Intersections among Family Violence and Substance Use

From the Hawai‘i State Department of Health Alcohol and Drug Abuse Division State Plan

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Coordinated by the Department of Psychiatry JABSOM University of Hawai‘i in partnership with the Hawai‘i State Department of Health, Alcohol & Drug Abuse Division (ADAD), Hawai‘i Youth Services Network (HYSN), and the Hawai‘i Interagency Statewide Youth Network of Care (HI-SYNC)

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ADAD State Plan for a System of Care

The goal of this project is to assist ADAD in updating its state plan, which states the division's "efforts are designed to promote a statewide culturally appropriate, comprehensive system of substance abuse services to meet the treatment and recovery needs of individuals and families and to address the prevention needs of communities."

Data Analytics Core

UH Pacific Health Analytics Collaborative

System of Care Implications Core

UH Department of Psychiatry & Chapter Leads

Culture Case Study Core

Native Hawaiian Culture Case Study, Puni Ke Ola project

Emerging Adult Treatment Needs Assessment

UH Department of Psychiatry

SoC Chapters

The SoC Implications Core includes a set of reports which discuss the Systems of Care for the intersection of substance use and public sector or specific populations

Substance Use & Public Sector

- Mental Health
- Homelessness
- Criminal Justice
- Juvenile Justice
- Violence (IPV, DV, CAN)

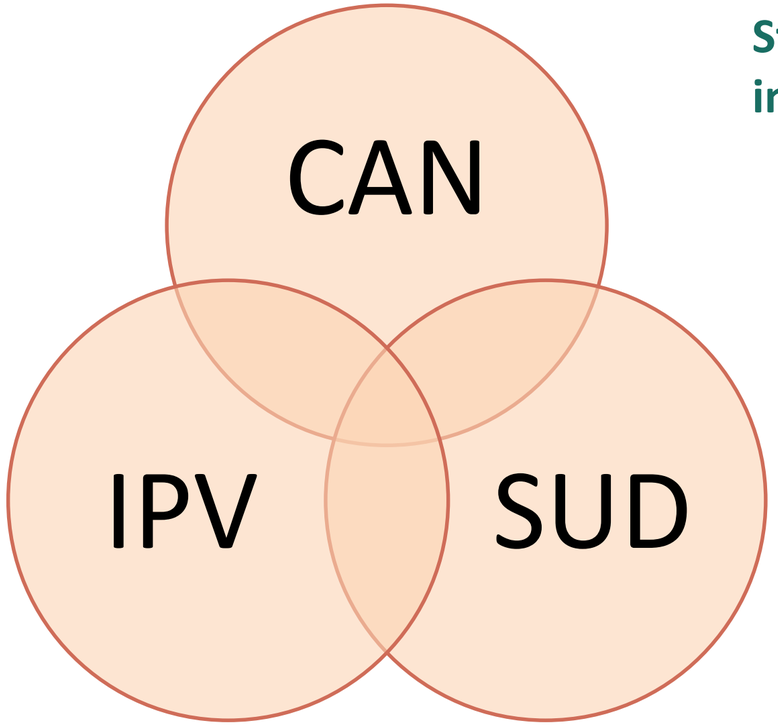
Substance Use & Populations

- Rural
- Native Hawaiian
- Sexual & Gender Minorities
- Pregnant & Parenting Women
- Primary Care Integration

Presentation Purpose

Impact on Children and Families

Statistical information

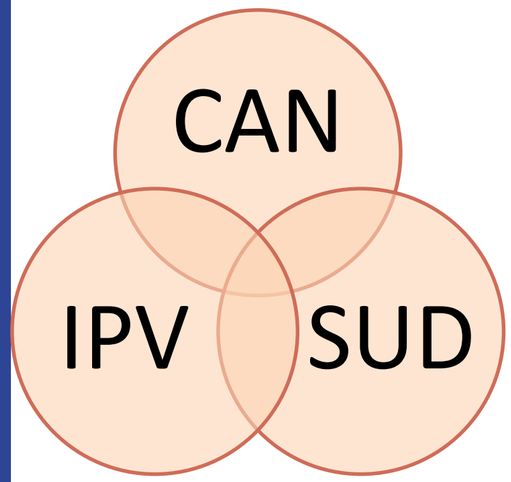


Research Studies

Observations about current System of Care

Opportunities for improved responsiveness and effectiveness

Learning Objectives



To Understand:

1. The prevalence of children who come to the attention of child welfare services because of abuse, neglect, violence between adults in the home, and/or parental use of alcohol and other drugs.

