
EP 2

placements, are at greater risk of running away and facing homelessness, experience higher levels of emotional distress, and are moved to a new placement more often than other youth (Wilson & Kastanis, 2017). LGBT youth also face increased risk of harassment and violence (National Alliance to End Homelessness, 2009). Also, LGBT youth are less likely to be reunited with their birth families, and thus spend a longer amount of time in the foster care system (Casa for Children, 2009).

Race also plays a role in a family's experience with the child welfare system. Known in the field of child welfare as disproportionality, years of research have confirmed that African American children make up a disproportionate number of the children in the foster care system when compared with their percentage of the American population. The US Department of Health and Human Services noted the issue of disproportionality in 1997 (US Department of Health and Human Services, 1997). In a report summarizing a national study on child welfare services, they noted that children of color, and particularly African American children, were less likely than white children to receive in-home services and more likely to be in foster care. This situation was true even when children of color and white children had the same problems and the same basic characteristics. The situation remains the same today. Depending on the state, African American, Native American, and Latino children are more likely than children from other racial/ethnic groups to be referred to the child welfare system and to be removed from their homes. Disproportionality is highest among African American children, who are overrepresented in foster care in almost all states. In some states they are in foster care at a rate more than four times their rate in the general population. In many states, Native American children are in foster care at more than two times their rate in the general population. The issue is not as pronounced among Latino children, but disproportionality can be found in 10 states and a number of counties within other states (Summers, Wood, & Donovan, 2013).

Substance Abuse

Another critical issue for children and families is the presence of alcohol or drug abuse. Families and children are deeply affected by parental alcoholism and drug addiction. Since families are small, interrelated systems, having a parent who abuses alcohol or drugs can lead to conflict, violence, financial stress, neglect, or emotional abuse. Substance abuse is involved in a significant percentage of referrals to child protective services. Estimates are that parent or guardian substance abuse is involved in 20 to 80 percent of child maltreatment cases (Miller, Orellana, Briggs, & Quinn, 2014). Additionally, research indicates that the presence of an alcohol-abusing parent results in decreased connection and difficulty expressing emotion, limiting the family's potential for healthy relationships and effective communication (Dundas, 2000).

Families are also seriously affected when a child is involved with illegal substances. Recent studies suggest that teens and even preteens continue to experiment with tobacco, alcohol, and drugs (Shore & Shore, 2009). Such behaviors have serious consequences for these young people and their families. Heavy drug or alcohol use results in problems at school, conflicts with

parents, involvement with the legal system, and negative health consequences. In addition, alcohol and drug experimentation can also lead to other risky behaviors, such as theft, driving when intoxicated, unsafe decisions related to sexuality, and other impulsive choices.

Social workers often see situations of alcohol or drug abuse by parents or children. This is especially true for school social workers, caseworkers in child welfare agencies, social workers in police departments, hospital social workers, and counselors in family service agencies. Typically, social workers refer parents and children who abuse drugs and alcohol or are affected by family members' abuse to prevention programs, outpatient counseling, group counseling, or inpatient substance abuse programs.

Decisions About Sexual Behavior

Another important issue commonly seen by social workers who intervene with children and families is impulsivity in teen sexual behavior. Because of the risks of contracting HIV/AIDS and other sexually transmitted diseases (STDs) and the risk of pregnancy, it is critical for social workers to educate teens about the dangers of unsafe sex. Almost half of all teens have had sexual intercourse before age 19. The rate is slightly higher for males than females. The younger that a person is when first engaging in sexual activity, the higher the likelihood that he or she will not use contraception (Guttmacher Institute, 2016).

Much of teen sexual behavior is high risk and often occurs simultaneously with other risky behaviors, such as alcohol and drug use. Knowledge about the consequences of sexual behaviors varies greatly. Many young people today consider anything that cannot result in pregnancy to be safe, so oral sex has gained popularity, without regard for the possibility of contracting STDs. Advocacy for the use of condoms is very controversial, leaving many young people unaware or uninterested in the role of condoms in preventing the spread of STDs. The rate of STDs among adolescents is higher than in the general population. Although adolescents represent about a quarter of the sexually active population, they account for almost half of all new STDs. Additionally, about one-quarter of sexually active adolescent girls has an STD (Centers for Disease Control and Prevention [CDC], 2016). Thus, it is essential for teens to be empowered with knowledge about their sexual choices.

Intervention involves a variety of modes and settings. Social workers often plan and implement prevention programs, including facilitating groups, using peer education strategies to train youth to speak to other teens about sexuality, and working with schools to strengthen sex education programs. In addition, many programs work with teens who are pregnant or have been diagnosed with an STD. Counseling that emphasizes young people's choices strengthens their ability to make decisions.

Trauma

As will be discussed in more detail in Chapter 14, trauma refers to emotional or physical harm that comes from a shock, violence, or another unanticipated event. Knowledge about the importance of trauma in social work has been