

# The forcible separation of children from their mothers by child welfare authorities increases the odds of unintended overdose

**Child custody removal disproportionately targets communities marginalized due to social and economic disadvantages. Indigenous Peoples' child custody removal is deeply embedded in ongoing racist policies and colonial history of forced family separation and genocide. Yet, there is surprisingly little known about how child welfare policy impacts maternal health.**

**Where possible, families should be supported to stay together.**

Poverty is the number one reason for child removal in British Columbia with devastating impacts to maternal and child health. Resources spent on expensive foster care and social workers should be invested in keeping families safely together, including the necessary housing and income support for marginalized women. The colonial history of family separation of Indigenous mothers and children has a legacy of ongoing racism and structural violence and must be recognized in policies and practices.

**Enhanced support plans for mothers need to be readily available.**

When children are removed from the care of their mothers, enhanced support plans are required to prevent overdose. Some of these supports may look like:

- Overdose awareness and naloxone provision,
- Evidence based substance use treatment and support,
- Expedited referrals to a safe, regulated drug supply,
- Housing and Income support not tied to child custody.

**Large scale systemic change, Indigenous Self-Determination and decolonizing approaches are essential to support Indigenous women's rights as mothers.**

Large scale system transformation and decolonizing approaches aligned with the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and the Truth and Reconciliation Commission (TRC) Calls to [Action](#) are required to address the continued structural violence that Indigenous and racialized women face in Canadian contexts. Policies to support Indigenous mothers and families must be grounded in reconciliation and Indigenous self-determination. For more information, please read [Dr. Cindy Blacksock's pivotal work](#) and [First Nations Child and Family Caring Society](#).

**Gender-responsive and trauma-informed strategies needed to prevent overdose.**

The high prevalence of both lifetime and recent overdose and trauma among marginalized mothers suggests the need for gender responsive and trauma-informed strategies to prevent overdose among women. These strategies should include:

- Expansion of opioid agonist therapy and treatment services accessible to pregnant and parenting women,
- Training of health care providers to enable the identification and referral of women experiencing grief post child removal and at risk of overdose,
- For Indigenous mothers, trauma-informed practices must be culturally safe.

- **Two out of every five mothers** reported having a child removed from their care by the state.
- Child custody removal **increased the odds of non-fatal overdose by 55%** for all women and **doubled the odds for Indigenous women** after controlling for other factors.

Photo credit: Alana Paterson

## About the Research

- This research was led by the Centre for Gender & Sexual Health Equity (CGSHE) at the University of British Columbia (UBC), in close partnership with community, drawing on data from two long-standing community-based research cohorts of marginalized women in BC, Canada from 2010-2018.
- This research is funded by the US National Institutes of Health and the Canadian Institutes of Health Research. MT holds a Doctoral Fellowship from the Trudeau Foundation and SP is a Trudeau Foundation Mentor. KS holds a Canada Research Chair.
- Since its inception, the research included staff with diverse lived experience across the projects. Both projects have long-standing community partnerships and are monitored by community advisory boards and hold REB approvals at UBC.

*CGSHE is a UBC and SFU academic centre housed at Providence Health. The CGSHE's mission is to provide leadership in gender equity and sexual health for all in BC, Canada and globally, through rigorous community-engaged research that meets the highest scientific and ethical standards, evidence-based policy development, and fostering the implementation of innovative, patient-centred and equity-oriented clinical and community practices through guidelines and education.*

*CGSHE is on the unceded traditional territories of the x<sup>w</sup>məθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Səlilwətaɣ (Tsleil-Waututh) Nations.*

Meaghan Thumath, David Humphreys, Jane Barlow, Putu Duff, Melissa Braschel, Brittany Bingham, Sophie Pierre, Kate Shannon. [Overdose among mothers: The association between child removal and unintentional drug overdose in a longitudinal cohort of marginalised women in Canada](#), International Journal of Drug Policy, 2020, 102977, ISSN 0955-3959,

Corresponding author: Meaghan Thumath, meaghan.thumath@cgshe.ubc.ca