‘Don’t you know that it’s different for girls? …’: Women, Drug Use and Children

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Aims of this presentation

• To highlight issues with regard to women, drug use, children, motherhood and parenting.

• To draw on an overview of the findings of literature generally, including a research project carried out in Dublin on the experiences of women drug users at different stages of their drug-using and motherhood careers.

• To explore some of the pertinent policy issues and practice concerns and challenges.
Bad, Sad or Mad

“Many stereotypes exist about drug-using women. They are viewed as ‘bad’, because they use drugs and/or alcohol in the first place. They are ‘sad’ because they are victims of circumstances and of dependence on the men in their lives. Or they are ‘mad’, worse than male drug users, because nothing can be done to help them and their prognosis is bad” (Thom, 2010).
Women and Difference

• What do we know about women drug users?

• Is ‘being’ a drug user, ‘doing’ drugs, having the identity or ‘master status of drug user’, being a family member, engaging with services, interacting with the criminal justice system different for women?

• The difference between mothering and fathering?
Qualitative Differences

• Initiation into use
• Drug use ‘career’
• Pathways into addiction
• Addiction ‘career’
• Treatment seeking – how, when and why?
• Obstacles/barriers to treatment
• Drug treatment ‘career’
• Recovery experiences
• Parenting
Different for women?

I do think that their experience is different [from men’s]. But I’m not sure that that’s because they’re drug users. I think it’s because they’re women....I think that the differences then can be drawn from the fact that already women in those communities are not on an equal footing with men. [Addiction Counsellor] (Woods, 2008)
Women and pleasure

For women to take pleasure in either alcohol or illicit drugs themselves can still exclude them from their established roles of carer and moral judge. Such women are not proper women, are not nice women. In the nineteenth century, nice women campaigned against rum and took opium-laced tonics; their great-granddaughters have been able to find their femininity in campaigning against alcohol and opium alike, and in dutifully taking tranquillisers. (McDonald, 1994: 22)
LIPS

THAT TOUCH

LIQUOR

SHALL NEVER

TOUCH MINE!
Being a mother is the best thing I’ve ever done and the most important thing I’m going to do in my life. But I’m afraid a lot that I’ll lose them ‘cause I’m an addict. But I’ve lasted till now. But I know I’ve survived it all. And the kids, they’re so great. Being a mother, there’s nothing else. [Fieldwork contact] (Woods, 2008)

I think that women get a harder time. I think once they come to the attention of services, we have ideas as to how women ought to behave in our society and if they slip from that, from being like the Virgin Mary, they’re gone! They’re like the Mary Magdalenes aren’t they? [Social Worker] (Woods, 2008)
If a woman with kids asked me what she should do, I’d say “keep it hidden, try and detox yourself, stay away from services, keep mum about your drug use”. I know that sounds irresponsible of me and me in recovery and drug free. But you know I only escaped and kept me kids by the skin of me teeth. [Andrea] (Woods, 2008)
Research and Commentaries focus on issues as diverse as:

- The impact of parental drug use on child development
- The effects of drug use on parenting capacity
- Parenting styles of drug-using parents
- Child abuse or child maltreatment among children of drug-using parents
- The issues and dilemmas for drug treatment and social work personnel
- Assessing risk with drug-using parents
Research Findings

• There is a consensus among practitioners and research that generally confirms that parental drug use, either by a father or mother or by both parents presents a range of challenges for parents, their children and for the practitioners who work with them.

• Many in contact with researchers and services are those experiencing a range of adversity or multiple environmental risk factors, often overlapping, most specifically poverty, deprivation, early school leaving, violence, homelessness, mental health challenges, imprisonment and social exclusion generally.
Research Findings

• When we talk about drug-using parents, the parents in question are almost always mothers.
• In families where drug use is an issue, often the main carer using drugs is also a single parent.
• Children of drug-using parents are seen to be in grave risk as a result of their parents’ involvement in drug-taking.
• They are often claimed to be invisible and the levels of denial and secrecy among parents, their children and family networks, and isolation often due to stigma and shame, have been identified by a range of researchers.
The impact that parental (particularly maternal) drug use may have on children

- Many concerns about drug-using parents and their children have been identified.
- These range from the inability to provide consistent care to the risks of parental death and parent-child separations.
- Parental drug use may impact on children in a number of ways. These potential impacts range from children’s exposure to drugs in utero, withdrawals or NAS, higher risk of mortality, prematurity, low birth weights to developmental and behavioural problems, abuse, neglect, and substance use problems in adulthood.
- The stigma associated with the problematic use of an illicit drug and the activities associated with its procurement may somewhat exacerbate difficulties for parents and children.

