

**PARENTAL SUBSTANCE ABUSE  
ATTRIBUTES TO CONDUCT DISORDERS  
AND JUVENILE DELINQUENCY**

by

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## ABSTRACT

An increase of substance abuse and addiction is sweeping the nation. As a result of this abuse / addiction, children are being abused and neglected. Children are entering foster care at an alarming rate resulting in broken homes and families that were once intact. According to the National Center on Addiction and Substance Abuse (CASA), the number of abused and neglected children has increased from 1.4 million to three million. This research addressed the consequences to children who live in homes where their parent(s) abuse drugs or alcohol. The study was qualitative and quantitative in nature. Closed case files from Mahoning County Children Services in Ohio were reviewed and analyzed. Information was discussed only in the aggregate form to protect the identity of the child and his/her family. The hypothesis derived for this study, after extensive literature review, was that parental substance abuse impacts children negatively in that it contributes to conduct disorders and juvenile delinquency. This study also focuses on whether or not abused and neglected children are angry, antisocial, physically aggressive and possibly violent. Results from the study of case files, dealing with abused and neglected children, revealed that children exhibited poor school attendance, destructive behavior, and physical aggression if their parent(s) are substance abusers.

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# PARENTAL SUBSTANCE ABUSE ATTRIBUTES TO CONDUCT DISORDERS AND JUVENILE DELINQUENCY

## CHAPTER I

### INTRODUCTION

This study focuses on parental substance abuse and how such abuse could contribute to conduct disorders and juvenile delinquency in their offspring. It is important to identify factors that can influence a child's delinquent acts in order to intervene and target children at risk for juvenile delinquency. More child abuse and neglect cases are entering the Child Protective Services (CPS) nationally at an alarming rate due to parental substance abuse and child maltreatment. According to the General Accounting Office (1998) "our nations foster care population has nearly doubled since the mid-1980s, leading to dramatic increases in federal foster care expenditures" (1). Today about half a million children are in foster care, possibly due to the onset of the crack-cocaine in the mid-1980's. Howard (2000) states in the last 10 years the reported cases of abused and neglected children more than doubled, from 1.4 million in 1986 to more than 3 million in 1997; substance abuse was involved in more than 70 percent of the cases. He discusses how a current survey of state child welfare administrators revealed that parental substance abuse was a factor in at least 50 percent of substantiated cases of child abuse and neglect. He suggests that children whose parents abuse substances are almost three times more likely to be abused and four times more likely to be neglected than other children. In reported cases, 60 percent of child maltreatment is neglect, followed by physical abuse in 25 percent of the cases. Sexual abuse is 25 percent and emotional maltreatment is 5 percent. Child maltreatment can fall into more than one type of abuse category. He concludes by saying researchers, counselors, and program administrators agree that the rise in substance abuse disorders is a factor in child abuse and neglect cases which has complicated efforts by child welfare to protect children and rehabilitate

families (Howard, 2000, 1-3).

As a result of family and societal problems, we are seeing more incidents of shooting in schools. Juvenile violence is no longer an inner city problem, it is happening all over the country. For example, the Columbine shootings shocked the nation. Who would have thought such a thing could happen in an upscale neighborhood. According to Moses (1999), "firearm homicide is the second leading cause of death for all 15 to 19 year olds" (21). Although juvenile delinquency and juvenile violence affects all segments of American society, it has a devastating effect on the African-American community. Juvenile violence is still going on in the inner city neighborhoods targeting African-American males ages 15 to 24. These males are seven times more likely to be murdered than Caucasians. These young men are victims of violence in neighborhoods where gang and drug related crime is common. Although there is a belief that many factors contribute to conduct disorder and juvenile delinquency, parental substance abuse impacts children negatively, in that it, attributes to these problems (Moses, 1999, 21-24).

Problem Statement:

Juvenile delinquency in the United States is a major social problem. Consequences of juvenile delinquency are enormous such as youth violence, and its consumption of resources. Since parents are supposed to be the primary caregivers and first teachers of our youth, we need to evaluate the impact of the home environment on this problem.

Purpose of the study:

The purpose of the study is to identify whether or not parental substance abuse is associated with conduct disorders and juvenile delinquency. The importance of this study is that it will assist the public in understanding the nature of the problem and its consequences to the youth and the nation. Upon completion of the study it will enhance the existing literature in juvenile delinquency.

Summary:

In this chapter, the problem facing the nation concerning juvenile delinquency was addressed. The purpose for this study was present. In Chapter II, a literature review concerning the relationship between parental substance abuse and child misconduct will be presented. In Chapter III and IV how data was collected and analyzed will be discussed. In the final Chapter V, an overview of findings and a discussion will occur.

## CHAPTER II

### LITERATURE REVIEW

In order to better understand the relationship between parental substance abuse and juvenile delinquency, a review of the literature is presented. One major study by Kandel (1990) discussed the potential impact of drug use and other parental factors on children's development in a longitudinal study. Kandel (1990) discovers by examining the literature, two major functions that a parent should exhibit to help develop a child's psychosocial functioning. One is the emphasis on affection and nurturance, and the other is the monitoring and supervision of a child's activities. He discusses how the closeness dimension emphasizes affection, nurturance, and acceptance of the child by the parent. Monitoring emphasizes parental involvement in the child's life, supervision of the child's activities, and firmness in setting controls and limits. Parental substance abuse seems to diminish these functions causing a child to exhibit conduct disorders, behavior disorders, and juvenile delinquency. Kandel (1990) indicated that higher drug involvement is associated with a decrease in obedient children and an increase in children assessed as aggressive, withdrawn, detached, and not well adjusted. The male children of parental drug users seem to engage in both fighting and drug use. Kandel (1990) discussed how mothers who are more heavily involved in drugs report more control problems with their children. Vaillant and Milofsky (1982) suggest substance abusers and alcoholics share a number of similarities in parenting styles. These families are characterized by poor parenting skills, unreasonably high expectations for their children, lack of supervision, extreme disciplinary techniques, social isolation, lack of cohesion, psychological problems, family stress, conflict, and antisocial behavior.

Kandel (1990) suggested that results of the study indicated poorer parenting increases with increasing drug involvement. Lifetime or increasing current drug involvement and heavy drinking in the last year are related to less supervision of the child, more punitive

forms of discipline, less closeness, less discussion, and less positive involvement with the child. The results of the study also indicated a strong pattern emerges regarding the association between the children's behaviors and maternal drug involvement. Mothers who are more heavily in drugs report more control problems.

Family disorganization, lack of parental monitoring, and discipline are crucial in promoting antisocial behavior in children. Children need guidance and structure in their lives; without it, behavior problems can occur. Certain negative parenting styles stimulate deviant behaviors in children, and when they grow up, they reproduce these same negative parenting styles ( Kandel, 1990, p.190-192).

Gold (1993) discussed, a study conducted for the National Institute on Drug Abuse by Dr. Michael Iadarola :

The short-term stimulus of a single dose of cocaine may cause physiological affects in the brain long after the cocaine has cleared the system. The proliferation of c-fos proteins may help to explain how cocaine can trigger changes in the neuron's genetic expression, the redefinition of the chemical environment as normal, the number of receptors, and the powerful and long lasting cravings and memory like effects reported by cocaine users (49).

These parents will most likely be thinking about cocaine and how to get more because of the ongoing craving. Seeking the drug can make it easy for children to be at risk of being neglected and abused. The parent's focus is primarily on getting and using drugs which leaves very little time for addressing a child's physical, emotional, and basic needs.

Gold (1993) indicated that in 1991 the National Household Survey estimated that 21.9 million Americans had used cocaine at least once and that 1.9 million were current users. Out of the almost 22 million, only a small fraction have entered into treatment programs. Although 20 million chose not to continue their cocaine use, the 1.9 million is still a substantial number of people. The physician's role is very important in detecting drug use in order to encourage drug treatment. Drug treatment can be expensive, but a recent study found that for every dollar spent, \$11.54 was saved in social costs (the cost to society

from arrests, prosecution, theft, medical care, and impaired job performance) (Gold, 1993, p.115-117).

