with their early lifestyle that would continue to affect them for many years to come. In their short lives, the five boys had been exposed to the effects of prenatal drug use, the chaotic and inconsistent lifestyle connected with having two parents addicted to illicit substances, limited social or educational stimulation, the grief and trauma associated with finding both parents dead in their own home as well as the uncertainty of a future without parents.

Sadly, these five boys are not alone in their experiences. Sluder et al (1996: 5) acknowledges that many of these children come from "... chaotic and dangerous home environments where the potential for continued drug abuse is high...". Parents may be alienated from family and friends due to their drug use, perpetuating a lack of support systems for both the parents and children (Sluder et al 1996). Many parents abusing substances have low incomes, poor education, limited job skills and inadequate housing options (Clark 2001). Children growing up with parents who are using illicit substances may also be exposed to "...transient living conditions; varied, inconsistent caregiving arrangements; and a lack of stability and order in daily activities..." (Greenberg 1999: 2).

Miller, Smyth and Mudar (1999) suggest that women with alcohol and drug problems are more likely to be punitive towards their children. Punitive measures can significantly impact on a child's concept of self worth. Brook et al (1996) indicate that people addicted to drugs often become hostile and antisocial towards their family members. Drug use can result in parental behaviour that places their children at risk of abuse. While this may not always be the case, drug use is often a contributing factor to poor parenting. Many children living in such environments are at an increased risk of exposure to violence from both within the family as well as from the community (Osofsky 1995). Children may be exposed to hostile environments where time is spent in dealing, prostitution and criminal activities to help support the parent's habit (Bays 1990). Further, Barth (2001) suggests that the illegality of illicit drugs significantly increases the likelihood of involvement with law violators placing children at additional risk of harm and abuse.

Greenberg (1999) warns that the effects of children being exposed to a drug-using environment will not be felt by the children alone. The long-term effects place considerable financial strain on both government and community organisations as well as creating moral and ethical concerns for the community. The physical, cognitive and particularly the psychosocial effects of environmental exposure to parental drug use, together with the negative effects of maternal drug use during pregnancy, makes this group of children particularly vulnerable. The traumas and losses experienced by children exposed to parental substance abuse can not be erased (McCarty et al 1999).

### **Physical Development**

Greenberg (1999) suggests that the motor development of children may be affected by living in an environment where drugs are abused. He suggests that children who have not been exposed to drugs prenatally but live with parents who are addicted to drugs are still at an increased risk of motor development delay. This may be due to the lack of stimulation or appropriate play experiences offered to the children. Delayed motor development can precipitate poor self esteem and lack of self-confidence in children as they grow.

### **Cognitive Development**

Children need appropriate challenging experiences and mental stimulation to reach their full cognitive potential. Zill (1996 in Greenberg 1999) implies that problematic family situations, such as those experienced by children whose parents abuse drugs, may lead to difficulties with academic achievement. In addition, the cognitive processing of children may be affected (Guo, Spencer, Suess, Better & Herning 1994). Rivers et al (1992 in Greenberg 1999) propose that both literature and clinical observations indicate that children's speech development may be negatively affected as a result of living in an environment where drugs are abused; a concept reinforced by the experiences documented by The Mirabel Foundation (2001).

As adults, children of substance abusers commonly experience concern that they too will resort to substance abuse (Campbell 1997). The environmental effects of parental substance abuse can alter the developing self-concept of children in ways that affect them for the rest of their lives. It is difficult for children to reconcile their often unconditional love for their parents with the fact that they do not want to repeat their parents' drug-taking behaviour. Children become aware at an early age of society's expectations that they will imitate their parents and use drugs. As adults, the children of parents abusing drugs continue to struggle with the image that they have developed of their self while exposed to a drug-using environment.

In a study of 268 children in foster care, McNichol and Tash (2001) found that children made significant progress in cognitive functioning once provided with a nurturing and stimulating environment. They reinforce that the children's capacity for cognitive growth must be addressed if they are to reach their full potential. Early intervention and a stimulating environment seem to be the most significant factors in achieving positive results with children's cognition.