2. The impact on children from experiencing CAN and being exposed to IPV and/or SUD.

3. Supports and services available for Hawai‘i parents affected by IPV and/or SUD, and pathways to access such supports and services.

4. Suggestions for building a cohesive system of care for families affected by co-occurring IPV and SUD.

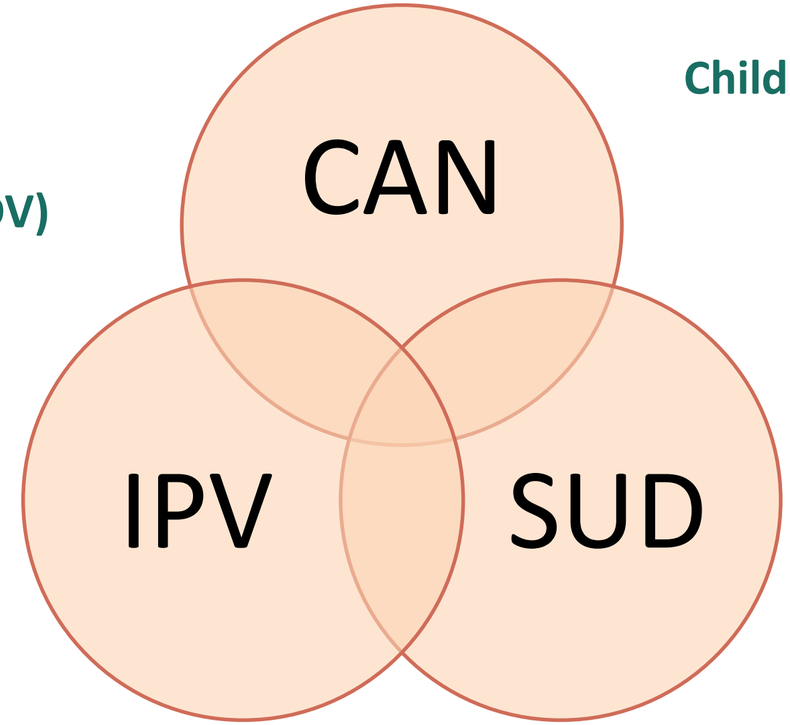
Terminology

Family Violence

Domestic Violence (DV)

Substance Use

Child abuse and neglect (CAN)



Child maltreatment

Survivor

Substance Use Disorder (SUD)

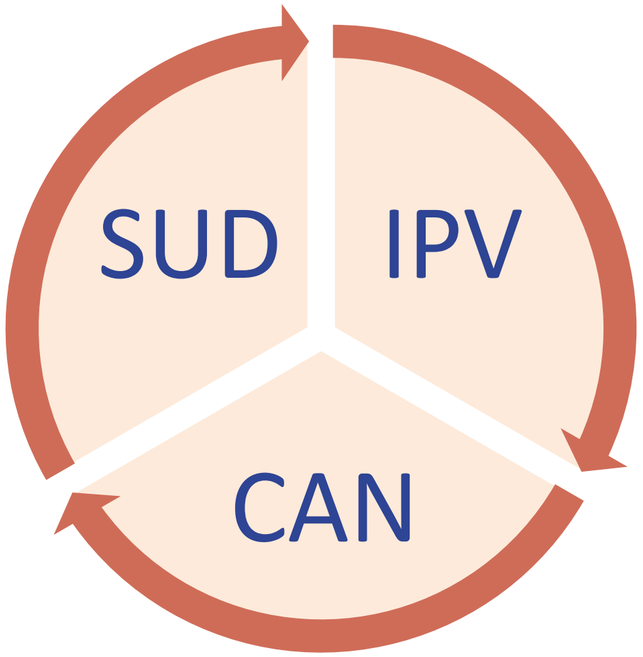
Victim

Intimate Partner Violence (IPV)

Details and Context Matter

Interrelated Problems

In families where 1 of these exists, the likelihood that 2 or 3 exist is very high.