Gold (1993) suggests that drug treatment programs should focus on the chemical dependency model, not as a psychiatric model. Direct the program with a multidisciplinary approach to drug treatment including behavioral, cognitive, educational, and self-control techniques aimed at the reduction of drug cravings and the potential for relapse. Although there are several treatment programs for parental substance abusers, outpatient treatment is the preferred one. This way, the patient can remain with their children while receiving treatment, and the entire family can become involved in the treatment process. The child who is exhibiting conduct disorders and juvenile delinquency can be referred for counseling services. He discussed that how left untreated, children in these families often grow up to have poor self images and low self esteem, and they find it hard to develop satisfactory relationships with others. They grow up to mistrust all people but feel more comfortable with intolerable behavior. Successful treatment programs must work with all the family members ( Gold, 1993, 152). These children have a problem with social skills because they never developed a bonding relationship with their parents or anyone else.

When children's physical and emotional needs are not met, due to parental substance abuse, and if reported to child protective services, it is possible for children to be removed from the home due to neglect. According to the United States General Accounting Office (GAO) (1998), "the escalating use of hard drugs has contributed to the growth in the foster care population" (1). GAO (1998) states because of the nature of the addiction, obtaining and using drugs or alcohol is the abusers first priority. The safety and well-being of their children is secondary. Research suggests that substance-abusing parents of children in foster care do not always form healthy emotional attachments with their children and may have limited parenting skills. These parents may abandon their children at birth or sometime later in their lives, be periodically absent from home, or

leave their children in unsafe environments. Parental substance abusers subject their children to neglect and crime. Children whose parents abuse illicit drugs sometimes witness or are the victims of violence. Increasing the foster care population is not a solution to parental substance abuse. These children, even in extreme cases of child abuse, want to be reunified with their parents. Putting the children in foster care, away from their parents, does not really help the children. The child could have exhibited conduct disorders and delinquent acts before he/she was actually removed. Removal may cause the child to be angry because of separation and they may exhibit even more delinquent acts. One issue of concern to medical and child welfare experts is the emotional impact on children in foster care. Babies born addicted to drugs may not be able to form positive relationships in later life because they could not bond due to an extended hospital stay.

Babies placed in foster care bond with their foster mothers, however if moved from home to home, might not be able to form emotional bonds with anyone. Siblings who have bonded and then are separated can become angry, hostile, and emotionally scared (Subcommittee on Human Services, Committee on Ways and Means, U.S. House of Representatives, 1990, 53). Siblings may have a problem bonding when finally placed together because of separation due to being placed in different foster homes. Intervention is essential to the at-risk child but it should also include programs that will help the family remain together. Foster care should be the second choice, the first choice should be treatment programs that will address the family's needs. The parents and children should continue to live together while receiving treatment and counseling. Both the parent and the child need programs that will work with the family and keep the family together (Subcommittee on Human Services, Committee on Ways and Means, U.S. House of Representatives, 1990, 53).

GAO (1998) explained how researchers are just beginning to demonstrate empirically what child protective services workers have been observing for almost two decades. Most

families who come to the attention of the child welfare system are involved with drugs or alcohol or both. Many cases of child abuse and neglect have in fact increased since the mid 1980's when crack-cocaine was becoming widely available.

Dore (1998) suggests that substance abuse contributes to maladaptive parenting. He discusses how parental substance abusers exhibit negative parenting skills and children develop behavior problems, anxiety disorders, and affective disorders. A parent's own early history of abuse and neglect as an adolescent and in adulthood can contribute to maladaptive parenting. An adult who was subjected to severe maltreatment at a young age can manifest symptoms of Post Traumatic Stress Disorder (PTSD) and Borderline Personality Disorder (BPD). Depression in mothers may be linked to child neglect because of withdrawal, neglect of care giving tasks, and to child abuse due to irritability and aggression that are often symptomatic of clinical levels of depression. Studies of depressed mothers interactions with their young children were conducted. The results revealed negative, critical, hostile, and rejection when compared to non-depressed mothers. With their infants, depressed mothers showed more negative effect, were less responsive, and provided less stimulation in face to face interactions. The concern was that the maternal behaviors that help to insure secure early attachment in infants, were not present in depressed mothers. The infant did not receive a secure attachment that will be carried into toddlerhood and beyond (Dore, 1998, 1-10).

Studies have shown that infants of depressed mothers begin to mirror the mother's depressed effect as early as the first few months of life (Field, 1992). Dore (1998) states that in these first few months the child is able to pick up on the mothers sensitivity and responsiveness to establish a pattern of attachment that may predict the child's later social relationships with peers and others. A mother who is unable to exhibit this attachment, because she is using drugs, may establish a negative pattern of attachment that will affect the child's functioning over time. Such children are more likely to develop behavior problems, anxiety disorders, and affective disorders than children of non-depressed



parents or non-drug using mothers (Dore, 1998, p. 4-10).

Dore (1998) indicates that there is growing research literature on the association between physical and/or sexual abuse in childhood and substance abuse, often beginning in early adolescence. This relationship has been found in both clinic and community samples. One such study noted the frequency of symptoms of PTSD in individuals who were sexually traumatized in childhood, and that substance abuse represents an effort to manage the symptoms of this disorder. According to Dore (1998), " symptoms of PTSD include feelings of intense anxiety, hyperarousal, avoidant behaviors, emotional numbing, and flashbacks to traumatic events" (1). Women who reported a childhood experience of sexual abuse had twice as many PTSD symptoms as women who reported no such experience. Sexual abuse victims had double the number of alcohol abuse symptoms as women who had no sexual abuse. Those abuse victims who reported experiencing PTSD symptoms had twice as many alcohol abuse symptoms as abuse victims who had no symptoms of PTSD. From this it can be concluded that PTSD is the connecting pathway between early sexual abuse and later chemical dependence (Dore 1998).

Dore (1998) also indicated that recent studies have shown links between early life trauma such as sexual abuse, physical abuse, or witnessing domestic violence to the development of symptoms of Borderline Personality Disorder (BPD). BPD is often diagnosed in women and has been linked theoretically and empirically with perpetration of child maltreatment. According to Dore (1998), "symptoms include:

- (a) a pattern of intense but unstable interpersonal relationships which include alternately idealizing and devaluing others
- (b) impulsiveness in at least two potentially self-destructive areas, including use of mind and mood altering chemicals.
- (c) instability of affect with marked shifts in mood
- (d) inappropriate, intense anger

- (e) recurring suicidal threats, gestures, or behaviors, including self-mutilation
- (f) identity confusion or disturbance
- (g) chronic feelings of emptiness or boredom
- (h) preoccupation with real or imagined abandonment" (12).

Abusive parents have difficulty controlling their anger and they often exhibit pervasive hostility and aggressiveness in interpersonal relationships. Dore (1998) suggests they can exhibit social and emotional isolation of maltreating parents, paralleling the difficulties persons with BPD have in sustaining meaningful interpersonal relationships. Adults who were abused as children are more likely to be aggressive and violent toward others and to engage in antisocial behavior. Abusive parents, particularly in males who have a high correlation among abuse and neglect in early childhood, can manifest symptoms of antisocial personality disorder and aggression in adulthood. (Dore, 1998, 11).

There is a direct effect of mood and mind altering substances on a parent's physical well being thus resulting in emotion and behavior that is likely altered in ways that are detrimental to parenting and to the positive development of children. Parental substance abusers with PTSD or BPD symptoms, who were abused as a child, are more likely to maltreat their own children. These children can grow up to repeat the same behaviors. Children who grow up in families who abuse drugs exhibit psychosocial difficulties, including becoming substance abusers themselves ( Dore, 1998, 11-19).