### **Psychosocial Development**

Exposure to parental drug abuse may damage the psychosocial development of children more than any other developmental area. It affects the way these children interact, think and feel about themselves, others and society. Left unaddressed, such thoughts and feelings can escalate into obstacles preventing the development of healthy adults. The Mirabel Foundation (2001) asserts that some behaviours may be more entrenched than others, depending on the children's age, developmental stage, the severity of their parents' addiction and the length of their exposure to a drug-using environment.

Thomas (1995) found that a drug-using environment negatively affects the development of children's social and emotional skills. Additionally, children may develop anti-social behaviour as a survival skill in order to survive their chaotic lifestyle (The Mirabel Foundation 2001). Brook et al (1996) list a range of consequences for children exposed to their parents' drug use, including: underlying feelings of hostility and depression; high levels of inner tension; difficulty in trusting others; unmet emotional needs and difficulties with interpersonal relationships. The Mirabel Foundation (2001) adds to the list: fear of abandonment; separation anxiety; fear of losing their carer; fear of being left alone; self blame for their parents' departure; collecting food and hoarding it; overeating; intense fear of sirens and the police; inappropriate sexualised behaviour; sleeping difficulties, aggression towards other children and adults; inability to establish and maintain peer relationships; unusually close relationships with siblings or constant fighting with siblings with a tendency to blame them for their situation. Howard (1994 in Greenberg 1999) reinforces that chaotic living conditions affect the psychological and emotional development of children and their ability to form attachments. Gustavsson and Rycraft (1994) advise that such children may experience difficulties establishing and maintaining peer relationships.

Children may be wrongly diagnosed with attention deficit hyperactivity disorder after exposure to a drug-using lifestyle when increasing evidence suggests that the children may actually be suffering from post-traumatic stress disorder (Greenberg 1999). Symptoms associated with both conditions include: impulsivity, temper tantrums, aggression, inattention and hyperactivity (Thomas 1995). The Mirabel Foundation (2001) describe individual cases that support Greenberg's theory and acknowledge that for such children, familiar sights, sounds and smells may trigger traumatic memories. Post traumatic stress disorder involves a pattern of stress reactions manifested after trauma (McKnight and Sutton 1994). It is often apparent in people who have experienced war or natural disasters and can involve reliving the trauma or traumas, a tendency to be easily startled, disturbed sleep and recurrent dreams, numbing of responsiveness and detachment from others (Davison and Neale 1996). Such reactions further disadvantage such effected children by impairing all other areas of their development.

Hooton (1999) describes anecdotal examples of children hoarding food because they are unsure when their next meal will be, becoming distressed at the sound of ambulance sirens, bedwetting, experiencing severe separation anxiety when separated from siblings and 'parentification'. Parentification is a form of role reversal where children assume inappropriate adult responsibilities. Children may take on the physical and emotional care of their parents and their siblings and be expected to complete unsuitable household chores (Hayes et al 1993 in Tomison 1996a). At times, children may also be used as a source of support for parents, taking the place of a spouse. Campbell (1997) discusses the residual effects on children of the premature responsibilities they were forced to assume in childhood. As a result of such responsibilities, children may form distorted relationships within the family and the outside world as a consequence of having to raise themselves and look after their parents (Jurkovic 1997).

In a study of children of alcoholics, Maulen and Frost (1992 in Brook et al 1996) found that such children had a three to four times increased risk of developing an alcoholic dependence themselves. Similarly, in the case of parental substance abuse, Clark (2001) highlights that the presence of children in households affected by drug abuse can lead to intergenerational patterns of social dysfunction. In addition, research suggests that children exposed to drug abuse during their childhood are more likely to end up involved with drugs themselves (Hooton 1999).

The negative psychosocial effects of growing up with parents who are addicted to illicit substances has continuing implications for both the children and the community as a whole. The recognition that early intervention can improve the outcomes for children exposed to parental drug use has repercussions for services entrusted with the protection of the right of children to develop to their full potential.