Being a victim of CAN or IPV, being exposed to IPV as a child, or having a parent with SUD increases the risk of having a SUD and of being a victim or perpetrator of CAN or IPV.

Prevalence and Impact

CAN Victimization, 2019

	Total Children Reported as Alleged Victims	Referred for further investigation by CWS	Referred to Differential Response	Confirmed Child Victims	Victimization Rate
National* **(FFY 2019)**	7.9 million	3,668,951	586,995	656,000	8.9 per 1,000 children
Hawai‘i** **(SFY 2019)**	20,425	2,579	2,127	1,321	4.5 per 1,000 children

*Children’s Bureau. Child Maltreatment 2019. U.S. Department of Health & Human Services, Administration for Children and Families. 2021.

**State of Hawai‘i Department of Human Services Social Services Division. Hawai‘i Data Booklet Annual Progress and Services Report (APSR) FFY 2021.

Prevalence and Impact

Race and ethnicity, 2020
Hawai‘I CAN victims and population

Race/Ethnicity	% of CAN Victims*	% of children in population**
Hawaiian / Part Hawaiian	38%	20%
White	19.3%	18.1%
Filipino	7.9%	11.6%
Mixed	7.8%	31%
Unable to Determine	6.1%	
Hispanic/Spanish	3.8%	20%***
Samoan	3.6%	
Black	3.2%	2%***

*State of Hawai‘i Department of Human Services Audit, Quality Control and Research Office. 2020. A Statistical Report on Child Abuse and Neglect in Hawai‘i.
**2019 American Community Survey 5-year estimates. Hawai‘i Budget & Policy Center. 2022. Hawai‘i Children’s Budget.
***Kids Count Data Center. 2020.

Prevalence and Impact

Maltreatment types in Hawai‘i, SFY 2020

Maltreatment Type	# of confirmed victims	% of confirmed victims
Threatened Harm	883	63.4%
Physical Neglect	255	18.3%
Physical Abuse	120	8.6%
Sexual Abuse	94	6.7%
Sex Trafficking	19	1.4%
Psychological Abuse	16	1.1%
Medical Neglect	6	0.4%

State of Hawai‘i Department of Human Services Social Services Division. 2022. *Hawai‘i Data Booklet Annual Progress and Services Report FFY 2023*.

Prevalence and Impact

Presence of DV, drug abuse, alcohol abuse, and other factors precipitating CWS involvement, 2019

	DV	Drug abuse	Alcohol abuse	Unacceptable child rearing method	Inability to cope with parenting responsibility	Mental health	Physical abuse of spouse/fighting	Chronic family violence
ACF*	23.5%	49.3%	12.6%					
HI Data**		39.4%		59.6%	57%	15.7%	15%	10.8%

*Administration for Children and Families, U.S. Department of Health & Human Services. 2021. Child Maltreatment 2019.

**State of Hawai‘i Department of Human Services Social Services Division. 2020. Hawai‘i Data Booklet Annual Progress and Services Report FFY 2021.

Impact on Children

Increased ACEs

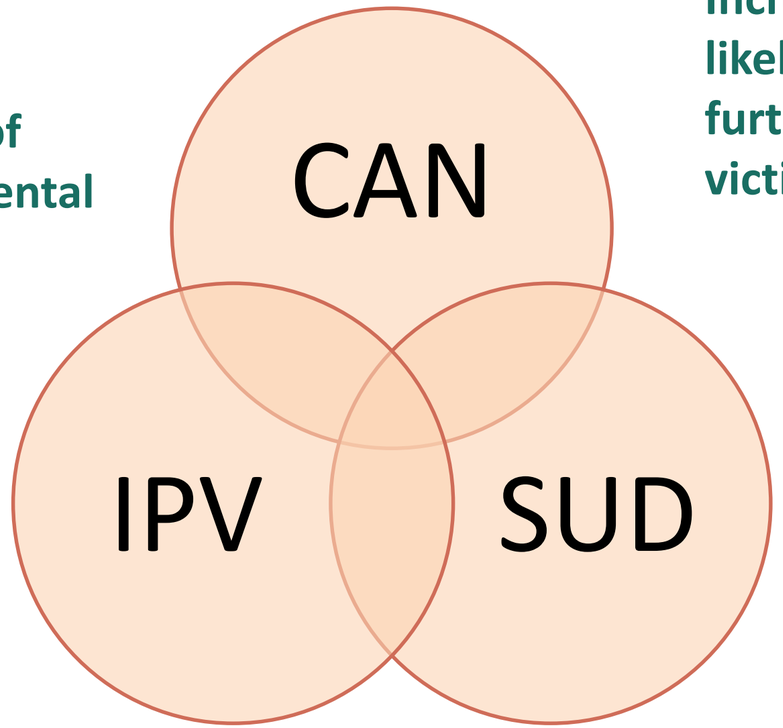
High personal and societal financial costs