The U.S. Department of Health and Human Services (HHS) (1998), believes it is appropriate to examine the relationship between child abuse, neglect, and substance abuse because these problems are interrelated and affect many American families. According to HHS (1998) " the term child abuse and neglect meaning at a minimum, any recent act or failure to act on the part of the caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act of failure or failure to act which presents harm (20). The purpose of the definition is to provide the reader with

an understanding of how it can effect children. This field lacks consistent definitions and there are many risk factors that cause child abuse and neglect. HHS (1998) states beyond the immediate physical injuries children may suffer, child abuse and neglect can have a long term effect. The effects of chronic neglect are especially significant for later social and emotional functioning. One of the more common problems associated with child abuse and neglect is problematic school performance with neglected children most adversely affected. Neglect during early childhood has negative consequences for later social relationships, problem solving, and the ability to cope with new or stressful situations. Some abused or neglected children develop aggressive behavior patterns, are at risk of delinquency, violence, and other self-destructive behavior. At-risk for post-traumatic stress disorder, major depression disorder, and other diagnostic conditions (HHS, 1998, 19-26). In the most general sense, child neglect is characterized by failure to provide for the child's basic needs, including: food, clothing, shelter, supervision and low medical care. Child neglect can manifest from many causative or concurrent conditions, however neglect is especially predominant in child maltreatment reports in which the parent has substance abuse problems ( HHS, 1998).

HHS (1998) reveals data from the 1986 National Household Survey on Drug Abuse (NHSDA) and estimated 8.3 million children live in households in which at least one parent is either alcoholic or in need of substance abuse treatment. Over 2.1 million of these children live in families in which the predominant problem is illicit drugs. Approximately 3.8 million live in families in which the primary problem is alcohol, and 2.4 million of these children live with parents who abuse both alcohol and illicit drugs in combination. In 1996, child protective services (CPS) agencies received more than 3 million children. Substance abuse is more likely to be a factor in reports regarding younger children, particularly infants, than older children. Substance abuse impairs parental functioning and has negative impacts on children by putting the child at risk to develop aggressive behaviors, delinquency, violence, and other self destructive behaviors

( HHS, 1998, 19-57).

It is difficult to isolate the factors that lead to abuse. It is also hard to classify the personality characteristics of abusers. Maladaptive parenting can arise in a variety of ways. The most consistent findings in the child abuse literature is that maltreating parents often report having been physically, sexually, or emotionally abused or neglected as children themselves ( HHS, 1998, 25-26).

Substance abusing parents have drugs, not children as their primary concern, and these children may have negative behaviors due to physical and emotional neglect. According to the Administration on Children, Youth and Families (ACYF) (1994), in 1990 a National Survey was conducted by the Child Welfare League of America (CWLA). Of the caseworkers who responded to the CWLA, 92 percent reported that parental substance abuse was a factor in reports of physical abuse and neglect. This factor increases a child's risk of becoming abused, neglected, or they may have prior histories of delinquent behavior due to a lack of structure in the home.

ACYF (1994) reports that the Family and Youth Services Bureau (FYSB) administers funding programs for youths at-risk of becoming runaways or homeless youth. This program is administered to meet the needs of youth who have been abused, neglected, or have other problems in their home. These youths may have prior histories of delinquent behavior and status offenses. Studies on runaways and homeless youth have focused primarily on the psychosocial behavior of adolescents as the main cause of why these youths are runaways. Parental substance abuse in families is a chaotic and dysfunctional environment for adolescents as well as children. Many adolescents choose to run away and some are abandoned by their parents because of parental substance abuse. The General Accounting Office (GAO) (1998) did a study of runaway and homeless youth services. The study suggested that 18 percent of the youth in shelters reported their parents abused drugs. Jarvis (1990) conducted a survey of youths at the Southeastern Network of Youth and Family Services. More than 50 percent identified parental

substance abuse as a motivator for their own use of substances. In essence, parental substance abuse can attribute to juveniles committing status offenses such as a runaway because of a dysfunctional family. Parental substance abuse can also be a motivator for an adolescent to use alcohol and drugs as well ( GAO, 1998, 22).

Humphries (1999) states that mothers who have a history of crack-cocaine use report they were attracted to crack-cocaine as teenagers. Maher (1992) interviewed women who were runaways, and homeless as teenagers. These women reported they were attracted to men who offered to help them and supplied them with crack-cocaine. Some children who see their parents use drugs do in fact go on to use drugs themselves. Parents who use drugs have children who exhibit delinquency and conduct disorders because of a dysfunctional family and poor parenting skills. Children are also at-risk of using drugs themselves which are predictors of juvenile delinquency and conduct disorders. The Office for Substance Abuse Prevention (OSAP) (1990) states the single best predictor that a youth might become chemically dependent is having a family member that is chemically dependent. Disruptions in family management are a major mediating variable in children's future dysfunctional behavior. Parents who abuse drugs spend less time with their children and their children will exhibit behavior problems. Behavior problems have been found to increase a child's risk of alcohol and drug abuse. OSAP (1990) suggests children and youth from less supportive families may cope with stress in negative ways. These high risk youths are more likely to use alcohol and drugs and antisocial behaviors to help reduce stress ( OSAP,1990, 326-327).

Foster, Macchetto, and Reid (1999) suggest there is no safe haven for these abused and neglected children of drug and alcohol abusing parents. From 1986 to 1997 the number of abused and neglected children in America jumped from 1.4 million to some 3 million. Children whose parents abuse drugs and alcohol are three times likelier to be physically or sexually assaulted and four times likelier to be neglected than children of parents who are not substance abusers. In 1998 the National Center on Addiction and

Substance Abuse (CASA) conducted the first survey about substance abuse and addiction of front-line professionals in child welfare agencies and family courts. The results revealed eight of ten professionals surveyed (81.6%) cite alcohol, in combination with other drugs as the leading substance of abuse by parents who abuse and neglect children, 7.7 percent alcohol only, 45.8 percent crack-cocaine, 20.5 percent marijuana ( Foster et al., 1999, 2).

According to Foster et al., (1999), " parental substance abuse is found among conditions such as poverty, a history of having been physically or sexually abused, depression, other medical illness, unemployment, discrimination and social isolation" (2). Women who are addicted to alcohol and drugs seem to live chaotic lives that could limit the stability children need to develop cognitively and emotionally.

Foster et al., (1999) believes that parental substance abusers have poor parenting skills that may further hamper the development of children. Some of these parents also suffer from mental illnesses like depression. Depression can cause parents to be emotionally disengaged from their children, and their children's behavior becomes out of control. The parents have low self esteem and feelings of helplessness. Without counseling and support, bonding becomes difficult thus, increasing the chance that they will maltreat their children. Children who are abused and neglected and survive tend to be angry, antisocial, physically aggressive and even violent. They sometimes perform poorly in school and engage in delinquent or criminal behavior. Furthermore, these children who have suffered maltreatment may use alcohol or drugs as a way to cope with depression and internal problems; their maltreatment may lead to external behavior such as aggression, delinquency and antisocial behavior ( Foster et al., 1999, 21).

