



# The case for examining and treating the combined effects of parental drug use and interparental violence on children in their homes

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## ABSTRACT

This review examines what have been, to this point, generally two divergent lines of research: (a) effects of parental drug abuse on children, and (b) effects of children's exposure to interparental violence. A small, but growing body of literature has documented the robust relationship between drug use and intimate partner violence. Despite awareness of the interrelationship, little attention has been paid to the combined effect of these deleterious parent behaviors on children in these homes. Thus, we argue for the need to examine the developmental impact of these behaviors (both individually and combined) on children in these homes and for treatment development to reflect how each of these parent behaviors may affect children of substance abusers.

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## 1. Introduction

In 2006, 22.6 million individuals in the U.S. were estimated to abuse or be dependent on drugs or alcohol (Substance Abuse and Mental Health Services and Office of Applied Studies [SAMHSA], 2007). According to the 2007 National Survey on Drug Use and Health, nearly 20 million Americans aged 12 and older had used an illicit drug in the month prior to the survey interview (SAMHSA, 2008). Males are

more likely than females to be current illicit drug users (10.4 versus 5.8%, respectively; SAMHSA, 2008).

Although estimates vary widely from study to study, it is clear that many illegal drug users reside with children. Among clinical samples, between 44% and 85% of parents who abuse substances have been found to retain custody of their children (Grella, Hser, & Huang, 2006; Hohman, Shillington, & Baxter, 2003; Tyler, Howard, Espinosa, & Doakes, 1997; Wilke, Kamata, & Cash, 2005), whereas 37% to 57% of community samples of drug-using mothers and fathers have minor children living with them (Doane, Kelley, Neff, & Cooke, 2008; Lam, Wechsberg, & Zule, 2004; Nair, Black, Schuler, Keane, Snow, Rigney, &

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Magder, 1997; Pilowsky, Lyles, Cross, Celentano, Nelson, & Vlahov, 2001). In the U.S. alone, more than 8.3 million children (11%) are estimated to live with a parent who abuses or is dependent on alcohol or other substances (U.S. Department of Health and Human Services, 2005).

Although children who reside with an alcohol- or drug-abusing parent experience greater risk for negative outcomes such as aggression (Osborne & Berger, 2009) and alcohol and drug use and abuse (e.g., Biederman, Faraone, Monuteaux, & Feighner, 2000), as argued by Hogan (1998), compared to alcohol abusers, families in which a parent abuses illegal drugs, particularly opiates and cocaine (i.e., 'hard drugs'), often experience a distinct set of challenges to healthy development. For instance, as compared to alcohol abusers, drug users are more likely to have lower socioeconomic status (e.g., economic disadvantage, living in substandard housing). Related to this problem, adult drug users are more likely to live in large urban areas (defined as 1 million or more; Substance Abuse and Mental Health Services Administration, 2004). Disadvantaged urban areas have neighborhood risk factors (often referred to as 'concentrate effects') that increase likelihood of illegal activity (Sampson, 1987). Moreover, criminal activities associated with drug use place the parent at risk for arrest and imprisonment. As might be expected, in comparison to alcohol-dependent patients, individuals who primarily abuse drugs other than alcohol are more impaired across a range of psychological and social aspects of functioning (Miller, 1993). Similarly, Cooke, Kelley, Fals-Stewart and Golden (2004) found that, as compared to fathers in which men met criteria for alcohol abuse, drug-abusing fathers had significantly higher subscale scores (indicating more problems) on five of the seven Addiction Severity Index subscales (i.e., Drug, Legal, Medical, Employment, and Family). Because children whose parents abuse substances other than alcohol may confront a more complex and potentially detrimental set of obstacles to healthy development, the focus of this paper is children of substance abusers (COSAs).

## 2. Children of substance abusers (COSAs): overview of empirical findings

COSAs are at greater risk for a myriad of problems, including anxiety and depression (Billick, Gotzis, & Burgert, 1999; Fals-Stewart, Kelley, Fincham, Golden, & Logsdon, 2004; Kelley & Fals-Stewart, 2008; Osborne & Berger, 2009; Stanger, Higgins, Bickel, Elk, Grabowski, Schmitz, Amass, Kirby, & Seracini, 1999), poor self-concept (Drucker & Greco-Vigorito, 2002), aggression (Malo & Tremblay, 1997; Osborne & Berger, 2009), externalizing disorders (Catalano, Haggerty, Fleming, Brewer, & Gaaney, 2002; Kelley & Fals-Stewart, 2004, 2008; Schroeder, Kelley, & Fals-Stewart, 2006), and academic difficulties (e.g., Blanchard, Sexton, & Morgenstern, 2005; Kolar, Brown, Haertzen, & Michaelson, 1994). History of family substance abuse is also linked to offspring experimentation with or abuse of alcohol and drugs (Biederman et al., 2000; Braitman, Kelley, Ladage, Schroeder, Gumienny, Morrow, & Kklostermann, 2009; Caetano, Field, & Scott, 2003; Keller, Catalano, Haggerty, & Fleming, 2002; King, Vidourek, & Wagner, 2003).