(ACMD, 2003; Barnard, 1999; Barnard & Barlow, 2003; Campion, 1995; Harbin & Murphy, 2000; Hogan, 1999; Hogan & Higgins, 2001; Kroll & Taylor, 2003; McKeganey et al., 2002; Tunnard, 2002 and others)
Drugs and babies - a lethal mix?

“Why does the combination of drugs and children raise such enormous anxiety in us? The values we attach to parenting affect us professionally ... The image of the bad mother is a terrible unspeakable notion, a mother using drugs is a clash of values affecting society’s sense of emotional and moral security.” (Kearney, 1994: 6)
Women and children in the Ana Liffey Drug Project – (Woods, 1994)

A survey of the 186 women who attended ALDP during 1992 revealed that 142 were mothers, while 44 had no children (yet). Many of the 44 women, at that time childless, later became parents. Collectively, the 142 women had 280 children.

Ten of the women who were parents died by the time the study was carried out and published. The ten women had 36 children who were directly affected by the deaths of their mothers.

At the time of the research, 89 of the 142 women (63%) were caring for their own children.

Twenty-six women (18.3%) had children living with family members. Nine women (6.3%) had children in foster or residential care. Eighteen women (12.6%) had children in combinations of the above.
During 2012, 847 adults used the services of the RCDT, 512 men (60.44%) and 335 women (39.55%).

In total, 78 individuals received methadone maintenance treatment at the three clinics during 2012, 46 men (58.97%) and 32 women (41.02%).

The attendances by engagements with children of service users totalled 712. During 2012 we worked with 44 families and 64 children.

Of the 57 children currently in contact with the service, 17 are living with carers other than their parents; 15 are being cared for by family members while two are in the care of alternative carers outside of their kinship system.

- In total contacts, interviews and focus groups with 205 women drug users at various stages of their drug-using and motherhood careers; 100 professional workers and a number of family members and several adult children of the women participants.

- A series of in-depth interviews with twenty-six women drug users.
- 14 focus groups, in which 44 women participated.
- Participant observation, during which a further 123 women were contacted.
- Semi-structured interviews with forty professional workers in the drug treatment, nursing, medical, community work and social work fields.
- 193 of the 205 women were mothers.
The women’s voices

Women who use illicit drugs are often culturally portrayed in negative stereotypical terms as ‘unfeminine’, ‘unclean’ and 'immoral'. Nowhere is this more evident than when a woman is both a drug user and a mother, when the stereotype is expanded to describe a person who invariably gives priority to her drug use rather than to her children.
Women’s voices

• It is a man’s world anyway isn’t it so they think. Men can do what they like. There’s no equality at all. ... [Darina]

• I think life is less fairer for women than for men. I think men have it an awful lot handier in every aspect. Thank God I have a son! [Helen]
They have to prove themselves twice as good in a way that nobody else is judged because of the bias in perception. [Community Worker]

I’d hate to be out there now with an addiction proving myself, parenting in public, proving myself in public, night, noon and morning. [Community Worker] (Woods, 2008)
There are huge gendered expectations of the women as mothers, as primary caretakers. The women get the abuse from the system because “You’re not minding your kids”. But nobody goes to the fathers and says “Well you’re not minding your kids”... you have that whole scenario where the man is saying “Well there’s nothing wrong with me. It’s her! She’s their mother and she’s on drugs”. [Social Worker]
The women and children