In another study, the effects of parental drug abuse on the psychosocial functioning of latency-age children (from 6-10 years old) were discussed. Dore, Kauffman, Zlupko, and Lani-Granfort (1996) indicated that parental drug-related behavior threatens the psychosocial development of children in many ways. The physiological effects of mood-

altering drugs on users includes central nervous system depression (opiates) or stimulation (cocaine), emotional liability, irritability, and reduced social inhibitions. This can cause anxiety and apprehension for children who experience these mood swings in their parent's behavior. They may be warm and accepting one minute, rejecting and punitive the next (Davis, 1990). An addicted parent may see a child do something and ignore the behavior. The same incident may occur causing the parent to react with rage. Some experts believe that this pattern of chronic overstimulation, coupled with emotional deprivation, leads to conduct problems observed in children from substance-abusing families (Markowitz, 1993). Dore et al., (1996) explained that parents who abuse drugs experience withdrawal when they do not have the drug. Furthermore those who smoke crack-cocaine, after the "high" is gone, experience anxiety, depression, paranoia, and intense craving for returning to that "high" once again. Substance abusing parents do not have the ability to meet a young child's needs for structure and consistency. The parents often fail to develop problem solving skills and strategies for coping with stress and frustration required for effective parenting. Such children are more likely to develop behavior problems, anxiety disorders, and affective disorders than children of non-depressed parents. The assumption is that this pattern of overstimulation coupled with emotional deprivation leads to conduct problems observed in children from substance abusing families. Drug addiction can cause a parent to leave their children alone to seek drugs. The psychological consequences of inconsistency and abandonment are severe to the young child. Researchers on child maltreatment are beginning to identify chronic neglect as a long term psychosocial consequence for children ( Dore et al., 1998, 1-8).

Dore et al., (1996) also indicates that several studies have examined locus of control in children of substance abusing parents. Their findings revealed that children feel helpless and ineffective in coping with the chaos in their homes. The children adopt the belief that they have little control over other events in their lives. Externalized locus of control has negative implications for the future life of children because it inhibits proactive self-

actualization. This locus of control has been associated with the increased risk of teen pregnancy, drug and alcohol consumption, and delinquent behavior. The study also indicates that drug involved homes and neighborhoods are often violent places. These children see violence and consequently have not learned that you should not commit violent acts. These children react to violence by doing delinquent acts themselves. Moses (1999) suggests severe stress can have a harmful impact on adolescent emotional adjustment and has been associated with the development of various forms of psychological distress. Adolescents have not made the transition to adulthood and have not fully developed cognitive and coping abilities to deal with stress. They are at risk for stress-related emotional problems. Dore et al., (1996) states research suggest that depression and hostility may be two responses to stress-inducing traumatic violence. Latency-age children coming from such environments, may have little knowledge on how to manage feelings of anxiety, fear, or anger due to negative parenting. High levels of interpersonal aggression are observed in these children. Attention deficits and hyperactivity are often observed in young children of drug abusing parents. This is a function of drug exposure in utero, a consequence of growing up in a substance abusing family, or a combination of both ( Dore et al., 1996, 2-22).

Dore et al., (1996) states these children find it very hard to concentrate and focus because of the biological and environmental factors they deal with daily. Difficulty in self regulation of behavior and inability to focus are barriers to classroom learning for these latency-age children. Parental drug addiction affects the child's psychosocial development. Latency age children, from drug involved homes, have few social and cognitive skills to keep up with the work in the classroom. It is suggested that school based programs be implemented that address concerns about parental substance abuse. These programs will teach children alternative coping strategies to reduce anxiety, social isolation, enhance self-esteem, and reduce problematic behavior.

Dore et al., (1996) reviews current clinical observations and research findings of the



effects of parental drug abuse on the psychosocial functioning of latency-age children. Parental substance abuse can cause a parent to neglect their children when time and money is directed towards the drugs only. Schenling (1994) suggests that drug abuse in the United States is of epidemic proportions, especially in the inner cities. Special attention should be focused on drug abuse among parents, because their addictions have a negative impact on their children. Dore et al., (1996) states during latency children should implement cognitive and social skills in primary school. A child who has a parent who uses drugs and failed to show a positive attachment, the child may exhibit incomplete resolution of earlier development tasks. This leaves the child poorly equipped to master the tasks of latency, leaving the child feeling inadequate and inferior. The child at this age may be cognitively unable to understand the mood swings of the adult. The child sees the sober parent act different from the drug abusing parent. The parent can at times be violent and self-destructive. This can cause confusion and anxiety in a child who simply does not understand what is going on. Responses of drug-abusing parents to their children are often unreliable and erratic. According to Markowitz (1993) " some experts believe that this pattern of chronic overstimulation coupled with emotional deprivation leads to conduct problems observed in children from substance-abusing families" (3).

In latency, locus of control affects the child's view of self and his/her relationship to the world. Studies have identified symptoms of anxiety, depression, and low self-esteem. These symptoms seem to occur because these children repress their own wishes, feelings (especially anger) and needs in the process of becoming expert readers of their addicted parents emotional state. Also, oftentimes guilt and shame occur because children actually believe that a parent's behavior is their fault. They believe if they were better behaved their parents would no longer use drugs. Children in substance abusing families feel isolated and alone. Developing peer relationships is essential in primary development in latency, but difficult for such children. They believe they are different from other children and withdraw socially. They lack appropriate parental modeling for

understanding social exchange and have few social skills to develop peer relationships. Latency-age children in drug homes and neighborhoods are exposed to violence and conflict. Such children have little knowledge on how to implement problem solving. They have a problem managing feelings such as anxiety, fear, or anger. High levels of interpersonal aggressions are frequently observed in such children (Dore et al., 1996, 5).

Graham, Joffe, and Werner (1999) suggests that health care professionals learn screening techniques for early intervention of children and youth from families affected by substance abuse. Children manifest psychosomatic illnesses such as emotional, anxiety, conduct disorders, and school problems because of parental drug abuse. To effectively address the issue of parental substance abuse, health care providers need to be trained. Screening for alcohol and other drug use within families should begin with a detailed psychosocial history. Evidence of child behavior problems, early school failure, parenting difficulties, and family conflict are all commonly present in families affected by substance abuse. Graham et al., (1999) suggests negative child behavior is a predictor that there may be parental substance abuse in the home. They also state that screening and early identification of children affected by parental substance abuse must occur in infancy, childhood, and adolescence. Health care providers need to be trained to identify children exposed to parental addiction. This training is needed for practitioners so the health care provider can detect problems and intervene effectively. This will promote clinical responsibility for the care of children. Finally, early detection will encourage practitioners to assist these children and families in seeking treatment and promoting health (Graham et al., 1999, 4-16).

Graham et al., (1999) suggests all health care professional have a clinical responsibility to recognize associated health problems in children of substance-abusing parents. Parents who are substance abusers are not waiting in a doctor's office, clinic, or hospital to admit they have a substance abuse problem. Health care providers need to be trained in the identification of children and youth exposed to parental addiction at the

initial screening. Health care professionals should be able to detect any abuse by the questions asked and the training. The purpose of the initial screening is to identify families with alcohol or drug use that put children and youth at risk for having physical or mental health complications. The information obtained is to help decide if additional assessment and assist in treatment planning for the entire family is needed (Graham et al., 1999, 1-3).

Graham et al., (1999) states information about family alcohol and drug use should be obtained when there are indications of family dysfunction, child behaviors, emotional problems, and school difficulties. The main purpose of the training is to hopefully get the parents or child who does not want this family secret exposed into treatment. The physician must be trained in a way where they are willing to offer health services that will help the entire family. The physician must not be a threat to the clients or they will never open up and the children will not be able to get health services they need. Children who manifest these emotional problems surely need someone to administer health services. Many substance-abusing parents themselves are children of substance abusers. Inquiring about family histories of addiction with parents can help them put their own substance abuse in an intergenerational context. This can motivate some parents to seek treatment to prevent passing on this self destructive behavior to their children as their parents did to them. Children and adolescents are at risk of physical and sexual abuse because of parental substance abuse (Graham et al., 1999, 9).