Lower life expectancy

Increased likelihood of further victimization

Increased risk of physical and mental health illnesses

Increased risk of perpetrating violence and committing crimes



Increased likelihood of foster care and lack of permanency and stability in living situations and relationships

Higher risk of poor outcomes in education, employment, economic stability, relationships

Risk Factors are Not Predictive Factors

Protective Factors serve as buffers against risk factors.

Societal:

- Universal CAN and DV prevention programs and services.
- Equitable access to supports, including meeting families' basic needs.
- Safe communities with adequate resources such as employment, education, and recreation.
- Acceptance of violence toward women and children.

Community:

- Beliefs and attitudes toward gov't, help-seeking, social services orgs, etc.
- Norms around gender roles, conflict, substance use, violence, parenting, etc.
- Conditions of buildings and neighborhood; types of businesses.

Risk Factors are Not Predictive Factors

Protective Factors serve as buffers against risk factors.

Relationship:

- Adults' involvement in lives of children/youth.
- Values, beliefs, and norms.
- Positive connections with others.

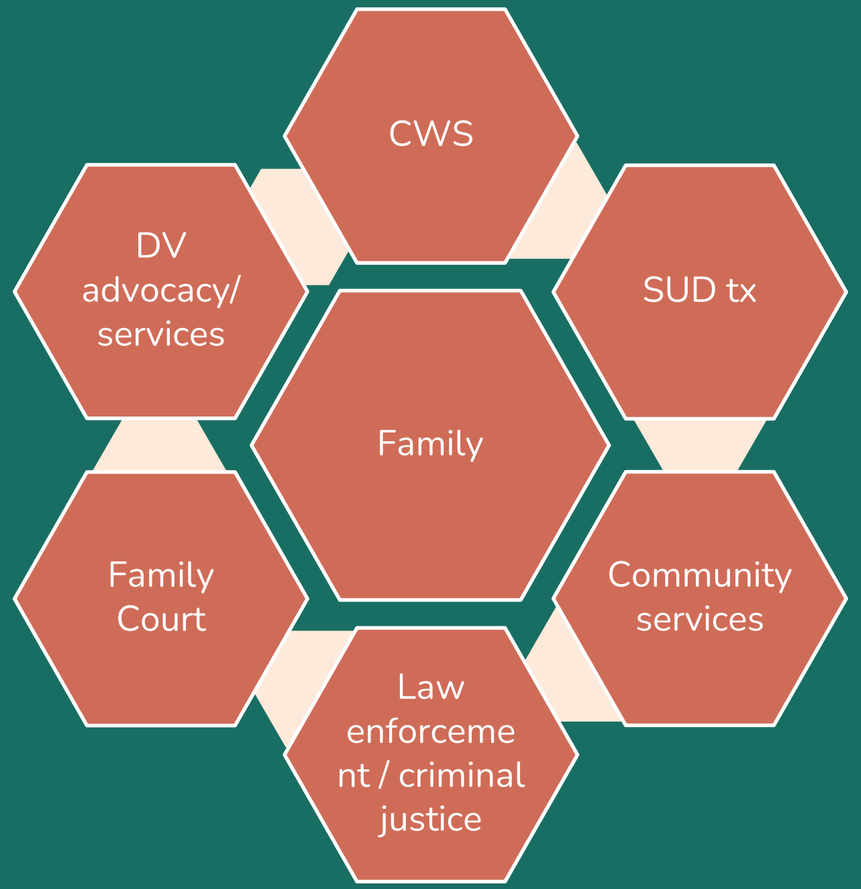
Personal:

- Values, beliefs, attitudes.
- Personality, biology, life experiences
- Socioeconomic status, zip code, sex/race/ethnicity/sexual orientation/age, employment and education.