## ■ Child Protection Intervention

The Department of Human Services is a Victorian government organisation that is obliged by law under the *Children and Young Persons Act (1989)* to investigate matters of suspected child abuse and neglect. Professionals and members of the community make notifications of suspected child abuse to the Department of Human Services' Protective Services division, situated in the nine regional areas of Victoria. Following a notification, the child protection system assess the situation and make decisions about whether a case will be investigated and interventions initiated. In the case of parental substance abuse, the child protection system lacks the resources to make timely decisions and commence interventions to ensure the long-term well-being of children (Gelles 2001a).

“Child abuse is an act by parents or caregivers which endangers a child or young person’s physical or emotional health or development” (DHS 1999a: 1). Semedei et al (2001) found that children from families with substance abuse problems are more likely than other children involved with child welfare agencies to have been victims of severe and chronic neglect. Black (1982 in Brook, Whiteman, Balka & Cohen 1995: 1) asserts that “...parents who have used drugs may have difficulty providing responsible and effective parenting”. Semidei et al (2001) highlight that significant risk persists for children living with parents who are drug-addicted when sustained abstinence has not been achieved. Gleeson (2000) affirms that the lifestyle associated with parental substance abuse prevents rational and long-term decision-making regarding children.

In 1994, Barth noted that children of parents with substance abuse problems make up the largest group of children entering the child welfare system. McCauley (2000 in Drug Policy Expert Committee 2000) acknowledges that children of parents with problematic drug use now form a significant percentage of young people in the community care client group. The Drug Policy Expert Committee (2000) has heard that the protective care system in Victoria is dealing with a range of issues involving parental drug use including: neglect as a result of parental problematic drug use; parents serving a prison sentence for drug-related offences; and children being orphaned due to parental drug overdose. In a article in Melbourne’s Herald Sun (Pinkney 2001: 10), former Victorian government Minister for Community Services, Christine Campbell (while incumbent), confirmed that “...children from families destroyed by drugs often suffered severe emotional damage”. Campbell went on to verify that the biggest concern for ‘her people’ (presumably the Department of Human Services staff) is parents who are drug addicted and either overdose or are unable to care for their children (Pinkney 2001).

In their study of 167 child welfare parents, Gregoire and Schultz (2001: 7) found that “...despite referrals and availability of services, clients continued to abuse substances and were unable to parent their children”. They went on to affirm that more needs to be done by child welfare agencies (and the court system) besides making the usual referrals for assessment for parents who are abusing substances.

Often children are not the main focus when working with abusive families (Goddard 1996). Barth (2001) noted that strategies vary depending on whether a child or adult-centred approach is taken. Unfortunately it seems that Victoria’s child protection system has assumed an adult-centred approach when working with families affected by parental drug use. In addition, there is an underlying assumption by society that social and clinical interventions are more effective (or preferable) in dealing with child abuse than arrest, prosecution or other legal intervention (Gelles 2001b). In a recent publication, Victoria’s Department of Human Services (1999b: 2) stated that “...we can understand much about how a society values its children by the laws and services it has to protect them”. Regrettably, Victoria’s laws and values and the way in which they are implemented do not seem to reflect those of a society committed to protecting children.

## ■ Family Preservation

The recent trend of government and community services to establish family preservation programs for parents, including those with problematic drug use, has neglected to fully consider what is in the child's best interest. Children by definition are vulnerable (Goddard, 1996) and the concentration on family preservation has resulted in many children remaining in families that pose a threat to their immediate and long term well being.

While family preservation programs are not a new phenomenon, it seems child welfare services have drifted between preserving families and protecting children since the turn of the 20<sup>th</sup> century (Gelles 2001b). Family preservation programs are designed to keep children within families that may otherwise pose a threat to their immediate and long-term well-being. They are the result of economic rationalism being the cheaper alternative to funding services to maintain children in out-of-home care (such as residential and foster care) and are an attempt to provide an answer to the demonstrated poor outcomes of institutionalised State Care. The current child welfare system is unable to provide suitable, long-term care arrangements for many of its children. This lack of suitable options for children leads to protective workers facing the choice of leaving children with potentially abusive parents or placing them in a situation where they are abused by the system. The South Carolina Department of Social Services (1999) advertise that their family preservation services aim to either maintain or reunify families; a service that they boast is more cost effective and philosophically sound than foster care. Similarly, Australia has followed the trend of the American social services and established a plethora of family preservation services. Family preservation is presented as the cost-effective way to balance child safety with a philosophy of safeguarding the family unit but as Gelles (2001b) and Littell and Schuernaml (1995) point out, there has been little empirical research that supports these claims of effectiveness.