In another study by Bentler, Newcomb, and Stein (1993) intergenerational similarity of antisocial behaviors and inappropriate parenting behaviors seem to manifest in grandmothers and mothers. Mothers who used drugs exhibited conduct disorders as children, which is a precursor to antisocial behavior in adulthood. This study is a retrospective study and it reflects back on grandmothers and mothers displaying negative parenting behaviors. Mothers may have learned inappropriate parenting behaviors and perpetuated the drug abuse behaviors of their parents. The mothers in the study have

children who exhibit problem behaviors. The authors hypothesized a direct path from the mother's behavior to their children's behavioral problems. Bentler et al., (1993) suggests mothers may have learned inappropriate parenting behaviors, experienced marital discord, or perpetuated the drug abuse behaviors from one or both of her parents. The measures of grandparent drug use and abuse also help predict child behavioral problems. A mother with drug or alcohol problems is less likely to create and maintain a healthy child-rearing environment. The authors propose that the causal flow will be from grandparents to mothers and from mothers to children, with a direct influence from grandparents to grandchildren as well. This study suggests there can be a pattern of negative child behavior problems from generation to generation. This research suggests that the grandparent's drug abuse is a factor for behavioral problems among young children, and foreshadow drug use and delinquency among adolescents (Bentler et al.,1993, 32-33).

Bentler et al., (1993) examines behavioral and development problems in children two-eight years of age. They hypothesize a direct path to children's behavioral problems from grandparents drug abuse problems. The results indicated that there is a greater association between grandparents and maternal drug use and a variety of behavior problems for boys and girls. Behavioral problems among young children, especially acting-out behaviors, foreshadow drug use and delinquency among adolescents. Simons, Robertson, and Downs (1989) suggests that the flow of intergenerational influence is from parental rejection to delinquency.

Mothers who have good self-esteem communicate better with their children and provide them with autonomy. They help give the child nurturance and control. Parents who report low control experience negative effects and feelings of being threatened, which may influence their child-rearing practices. Parental psychiatric status has been associated with increased child behavioral problems (Bentler et al., 1993, 31). A mother with a drug or alcohol problem is less likely to create and maintain a healthy child-

rearing environment. This mother now becomes a grandmother and her ineffective parenting skills and drug use has now become a three-generation transmission. Studies across the generations have found moderate intergenerational similarity for antisocial behavior. The study also revealed similarities in attitudes and drug use between the study participants and their parents, and grandparents as well. A mother's drug use was a predictor of her child's drug use, deviance, and emotional distress. This study confirmed intergenerational transmission of maladaptive behaviors. Mothers may have developed coping problems during their own childhood or adolescence that interfered with their own parenting abilities, especially in the domain of nurturance and control. Grandparents drug abuse problems predicted acting-out behaviors for both boys and girls (Bentler et al., 1993, 31-37).

Another study by Gable and Shindledecker (1993) discusses how parental abuse of nonalcoholic substances seems to be more important than parental alcohol abuse in predicting severe aggressive and antisocial behavior. Substance abuse in fathers, other than alcohol, also seem more important than substance abuse in mothers in predicting severe aggression and conduct disorders in youth.

According to Gabel et al. (1993) "severe aggressive/destructive behavior is defined as aggression towards adults using an object as a weapon in physical altercations, injury to others, cruelty to animals, fire setting and destruction of property... Parental substance abuse was indicated by clinician recorded history of abuse of either alcohol or other substances of abuse (e.g.. cocaine, heroin) by either biological parent" (49).

Gabel et al., (1993) states they have been interested in the outcome of children and adolescents treated in various mental health settings. Two preadmission variables were defined to reflect disturbed parent/family background (parental substance abuse and suspected child abuse or maltreatment) and two preadmission variables to reflect individual child behaviors (severe aggressive/destructive behavior and suicidal ideation or behavior). These four variables were used as predictors with recommended placement

on discharge from treatment as the outcome variable. Through a number of individual studies and combined data, the two pre-admission variables of severe aggressive/destructive and parental substance abuse have most consistently and independently predicted poor outcome in the day hospital of children and adolescents studied (Gabel et al., 1993, 49). Gable et al. (1993) suggests there is a relationship between parental substance abuse and severe aggressive/destructive behavior and conduct disorders in hospital treated children and adolescents and that these relationships are understood best when the parameters are specified. Three findings emerge in the current work: First, alcohol abuse alone is not as important as other substances of abuse in predicting aggression and or conduct disorder in children and adolescents. Second, the effect on parental substance abuse is greater than the effect on maternal substance abuse in predicting aggression and or conduct disorder in hospital treated youth. Third, parental substance abuse is more impressively associated with conduct disorder when conduct disorder occurs with severe aggressive/destructive behavior. Parental substance abuse contributes to the development of aggressive behavior in children and adolescents that is not necessarily associated with other forms of antisocial behavior, as reflected in a diagnosis of conduct disorder ( Gabel et al., 54-55).

Gabel et al., (1993) states parental substance abuse commonly was associated with severe aggressive/destructive behavior. There is evidence from various sources that aggression itself, when considered as a trait, is stabilized over time and generations. It may be that this trait or allied traits such as impulsivity or sensation seeking which is linked to childhood conduct disorder, predispose the vulnerable child or adolescent to later substance abuse.

In another study Carey and Taylor (1998) find a significant positive correlation among conduct disorders (CD), antisocial personality (ASP), alcohol abuse, and drug abuse. The adolescents studied were from a residential treatment facility for substance abusers. This proband group was compared to a controlled group contacted by phone of

families with adolescents. The researchers concluded that by identifying males with multiple problems were from families with behavioral problems and substance abuse problems. Carey et al. (1998) states a growing body of research suggests that certain forms of psychopathology are correlated in teenage substance abusers and their relatives. Drug abuse, alcohol abuse, CD/ASP tend to be common within individual families. The precise nature of familial association among drugs, alcohol, and CD/ASP is best documented in adoption studies in which genetic effects may be separated from environmental effects. An important series of adoption studies were conducted and the findings revealed an equal prevalence of drug abuse in male and female adoptees. Males showed higher rates of alcohol problems and CD/ASP than females. There were also significantly comorbidity among these three disorders. Adoptee drug use by both males and females was significantly predicted both by alcohol abuse and by the number of ASP symptoms in the biological parents. Alcohol abuse in the adoptee also was predicted by these two types of behavior in the biological parents. This suggests that genetics account for the comorbidity among drug abuse, alcohol abuse, and antisocial behavior (Carey et al., 1998, 638).

Carey et al., (1998) also suggests from the findings of their study that there was a correlation among CD/ASP, alcohol abuse, and drug abuse. They interviewed relatives of probands had higher symptom counts for alcohol abuse dependence, drug abuse dependence, and CD/ASP than the relatives of the control group. The present report supports the concept that alcohol abuse, CD/ASP, and drug abuse represent a cluster of disorders common to families of children with behavioral problems, substance abuse problems, or both. According to Moss, Vanyukov, Majumder, Kirisci, and Tarter (1995), " their study suggests that both paternal and alcohol abuse and paternal drug abuse may share common features that exert an adverse impact on the psychosocial adaptation of their male offspring " (355). Genetic and environment factors are influenced by these effects. Prepubertal sons (6-10 yrs.) of polysubstance user fathers demonstrate

significantly more externalizing and internalizing problem behaviors, low verbal performance, and full-scale IQ scores, and reduced school achievement than sons of control fathers ( Moss et al., 1995, 355).

Howard (2000) found that many adults receiving treatment for substance abuse, who have a history of childhood abuse and, neglect have many other problems. They may have coexisting psychiatric disorders such as major depression, suicidal thoughts, PTSD, and dissociative symptoms. Clients who are in treatment will benefit from understanding how severe and chronic physical, emotional, and sexual abuse in their childhood can affect memory and emotions long after the abuse has stopped. The long term consequences of physical battering could include brain damage (learning disabilities or mental retardation), aggressive behavior, a lack of impulse control, and physical limitations. It is so important for these clients to get treatment and begin to deal with their psychiatric disorders. Without treatment, is it possible for a parent with these existing conditions to provide for a child's basic needs? (Howard, 2000, 18).