- 193 of the 205 women were mothers.
- Collectively, 193 women were mothers of 442 living children ranging in age from infancy to independence, some living with them and some in the care of others.
- In addition four women, two interviewees, one focus group member and one contact were caring for other people’s children, involving a further seven children.
- In total 24 women (11.70%) of the 205 women met in the course of the study were pregnant, three for the first time.
Drug-involved motherhood - different experiences

- Some women had successfully (to date) preserved their role, status and identity as mothers and were involved, either full-time or part-time in the mothering of all or some of their children.
- Others, while preserving their identity and status as mothers, had lost the role.
- Several women, who while preserving their identity, had lost status in the eyes of others and lost their role, as evidenced by several whose children were placed in the care of others or ‘taken’ into care.
- Several women had lost the role, status and identity of motherhood.
During fieldwork many women described their experiences of interruption to the role of mother.

• 15 (57.69%) of the 26 women interviewees
• 28 (63.63%) of the 44 focus group participants
• a loosely estimated 75 (60.97%) of the 123 mothers encountered during observation
• Some had lost all contact with their children.
• Three women interviewees and several focus group members and street contacts retrieved the role, while several others partially recovered their role.
Children’s Living Arrangements

• In summary, 27 (39.70%) of the 68 children (born to or cared for by the 26 women interviewed) always resided with their mothers.

• Of the 68 children, 41 (60.29%) experienced separations, sometimes on a number of occasions, from their mothers during their lifetimes.

• Of the 97 children born to women who participated in focus groups, 47 children (48.45%) were currently separated from their mothers.
Involvement with Child Welfare/ Protection Services

- Twelve of twenty-six women interviewees had never been in contact with child protection social work services, as was the case for some focus group and street contact participants, even in several cases where the women’s children were in the care of others.
- Six women had, sometimes extremely brief, past involvement, now terminated.
- Eight women were currently in contact with the social work services.
- In total, 14 women (53.84%) had experienced contact with social workers in relation to child care issues.

(Woods, 2008)
• Some of the beliefs held by the women participants perhaps may lead to their avoidance of services, refusing family support and concealing their drug-using status or at least minimising their involvement with drug use in order to preserve their role as mothers.

• This outcome is anathema to the notion of harm reduction or the reduction of drug-related harm, particularly during pregnancy or parenting, where women may need medical attention, advice and intervention or social and family support.
A small minority of professional workers seemingly perceived drug use and parenting as incompatible and mutually exclusive activities.

Others, the vast majority, believed that drug use per se does not necessarily impact on the ability to be a ‘good enough’ parent.
A Typology of Responses to Women Drug Users’ ‘Fitness to Parent’

- Non-believers
- Pessimists
- Pragmatists
- Resisters
Involvement with Child Welfare/ Protection Services

- Estimates of the prevalence of parental, particularly maternal, drug use in child welfare services or child protection caseloads range from at least 40% to 80% in the US studies (Grella et al., 2006; Wilke et al., 2005; Young et al., 1998)

- and between 20% and 62% in the varying UK studies (Cleaver et al., 1999; Kroll, 2004)

- A small Irish study recently reported that ten of 20 families in contact with child protection services were identified as affected by parental alcohol or drug use (Buckley et al., 2007).
The issues and dilemmas for drug treatment professionals and social workers when working with drug-using parents.

Dilemmas documented in the international and Irish literature and assumed from anecdotal accounts locally include:

- challenges with regard to assumptions and attitudes
- knowledge about drugs and substance use issues
- engagement with drug-using parents
- assessment
- confidentiality
- interagency cooperation and
- gaining access to children’s perspectives and views.
Implications for policy & practice

- Women’s issues
- Children’s issues
- Family focused services
- The impact of separations
- Adversarial perspectives - their value?
- Interagency and multidisciplinary cooperation
- The importance of assessment - a framework that includes guidelines about drug use
- Child welfare
- Child protection issues
- Family Preservation/Strengthening
- Poverty/Social Exclusion
- Housing/Homelessness
‘...a process of trial and error’?

“Work with drug-using parents and their children has always been a difficult and sensitive area of practice, and has inevitably been a process of trial and error”.