Family preservation has little to do with children (Gelles 2001a). It is based on a premise that children are better off with their biological parents regardless of their parent's ability to provide a safe, secure and nurturing environment for their children. In their review of family preservation programs, Littell and Schuernam (1995) found that such programs have very modest effects on both family and child functioning. They note that these approaches focus on the parent or the family and often ignore conditions in the larger social environment that may contribute to child maltreatment or family functioning. Likewise, Gelles (2001b) suggests that family preservation programs may not address the crucial causal factors that perpetuate child abuse. Indeed, it seems that family preservation may place the child at continuing risk of abuse even after successful intervention by a family preservation service. In his description of family preservation services Gelles (2001b: 11) states, "...families can be preserved, but at the cost of injuries and harm to children..."

In cases where parental drug use is a factor, family preservation assumes that parents are willing, ready and able to change both their addiction and their lifestyle. Gelles (2001b: 8) notes that "...change is not a one-step process..." and that change for a person who abuses substances is not simply a matter of cessation of drug use. Littell and Schuernam (1995) suggest that it is not realistic to expect dramatic results from family preservation programs given the number and enormity of the difficulties faced by many child welfare clients. Parents who both abuse substances and abuse their children must address myriad complications far beyond the substance abuse itself. Addressing issues beyond that of their substance abuse in a relatively short time frame may be an unreasonable expectation of the chemically dependent parent.

In recent times, family preservation has become an expectation within many child welfare and substance abuse services. A recent article in a child welfare journal emphasises the importance of experiencing success in parenting for adults taking part in treatment for substance abuse (Moore and Finkelstein 2001). The suggestion that children should be exposed to the volatile

environment of detox programs to increase their parents' likelihood of completing treatment disregards the rights of the child to protection from harmful influences, abuse and exploitation. Detox and rehabilitation programs are designed for adults and do not focus on the needs of children. This kind of family preservation has an adult focus that considers what is best and most comfortable for the parent without careful consideration of the potential outcomes for children. Wood's (2000) article on 'Perilous Parenting' echoes this philosophy where she quotes Richter (2000) who says that removing children from their parents takes away one of their greatest motivators to change. The Moore and Finkelstein (2001: 3) article declares that it is important to keep in mind the "...frequently high dropout rate experienced in long-term, residential treatment programs..." and that as many as 50 per cent of women exit programs before completing treatment. Many women exiting programs prematurely may leave with their children in tow – children now at an increased risk of witnessing their parent's fatal drug overdose (The Lindesmith Center – Drug Policy Foundation 2001) or their return to a drug-taking lifestyle. These are children that could have been protected from further exposure when drug treatment services had the opportunity to meet their needs. Adequate funding, further research and workers skilled in child development would ensure that drug treatment services have the resources available to meet and address the needs of accompanying children.

The available statistics on risks to children who remain in the care of their substance abusing parents raises questions about the viability of family preservation programs for these families. Reid, Macchetto, and Foster (1999) note that children whose parents abuse substances are three times more likely to be abused and four times more likely to be neglected than other children. As highlighted by Gelles (2001b), family preservation would be of more use in families where there is a low risk of abuse and a high likelihood of change – not in families with a multitude of issues including that of substance abuse.

Families can be preserved without the need for children to depend on day to day care from their parent who is addicted to illicit substances. Family constitutes many different and varied forms. Perhaps it is time to explore a more realistic role for parents addicted to substances so that their contact with their children can be a positive experience for all. Children have a right to know their parents, and they often express a desire to be with them; children also have a right to a nurturing environment in which they feel safe and secure where their needs take first priority.