According to the Office for Substance Abuse Prevention (OSAP) (1990)," the risk of poor outcomes may be exacerbated for children of parents with coexisting alcohol or other drug abuse and mental illness" (159). OSAP (1990) explains that children of depressive or psychiatrically disturbed mothers exhibit a higher frequency of behavior problems, emotional instability, and academic difficulties (160). As a group, alcohol and other drug abusers, tend to exhibit a wide range of psychopathology. It is unclear, however, if the psychiatric disturbances occurred before the addiction or developed because of it. Once sobriety is achieved, there is some evidence that the psychiatric symptoms may stop. However, psychiatric problems have also been found to be independent of substance use in the drug-using population. Whatever the case may be, it is evident that psychiatric problems are present while drugs are being used. Parents will probably have a problem exhibiting good parenting skills while manifesting impairments including: psychological difficulties, personality disorders, affective instability, behavior



dysfunction, low self esteem, and poor communication ( OSAP, 1990, 160).

OASP (1990) suggests drug addiction and alcohol use tends to run in families. A high proportion of adult drug users are the offspring of alcoholics or other drug users. In addition to familial drug use, women abusers are more likely than non-abusers to have a history of childhood traumas including physical and sexual abuse, and are caught up in intergenerational alcohol or drug abuse. As a result, addicted mothers lack appropriate role models for parenting which leads to dysfunctional, deficient parenting. When parents are drug addicted, their money, time, and emotional investments are diverted from the needs of the child to the demands of the addiction. Very little guidelines or discipline is provided. The daily activities are always inconsistent because of the pursuit of drugs. Children may develop a range of coping mechanisms in order to survive in their chaotic environment. Many of them will have impaired social and psychological functioning because of negative parenting. The behaviors found in children of chemically involved parents, coming to the attention of child protective services include: emotional depression, manifested by a non-caring, defeated attitude; victim behavior characterized by a desperate need for approval; antisocial, aggressive behavior, caused by depression (OSAP,1990,210).

Parental substance abuse is a sickness and like any other sickness it should be dealt with in the medical field. According to Peak (1998), " the treatment of drug addiction with a medical model consists of providing detoxification, rebuilding physical health, counseling, and offering support with social services" (221). Others may argue that the offenders do not deserve treatment, just lock them up and throw away the key. The "punitive modality" or "just deserts" model support the idea of having the offenders go through withdrawal. Their belief is that drug addiction is a crime and you should receive punishment, not treatment. According to Bohm and Haley (1997)," during that phase of corrections the so-called medical model came to be used and, crime was seen as symptomatic of personal illness in need of cure through treatment" (323). Inmates had

psychological assessments and diagnosis followed by treatment. Many parents are in prison, however as an alternative to prison, drug treatment should be recommended. Treating parental substance abuse in a drug treatment program will help revive the parents so they will be able to provide for their children's basic needs. Parents will need to abstain from drugs in order to accomplish what can be a difficult task for a person in recovery. Treatment programs must be handled by medical specialists who are trained to treat the offenders.

Children who are exhibiting conduct disorders and juvenile delinquency should be treated in the mental health field. These children should be referred to mental health services that work with children who receive counseling. These children have so many issues to deal with such as being separated from their parents, to addressing their own delinquent acts. They need to know that their parents are ill and their parent (s) need to be in a drug program where they can get help. If reunification is not possible, the children will need professional services to help them deal with such a severe crisis in their life.

Agencies must be willing to share information with each other so they can work together with parents who have a substance abuse problem. Howard (2000) discusses, how the Connecticut Department of Children and Families plans to make voluntary substance abuse disorder assessments available to parents involved with child protective service agency investigations. This will establish a direct link between the child welfare and substance abuse treatment systems. This program uses a telephone referral system operated by a managed care company with a network of providers including child welfare workers with answers about parental substance use. The program will provide updated treatment information. By linking the two together, the agency hopes to decrease the risk of continued abuse or neglect. The risks are reduced by encouraging the client to utilize the services, facilitate admission to substance abuse treatment, and reduce the need of out of home placement (20).

Howard (2000) discusses how in the past, agencies have worked independently thus

limiting services. Agencies need to work together to give a wide range of support services in hopes of increasing the effectiveness of counseling for the parent and child. Many federal grants require public-private partnerships and multidisciplinary treatment strategies formalized through a memorandum of understanding. The focus for the future must be family-oriented services providing comprehensive care, as well as, parenting and family skills training. Planning and implementing programs for parental substance abuse and juvenile delinquency is a good investment for the country (40). This research will suggest parental substance abuse impacts children negatively in that it attributes to conduct disorders and juvenile delinquency.

The literature presented so far supports my hypothesis in that parental substance has an impact on juvenile delinquency and conduct disorders. It was suggested that poor parenting increases with drug involvement. Parental substance abusers exhibit negative parenting skills and children develop behavior problems, anxiety disorders, and affective disorders. Some abused or neglected children develop aggressive behavior patterns, are at risk of delinquency, violence, and other self-destructive behavior. The literature suggested there is a relationship between parental substance and aggressive/destructive behavior and conduct disorders in hospital treated children. Chapter IV will focus on the methodology.

### CHAPTER III

#### METHODOLOGY:

Much juvenile delinquency stems from poor parenting and parental substance abuse. Parental substance abuse impacts children negatively in that it attributes to conduct disorders and juvenile delinquency. A longitudinal study of parents and their children will be conducted. The data collected is from secondary data sources by unobtrusive measures. This study will be a qualitative and quantitative research of reported cases of child abuse and/or neglect, to the Mahoning County Children Services Board (MCCSB) in Ohio. The hypothesis of this research is that parental substance abuse impacts children negatively in that it attributes to conduct disorders and juvenile delinquency.

The sample was comprised of 200 reported case files from MCCSB selected from a systematic random sample, involving physical abuse, sexual abuse, neglect, or combinations of the above. Permission was obtained from the Administrator of the Intake and Abuse Unit of Children Services to review the cases (see Appendix B). A randomly selected review of the records of Children Services foster and non-foster closed cases was performed. Closed cases were chosen in preference to active cases, since they are more fully documented, and their examination is less intrusive to the court and families. All data was recorded with reference to a confidential identification number. No record of any individual names will be recorded by the researcher. The data collection sheet consisted of data on the parent and the child (see Appendix A).

For the purpose of this study, parental substance use included poly-drug use such as: (a) alcohol, (b) opiates, (c) marijuana, (d) cocaine, (e) crack cocaine. According to the DSM-1V (1994), substance abuse " is defined as a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use in situations in which it is physically hazardous, multiple legal problems, and recurrent social and interpersonal problems" (182). Conduct disorder " was defined as

characterized by a pattern of behavior that violates the basic rights of others or major age-appropriate societal norms or rules" (DSM-IV,1994,85).

According to Howard (2000), the Child Abuse Prevention and Treatment Act, 1974, and reauthorized in 1990, and defines child abuse and neglect as," at minimum, any recent act or failure to act that results in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse or exploitation to a child under the age of 18, by a parent or caretaker who is responsible for the child 's welfare" (9). Juvenile delinquency was established by the Juvenile Justice Center records. The data collected was analyzed using SPSS/PC+. Descriptive and comparative statistics were completed.

The scope of the study is limited to the parental substance abuse cases only. If there were no parental relationships, the cases were removed from the study. In the next chapter finding from this research are presented.