A series of investigations have also demonstrated that COSAs are more likely to be diagnosed with a current or lifetime psychiatric disorder. In a sample of cocaine- and opiate-addicted mothers, Luthar, Cushing, Merikangas and Rounsaville (1998) found nearly 66% of COSAs had one or more major psychiatric diagnoses by age 12. Studies that have compared children of drug abusers to children of alcohol abusers or non-substance abusers have found children of drug abusers are more likely to have at least once lifetime psychopathological condition relative to children in other conditions (Kelley & Fals-Stewart, 2004; Wilens, Biederman, & Bredin, 2002).

A limitation of much of the previous research on COSAs is the tendency to examine differences between COSAs as compared non-COSAs in order to make general statements about COSAs as a whole.

Undoubtedly, individual, parent, family, and contextual factors contribute to variability in children's developmental outcomes. At this time, however, our understanding of factors that interact with or mediate the effects of parental drug use is relatively limited.

Although many factors may contribute to poor child outcomes in this population, one of the most common and potentially devastating may be interparental violence. Thus, our review examines what has been, to this point, two somewhat divergent lines of research: (a) the effects of parental drug abuse on children, (b) the effects of children's exposure to interparental violence, and (c) the small, but growing body of empirical literature that has documented the strong relationship between parental drug use and intimate partner violence and the combination of these effects on child outcomes.

## 3. Children's exposure to intimate partner violence

Intimate partner violence (IPV) is a broad and intransigent social problem. In 2005, there were approximately 3.5 million reports of family violence and nearly 1 million female victims of intimate partner violence (National Crime Victim Survey [NCVS], 2006). Surveys of representative samples of couples suggest that each year, one out of every eight husbands engages in physically aggressive behavior toward their wives. These acts range from instances of pushing or slapping to severe violence such as beating one's partner up or the use of weapons (e.g., Schafer, Caetano, & Clark, 1998; Straus & Gelles, 1990). Importantly, both clinical and community samples have demonstrated that women engage in physical aggression in their intimate relationships in proportions that are equal to or slightly higher than men (e.g., Archer, 2000; Chase, O'Farrell, Murphy, Fals-Stewart, & Murphy, 2003; Dutton, Nicholls, & Spidel, 2005; Krahé & Berger, 2005; Luthra & Gidycz, 2006); however, consequences of male-to-female physical aggression appear greater for women (Cascardi, Langhinrichsen, & Vivian, 1992; Janssen, Nicholls, Kumar, Stefanakis, Spidel, & Simpson, 2005). For instance, over 50% of women who have experienced IPV have been injured by their partners (Catalano, 2007). A third of all female homicide victims are murdered by a romantic partner; conversely, 3% of all male homicide victims are killed by an intimate partner (U.S. Department of Justice Bureau of Justice Statistics, 2007). As pointedly argued by Morse (1995, p. 269), women in these relationships are more likely to suffer injury that requires medical treatment far more often than men, "not necessarily because men strike more often, but because men strike harder".

Although magnitude and gravity of IPV are alarming, equally distressing is that children are over-represented in violent homes (Bair-Merritt, Holmes, Holmes, Feinstein, & Feudtner, 2008; McDonald, Jouriles, Ramisetty-Mikler, Caetano, & Green, 2006; Silvern, Karyl, Waelde, & Hodges, 1995). For instance, based on a secondary analysis of 1615 nationally representative dual-parent families with children, McDonald et al. (2006) estimated that 15.5 million children live in families in which IPV had occurred at least once in the previous year. Of these, 7 million children were estimated to have lived with families in which severe IPV had occurred. Thus, it is estimated that 29.4% of U.S. children live in partner-violent homes, with 13.3% residing in homes where severe violence occurs. In addition, police record of substantiated cases of domestic violence revealed that children were present in 43% of cases and 81% to 95% of these children saw or heard the violence (Fantuzzo, Fusco, Mohr, & Perry, 2007; Fusco & Fantuzzo, 2009). Moreover, a survey of 851 pediatricians revealed that 47% had treated at least one child for injuries from domestic violence in 2003 (Trowbridge, Sege, Olson, O'Connor, Flaherty, & Spivak, 2005).

## 4. The relationship between parental drug use and IPV

A growing body of research has revealed a robust relationship between drug use and partner violence. For instance, Brookoff,

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