## ■ The Rights of the Child

Australia ratified the United Nations Convention on the Rights of the Child in December 1990. It remains one of the most ratified international convention with only two countries - the United States and Somalia - yet to have made a full commitment (The Federation of Community Legal Centres 2001). The Convention theoretically reflects Australia's collective view of the importance of children within the community. The Convention on the Rights of the Child spells out the basic human rights that children everywhere, without discrimination, have the right: to survival, to develop to the fullest, to protection from harmful influences, abuse and exploitation and to participate fully in family, cultural and social life (United Nation 1989). In becoming a signatory to the convention, Australia is required to report every five years to an international monitoring committee of the United Nations on its progress in respect to the standards set out in the convention. To date, it seems that the promise made to the declaration and the words of community leaders are not matched by a commitment of resources to ensure the well-being of children, both generally and particularly when there is problematic parental drug use.

The effects of parental illicit drug use on children has implications for Australia's commitment to the Convention on the Rights of the Child. The growing incidence of drug use within the

Australian community necessitates the introduction of policies and strategies to address the issue of parental illicit drug use in accordance with the Convention on the Rights of the Child. The Federation of Community Legal Centres in Victoria (2001) assert that it is necessary to develop realistic action strategies to improve compliance with the obligations set out in the Convention. Articles 3, 4 and 33 of the Convention are of particular importance to the rights of children affected by parental drug use.

Article 3 of the Convention on the Rights of the Child requires signatories to include the best interests of the child as a primary consideration in all actions concerning children, including those by public or private welfare institutions, courts of law, administrative authorities or legislative bodies. Additionally, the article requires signatory parties to ensure the protection and care of children, taking all appropriate legislative and administrative measures necessary for the welfare of children. This article has relevance for Victoria's child protection system and the Children's Court who do not recognise parental substance abuse as a protective concern per sé (DHS 2002) and refuse to acknowledge that parental substance abuse poses a significant risk to children (Gleeson 2000).

Article 4 of the Convention requires signatories to undertake all appropriate legislative, administrative and other measures for the implementation of the rights recognised in the Convention. In Australia this has not yet happened in relation to children affected by parental drug use. Clare (2001: 1) notes that "Whilst the Federal Government has formally recognised that children are equal members of our society we are still awaiting the translation of the Convention into Australia's domestic law. Meanwhile Australian children continue to suffer...". Policies and strategies need to be implemented at a federal, state and local government level in relation to the rights of children affected by parental drug use.

Article 33 requires states to take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances. Brook et al (1996) assert that governments need to recognise that the effects of parental drug use increase the likelihood of children using substances themselves. Appropriate measures need to be taken to protect children from the effects of parental illicit drug use, thus breaking the cycle of drug use in Australia's community.

The Convention on the Rights of the Child has persuasive power (The Federation of Community Legal Centres 2001). It can be a useful reference tool for measuring where Australia stands in relation to its treatment of children compared to an acceptable standard recognised by most countries in the world. In relation to parental drug use, Australia is not meeting its obligations as required by the Convention on the Rights of the Child. As noted by Clare (2001), Australia has a long way to go in meeting its obligations towards children and young people as set out in the Convention.

## ■ Commonalities with other Groups in the Community

Children affected by parental illicit drug use have much in common with other minority groups of children in the community, particularly children living with parents with an intellectual disability or parents experiencing mental health issues. Along with the commonalities amongst the three groups, it is also interesting to examine the disparities between them. There is much to learn from the studies conducted on other groups within the community where parental drug use is not initially identified as a concerning factor. These studies can inform practice and contribute to the greater knowledge base promoting equal treatment of children regardless of living situation. In a prospective study of 7103 parents, Chaffin, Kelleher and Hollenberg (1996) for example, explored the psychiatric and social risk factors associated with child abuse. They consequently found that substance abuse disorders

appeared to be the most common and powerful factor associated with physical abuse and neglect in the parents investigated.