## CHAPTER IV

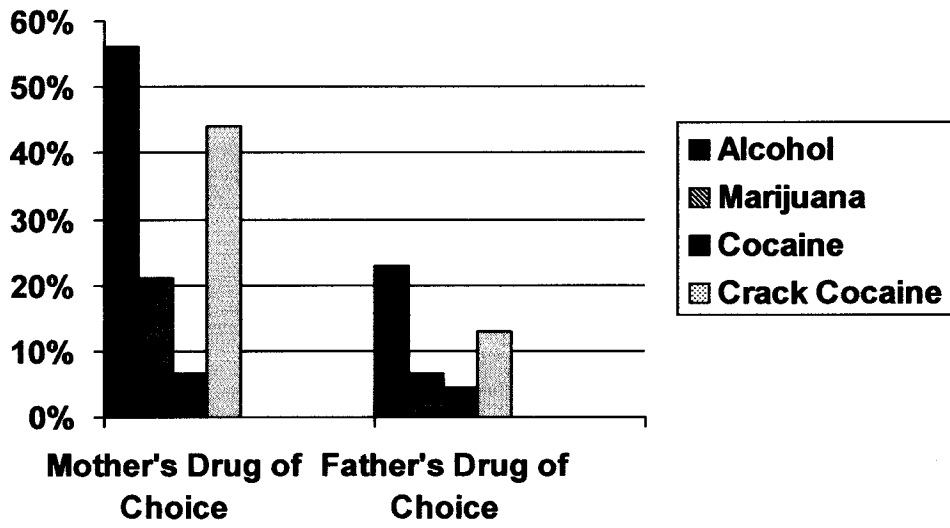
### ANALYSIS AND FINDINGS:

In the previous chapter, the methods for data collection and analysis were presented. The data were collected from 200 closed cases files at the Mahoning County Children Services which deals with child maltreatment. The cases were dated from 1986 through the year 2000. The majority of the cases occurred in the years 1995 (n =23, 11.5%), 1996 (n = 25, 12.5%), 1998 (n =25, 12.5%) and 1999 (n =30, 15%). It should be noted that these percents do not indicate that these years in general had more reported abuse; these are just the results of the systematic sampling techniques used in this study. The data were collected in an effort to describe the types of abuse that children are suffering at the hands of their parental figures. This study also examined the impact of drug /usage abuse by the parental figure(s) and the negative behaviors exhibited by their children.

#### Description of the Parents Involved in the Study

Of the 200 cases reviewed, 183 of the cases involved the mother (n =183, 91,5%). Seventy fathers (n=70, 35%) and 16 boyfriends (16,8%) were involved in the cases of child maltreatment studied. According to the data, 68.9 percent ( n =133, 68.9%) mothers were parental substance abusers while 23.0 percent (n = 43, 23.0%) of fathers were parental substance abusers. The mother and father are both polysubstance abusers and usually used more than one drug (see figure 1). The study revealed the mother's alcohol use was 56.0 percent (n = 112, 56.0%), marijuana use 21.0 percent ( n = 42, 21.0 0%), cocaine use 6.5 percent ( n =13, 6.5%), and crack-cocaine use 44.0 percent (n = 88, 44.0%). Heroin and prescription drugs were used by mothers however the study revealed only one percent for both drugs. Fathers alcohol use was reported at 23.0 percent ( n =46, 23.0%), marijuana use 6.5 percent ( n =13, 6.5%), cocaine use 4.5 percent ( n = 9, 4.5%), crack cocaine use 13.0 percent ( n = 26, 13.0%). Heroin use was only two percent for fathers .

**FIGURE 1**



The data, the majority of the parental substance abusers were not married. Only 21.0 percent ( n = 42, 21.0%) were married, 67.5 percent ( n =135, 67.5%) were not married, 2.5 percent ( n = 5. 2.5%) divorced, 1.0 percent ( n = 2, 1.0%) widowed, 7.5 percent ( n = 15, 7.5%) separated. Racial composition data was also collected and it was found that 54.0 percent ( n = 108, 54.0%) were African-American and 46.0 percent ( n = 92, 46.0 %) were Caucasian. The primary location of parental substance abusers were located on the southside of Youngstown the county seat for Mahoning County. 43.0 percent of the individuals lives on the southside, 20.0 percent on the northside, 10.0 percent on the east side, 3.0 percent on the westside, and 29.0 percent outside of Youngstown. ( see Tables 1,2,3). The majority of the cases therefore involves single African-Americans women living on the southside of Youngstown, Ohio.

Table 1

Parents Marital Status

	Percent
Married	21%
Never Married	67.5%
Divorced	2.5%
Widowed	1.0%
Separated	7.5%

Table 2

Race

	Percent
African-American	54%
Caucasian	46%

Table 3

Location

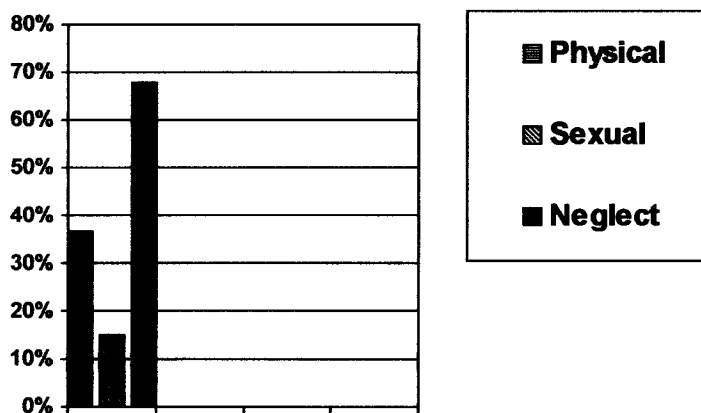
	Percent
Southside	43%
Northside	20%
Eastside	10%
Westside	3%
Outside of Youngstown	29%



### Abuse Data

Once demographic data were collected, a review of the type of abuse was examined. It was found that 36.5 percent ( n = 73, 36.5%) the cases dealt with physical abuse, 15.0 percent ( n = 30, 15.0%) with sexual abuse, and 68.0 percent ( n = 67, 68.0%) with neglect of children. The study revealed that neglect was found to be high among children whose parents are substance abusers. In reviewing the cases the initial referral could have been a simple home evaluation, however after the caseworker interviewed the client's drug use, neglect was often substantiated. (See Figure 2).

**Figure 2**

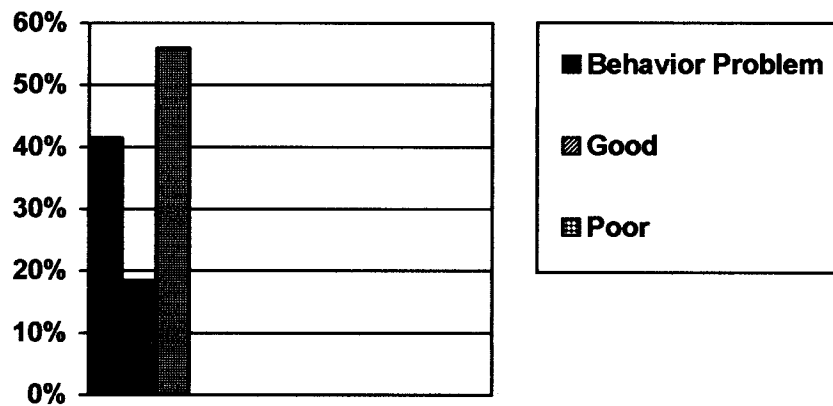


### Description of the Children Involved in the Study

The study revealed that 6.5 percent (N=13, 6.50%) of the case reviewed, children were involved with the juvenile justice center for runaway.

The children had poor attendance and exhibited behavior problems in school. Of these children 56.0 percent ( n = 112 ,56.0%), had poor school attendance. Encouraging news was that 18.5 percent (n = 43, 18.5%), had good attendance. Of these children 41.5 percent (n = 137, 41.5%) had behavior problems. The study also revealed that those who had poor attendance also had failing grades as well. Behavior problems included disorderly conduct, insubordination and suspension according to the school records (See Figure 3).