Existing Systems of Care

- Separate systems
- Separate entryways
- Separate goals
- Separate funding

SAME FAMILIES



Intake Hotline

Screen in or out

Diversion or CWS response

CWS Assessment

Confirmed or not confirmed

Community & In-home services Removal/court process

Child Welfare Services

Presence of parental substance use and/or IPV is not by itself CAN. The impact on parenting and child well-being is what results in CAN report and/or intervention or confirmation.

Parent seeks Treatment

On own or court or CWS referral

Hawai‘i CARES

Coordinated Access Resource Entry System

SUD Treatment Services

Aftercare supports

SUD Treatment

CWS mothers with SUD have complex needs and therefore require extra supports to successfully complete treatment, sustain recovery, and parent safely.

Parent seeks assistance or support

Entryways

- 911
- Family Court
- Medical provider
- Shelter/hotline
- Referral

SUD Treatment Services

Resources

- Counseling
- Advocacy/Support
- Financial
- Housing
- Legal
- Support Groups

Services for victims of DV

- No “system of care.”
- No centralized intake/referral.
- Community-based and court-based services.
- Involvement with multiple systems (Family Court, MH, medical, maybe CWS and criminal justice)

CWS Family Service Plan

SUD Treatment Plan & Requirements

DV Services
Court Dates
Safety Planning

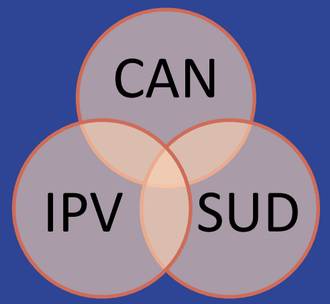
Manage life:

- Housing
- Employment
- Parenting
- Mental health
- Physical health

Overwhelming “To Do’s”

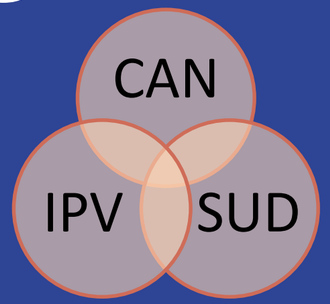
- SUD treatment
- Parenting classes
- Obtain safe housing
- Counseling
- Improve life management skills
- Address trauma
- Maintain employment
- Visit with or parent child(ren)

Gaps in Systems



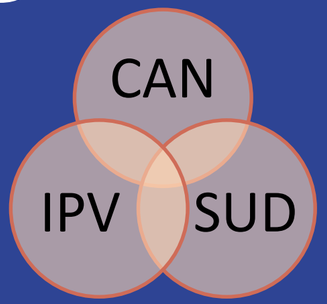
- Lack of Data
- Fragmented, uncoordinated systems and/or services
- Lack of understanding about family violence
- Lack of information about and mistrust of other systems

Barriers to System Success



- No statewide delivery system of services for DV victims
- CWS timelines for family reunification
- Staffing shortages and turnover
- SUD treatment timelines and funding
- Lack of information about families' abilities to access appropriate services

Barriers to Family Success



- Need better linkages to services and supports
- Complex needs that can’t be addressed by a single system
- Lack of specialized services
- Uncoordinated or conflicting service plans and timelines
- SUD treatment timelines and funding
- Barriers to access (eligibility requirements, location, language/culture, etc.)

Significant opportunity

Mothers with SUD who are involved with CWS

High risk of:

- Not entering treatment
- Not completing treatment
- Not remaining in recovery
- Abuse/neglect of future children
- Children spending years in foster care
- Children having multiple placements, schools, caregivers
- Children engaging in risky behaviors as adolescents and adults

These mothers usually have significant trauma backgrounds and extensive needs in multiple life domains.

Recommendations

- Improve System Operations and Coordination
- Fund Systems, Services, and Supports
- Implement Prevention Strategies
- Improve and Integrate Intervention and Treatment
- Expand Workforce Capacity and Development
- Invest in Evaluation and Research

Questions?

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A draft volume of the ADAD State Plan System of Care Implications Chapters is available for public review and comment at

https://health.hawaii.gov/substance-abuse/state-plan/