It appears that many parents experiencing mental health issues, intellectual disability or substance abuse are identified as providing less-than-adequate parenting to their children. One third of all cases appearing in the Children's Court in New South Wales where applications had been made to remove the children from their parent's care involved parents with either an intellectual or psychiatric disability (Jacobsen 2000). In Victoria, it has been identified that 94 per cent of the cases dismissed from the Children's Court noted that substance abuse was an issue (Gleeson 2000). It appears that all three groups of families have a high risk of involvement with child protection services followed by hearings in the Children's Court. Scott and O'Neil (1996) note that a parent's problematic drug use is closely intertwined with their parenting capacity and the welfare of their children. The presence of parental intellectual disability or mental health issues also appears to affect many parents' ability to parent and provide their children with a safe, secure and consistent environment.

In a retrospective study conducted in the United Kingdom, researchers found that a history of mental illness or substance abuse were risk factors associated with physical abuse and neglect cases in infants (Tomison 1996b). Similarly, Chaffin et al (1996) suggests that the two most prevalent mental health issues identified in maltreating parents have been depression and substance abuse. Further, Scott and O'Neil (1996) assert that many parents who neglect their children have the difficulties of parental disability or drug dependence, however, chronic neglect is also present in families in which parents are depressed and demoralised.

It appears that parental substance abuse, mental health issues and intellectual disability are significant issues to consider in the endeavour to end abuse of children. Substance abuse is often coupled with mental health issues or intellectual disability, further compounding the extent of the difficulties experienced by families. The complexities of supporting parents with a dual diagnosis places further pressure on under-resourced family support agencies. Campbell (1997) reports an increase in families involved with family support agencies who struggle with the demands of substance use, psychiatric illness and intellectual disability, with all three of the conditions providing difficult challenges to service providers.

### Parents Experiencing Mental Health Issues

Parental substance abuse is sometimes categorised as a mental health issue experienced by parents, although it is more common for substance abuse and mental health issues to be studied as separate and unique issues. Tomison (1996a) acknowledges that the data dealing with the relationship between mental health and child maltreatment is very limited in Australia. An examination of the limited literature concerning parenting and parental mental health (apart from the substantial literature on post-natal-depression, which is vast and beyond the scope of this paper) highlights both commonalities and discrepancies in the effects on children and the way in which such families are regarded in the community.

In a review of research on children whose mothers experienced schizophrenia, Garmezy (1974 in NIAAA 2001) reported that such children have cognitive deficits and have a limited ability to maintain attention or perceive relevant stimuli. Children exposed to parental drug use both prenatally and in their home environment were also found to have difficulties with concentration, trouble processing information and experienced severe cognitive delay.

Alike the findings on the effects of parental drug use on children (Hooton 1999), children of parents experiencing schizophrenia have an increased risk of experiencing schizophrenia themselves, in part due to their turbulent home environment. Similarly, Psych-Net Mental Health (1997) assert that children of parents experiencing depression are at a high risk of experiencing depression or other mental health disorders. In a study of 182 children from 91

families in Connecticut, Weissman (in Psych-Net Mental Health 1997) found that children with one or more parents experiencing depression had a three times greater risk of depressive disorders and phobias than children with two 'healthy' parents.

Munchausen syndrome by proxy is a disorder where the relationship between parental psychopathology and child maltreatment is the most obvious (Tomison 1996b). Munchausen syndrome by proxy places children at severe risk as their apparently caring and trustworthy parents induce illness in their children. In a study of 56 families where mothers had fabricated illnesses in their children, Bools, Neale and Meadow (1994) found that 21 per cent of mothers also had a history of substance abuse, including intentional overdose.

Tomison (1996b) found that neuropsychological deficits may increase the likelihood of child maltreatment or inappropriate parenting as a result of the added stress such conditions produce. He states that "...depression, anxiety and antisocial behaviour have been associated with disrupted social relations, social isolation, unavailability or a failure to utilise social supports, and an inability to cope with stress...". Such factors suggest an increased risk to children parented by adults experiencing mental health issues, as disruptions to social relations have been found in studies of parents who abuse their children and evidently parents who use drugs (Tomison 1996b). Factor and Wolfe (1990) stress that the features of adult depression when combined with the demands of parenthood, make it highly unlikely that a helpful, conflict-free relationship will develop between parent and child.