**Figure 3**



Out of the 200 cases reviewed all the data revealed that there was at least one child present in the home, thereafter referred to as the first child. There were two children present in 99.0 percent of the homes thereafter referred to as the second child. The third child present in the home was 23.5 percent thereafter referred to as the third child. The fourth child and on made no statistical significance thereafter referred to as the fourth child. The study revealed that 80.6 percent of the oldest children in school was more likely to have poor attendance if the mother was a substance abuser, the chi square is ( $X^2 = 5.45, df=1, P^2=.02$ ). The oldest children who demonstrated destructive behavior 9.8 percent were more likely to have mothers who were substance abusers, the chi square is ( $X^2 = 4.04, df=1, P^2=.04$ ). The oldest children who exhibited physical aggression 19.5 percent were more likely to have mothers who were substance abusers as well, the chi square is ( $X^2 = 3.86, df = 1, P^2 = .03$ ). The study revealed that a total of 36.0 percent of the children exhibited physical aggression, and a total of 32.0 percent of the children were involved with the juvenile justice system at one time in their lives.

The second child's conduct in school seemed to be significant if the mother was a substance abuser. The second child who exhibited disorderly conduct 93.0 percent were more likely to have mothers who were substance abusers, the chi square is ( $X^2 = 11.28, df = 2, P^2 = .004$ ). The number of problems reported by the school of the third child were small in number, however every time disorderly conduct was reported, the mother was a substance abuser. Unfortunately no statistical significance between abusing mothers and non-abusing mothers was present. If a father was present in the home, he was not a major influence on these children to make a statistical significance.

The data collected showed that children in general were being aggressive and

exhibited destructive behavior in school. Records from the juvenile justice center indicated charges were brought against these children for domestic violence. Data from Mahoning County Children Services records indicated that these children had exhibited physical aggression before and during custody as well.

Overall the data from the research reveals that parental substance abuse contributes to conduct disorders and juvenile delinquency. The data researched on the 200 cases did not reveal a substantial significant difference after the third child. After the third child, the data revealed that these children were babies and young children. These children were not old enough to manifest negative behavior patterns. These children were not old enough to enter school or the juvenile justice system where conduct disorders could be recorded. Discussion and conclusions are presented in the next chapter.

## CHAPTER V

### SUMMARY AND CONCLUSIONS:

The literature included in the study supports the hypothesis that substance abuse contributes to conduct disorders and juvenile delinquency. The results of the study presented in Chapter III and IV do in fact show that children are physically aggressive, exhibit destructive behavior, have poor school attendance, and exhibit disorderly conduct in school if parental substance abuse occurs. After completing the research, the records selected did not allow for a comparative study. The main recommendation for future work is that a longitudinal study be conducted with the parent's permission. The parents would have to be parental substance abusers with children who exhibited conduct disorders and juvenile delinquency. To see the long term impacts of these behaviors on their children.

As a way to help lessen juvenile delinquency and conduct disorders in youth, family therapy should be practiced since these children have increased the foster care population. This has only caused the family to breakdown and eventually dissolving the family. It is so important to keep the family intact if therapy is successful this could possibly stop generational substance abuse and juvenile delinquency. Putting the delinquent in foster care is not a solution to parental substance abuse. The first goal should be keeping the family together by working with a case manager. The case manager will assist the parent with receiving outpatient drug treatment and family counseling. The counselor will be trained to deal with the juvenile delinquent and the parent's drug use. The goal of the counselor is to get the parent to be drug free and get the

delinquent child to begin to exhibit good behavior. The case should only be closed when all the objectives have been met. This solution would certainly save the government money and keep the family intact as well.

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**APPENDIX A**

**CODE SHEET**



**10. History of Parent's Substance Abuse**

Mother Abuse       No       Yes

Substance of Choice:    Alcohol                       Marijuana                       Cocaine  
                                  Crack-Cocaine                       Prescription Drugs                       Heroin  
                                  Opiates    \_\_\_\_\_

Father Abuse       No       Yes

Substance of Choice:    Alcohol                       Marijuana                       Cocaine  
                                  Crack-Cocaine                       Prescription Drugs                       Heroin  
                                  Opiates    \_\_\_\_\_

**11. Did Mother Use Alcohol / Drugs During Pregnancy**

No       Yes

Substance of Choice:    Alcohol                       Marijuana                       Cocaine  
                                  Crack-Cocaine                       Prescription Drugs                       Heroin  
                                  Opiates    \_\_\_\_\_

**Behavior Patterns for Each Child**

Child # 1

Age \_\_\_\_\_ Grade \_\_\_\_\_

Y / N Hyperactive / ADHD

Y / N Sexual Acting Out

Y / N Swearing

Y / N Enuresis

Y / N Alcohol /Drug Use

Y / N Destructive Behavior

Y / N Encopresis

Y / N Peer Problems

Y / N Temper Tantrums

Y / N Lying

Y / N Fire-Setting

Y / N cigarette Smoking

Y / N Stealing

Y / N Developmental Delays

Y / N Physical Aggression

Y / N JJC involvement

Y / N probation

Y / N detention

Y / N violent

Y / N history of abuse \_\_\_\_\_ (type) Y / N counseling

Others \_\_\_\_\_

Explanation of the Above: \_\_\_\_\_

**School Information:**

Attendance \_\_\_\_\_

Special Program \_\_\_\_\_

Behavior Problems \_\_\_\_\_

**Delinquency Record:**

Age of first encounter \_\_\_\_\_

Nature of first encounter \_\_\_\_\_

Number of arrest \_\_\_\_\_

Reason for each arrest (list charges) \_\_\_\_\_

**Medical Record:**

Child on medication \_\_\_\_\_ Yes \_\_\_\_\_ No

Why is the child on medication: \_\_\_\_\_ Illness \_\_\_\_\_ Allergies \_\_\_\_\_ Asthma

\_\_\_\_\_ Control Behavior

Name of medications: \_\_\_\_\_

**APPENDIX B**

**LETTER OF SUPPORT**



# MAHONING COUNTY CHILDREN SERVICES

COUNTY ANNEX BUILDING

2801 MARKET STREET - ROOM 206

YOUNGSTOWN, OHIO 44507-1671 PHONE: (330) 783-0411 • FAX: (330) 783-5342

May 31, 2000

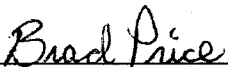
Attention: Thesis Committee  
Criminal Justice Department  
Youngstown State University  
2091 Cushwa Hall  
Youngstown, Ohio 44555

Dear Thesis Committee:

Anita Wainwright has submitted a letter stating she is doing a Thesis on Parental Substance Abuse and would like permission to view the close files. I have given permission for her to review the closed files.

I am excited about the study and I'm looking forward to seeing the conclusion.

Sincerely,

  
\_\_\_\_\_  
Brad Price, Chief Supervisor  
Intake Services Department

BP/bks

For Children Who Need a Better Tomorrow



RECYCLED PAPER



**APPENDIX C**  
**HUMAN SUBJECTS LETTER**



June 21, 2000

Dr. Tammy A. King, Assistant Professor  
Ms. Anita Wainwright, Graduate Student  
Department of Criminal Justice  
UNIVERSITY

RE: HSRC Protocol #130-2000

Dear Dr. King and Ms. Wainwright:

The Human Subjects Research Committee has reviewed your Protocol, "Parental Substance Abuse Attributes to Conduct Disorders and Juvenile Delinquency," (HSRC #130-2000), and determined that it is exempt from full committee review based on a DHHS Category 4 exemption.

Any changes in your research activity should be promptly reported to the Human Subjects Research Committee and may not be initiated without HSRC approval except where necessary to eliminate hazard to human subjects. Any unanticipated problems involving risks to subjects should also be promptly reported to the Human Subjects Research Committee.

The HSRC would like to extend its best wishes to you in the conduct of this study.

Sincerely,

A handwritten signature in black ink, appearing to read 'Eric Lewandowski', with a horizontal line extending to the right.

Eric Lewandowski  
Administrative Co-chair  
Human Subjects Research Committee

ECL/cc