Children in families where parents experience mental health issues are at risk of parentification; giving up their childhood to take on the responsibility of caring for their parents (O'Donovan 1993 in Tomison 1996b). Parentification was also found to be associated with parental drug use.

Decisions made by the Children's Court in Australia seem to be affected by the presence of mental health issues in parents, with children more likely to be placed out-of-home if evidence of parental psychopathology is obtained (National Research Council 1993). Conversely, Gleeson (2000) claims that the Children's Court seems reluctant to place children out-of-home when parental substance abuse is a factor contributing to the alleged child abuse.

## Parents with an Intellectual Disability

Intellectual disability is frequently described as a person's inability to score within the normal range on a standardised intelligence test (Tomison 1996c). In the last two decades, there has been an increase in people with an intellectual disability living outside of institutional settings and having children (Seagull & Scheurer 1986 in Tomison 1996c). In 14 studies that examined the issue of child abuse and intellectual disability, 13 studies found that parents with an intellectual disability parented inadequately (Tomison 1996c). These figures closely reflect the findings from studies that examine the issue of child abuse and parental substance abuse.

In an additional study of 20 families consisting of 64 children where at least one parent had an intellectual disability, Seagull et al (1986 in Tomison 1996c) found that all children in the sample had been neglected and 45 per cent of families had one or more children that had been diagnosed with failure to thrive. They also noted that no family achieved improvement in the care of their children despite lengthy treatment and intervention. In comparison, Wood (2000) found that children raised by parents addicted to drugs are at an increased risk of failing to thrive, and Gelles (2001b) suggests that lengthy intervention to preserve families is not helpful in the case of parental substance abuse.

Historically, children of parents with an intellectual disability were frequently removed at birth by child protection services because they believed it to be in the best interests of the child (Yooralla 2001). Jacobsen (2000) states that even in modern times, more than half of all parents with an intellectual disability who present to the Children's Court in New South Wales have their children taken from them. He asserts that children are more likely to be taken into state

care if they have a parent with an intellectual disability than those children whose parents use drugs or alcohol or have a history of abuse. In a study conducted at Sydney University, McConnell and Llewellyn (in Jacobsen 2000) found that children of parents with an intellectual disability were over-represented in state care. Parents with an intellectual disability are regarded by child welfare professionals as unable to put their children's needs first (Jacobsen 2000). Yooralla (2001) notes that more work needs to be done to address the parenting needs of people with disabilities who have dependent children - as has been found to be the case with parental drug use.

## ■ Conclusion

The body of research discussed in part 1 of this paper highlights the immediate and long-term effects of parental illicit drug use on children, including the much-researched prenatal effects and the more-recently-recognised environmental factors. The importance of early intervention is acknowledged and it is expected that children affected by parental drug use can be assisted with early intervention.

Evident in the research is the suggestion that Australia's child protection services and the Children's Court have a propensity for focussing on the needs of the adult instead of the best interests of the child. The United Nations Convention on the Rights of the Child underscores Australia's responsibility to address the needs of children affected by parental drug use. Australia's pledge to the convention has not yet been matched by a commitment of resources to ensure the well-being of such children.

Looking toward other marginalised groups in the community; specifically parents experiencing mental health issues or intellectual disability, both commonalities and discrepancies exist with respect to the effects on children and the way the families are managed in the community. Of particular relevance is the finding by Jacobsen (2000) that children are more likely to be taken into state care if they have a parent with an intellectual disability than if their parents use drugs.

Tomison (1996a) notes that it is the lack of community education on both substance abuse and child maltreatment that has contributed to exacerbating the risk to children. The body of research presented in this paper highlights the need for further education of adults responsible for the well-being of children and the need for Australian program and policy planners to take responsibility for the effects of parental drug use on children, the cost of family preservation programs and begin to look to a future that first considers the best interests of the child.



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