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THE EFFECTS OF HOUSEHOLD SUBSTANCE ABUSE ON THE BEHAVIORAL
AND EMOTIONAL OUTCOMES OF CHILD WITNESSES TO DOMESTIC
VIOLENCE

by
Katherine R. DeStefano

A Thesis

Submitted in partial fulfillment of the requirements of the
Master of Arts Degree
of
The Graduate School
at
Rowan University
April 24, 2001

Approved by _____
Professor

Date Approved April 24, 2001

ABSTRACT

Katherine R. DeStefano

The Effects of Household Substance Abuse on the Behavioral and Emotional Outcomes
of Child Witnesses to Domestic Violence

2001

Dr. John D. Frisone

Applied Psychology

Both domestic violence and parental substance abuse are risk factors for childhood developmental delays and emotional problems. The purpose of this study is to determine if child witnesses of domestic violence exhibit greater levels of emotional problems when substance abuse is present in the household, and to determine how both groups of children respond to therapeutic intervention targeting these problems. The results indicate that child witnesses of domestic violence exhibit a greater level of behavioral and emotional problems when alcohol and drug abuse is also a factor. Following treatment both groups show a greater reduction in behavioral and emotional pathology than do the control group. Children from substance abusing households show the greatest degree of improvement.

MINI ABSTRACT

The purpose of this study is to determine if child witnesses of domestic violence exhibit greater levels of emotional problems when substance abuse is present in the household. The results indicate that child witnesses of domestic violence exhibit a greater level of behavioral and emotional problems when alcohol and drug abuse is also a factor.

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REVIEW OF THE LITERATURE

Domestic violence and substance abuse are two wide spread societal problems. The effect of these problems on children's behavior and development is the focus of this study. Carlson (as cited by Alpert, Cohen & Sege, 1997; Anderson & Cramer-Benjamin, 1999; Campbell & Lewandowski, 1997; Edleson, 1999) estimates that as many as 3.3 million children witness domestic violence every year. Strauss (as cited by Rudo, Powell & Dunlap, 1998), however, believes that as many as 10 million children are witnessing domestic violence every year. The difference in these two estimates may be caused by the severe underestimation, by parents, of how frequently children actually witness violence (Edleson, 1999).

In 1993, the US Department of Health and Human Services estimated that 10% of American adults are addicted to alcohol and other drugs (Adger, Macdonald, Wenger, Johnson & Leff, 1999). Estimates of how many children are living with alcohol and substance abusing parents range from 6 million (Jones-Harden, 1998) to 15 million (Deutsch, 1982). Several studies (summarized by McNeal & Amato, 1998) found that alcohol and drug use are linked to poor parenting due to decreased warmth and increased coercion, physical and emotional neglect, increased depressive symptoms and decreased self-esteem in children.

Unfortunately, these two problems are often correlated with one another. There is a well-established association between substance abuse and violent trauma (North, Thompson, Smith & Kyburz, 1996). Substance abuse increases the risk of domestic violence (Ayoub et al., 1999; Clark & Foy, 2000; Willson, McFarlane, Malecha &

Watson, 2000). Studies of alcoholic families and children of alcoholics show that there is a much higher rate of family conflict (Adger, Macdonald, Wenger, Johnson & Leff, 1999) and ten times more instances of domestic violence in these families than in non-substance-abusing families (Black, Buckley & Wilder as cited in Bennett, 1995).

Spouse drunkenness and drug use were found as important variables in distinguishing abused women from non-abused women (Willson et al., 2000). The number of batterers who were drunk at the time of the assault ranges from 60% (Gorney as cited in Blount, Silverman, Sellers & Seese, 1994) to 70% (Roberts as cited in Willson et al., 2000). The same studies found that batterers were using other substances at the time of the assault between 13% (Gorney as cited in Blount, Silverman, Sellers & Seese, 1994) and 32% (Roberts as cited in Willson et al., 2000) of the time. Brookoff (as cited in Willson et al., 2000) found that 92% of abusers had used drugs or alcohol the day of the assault and 45% of them had been drunk every day for the past month. Hamilton & Collins (as cited in McNeal & Amato, 1998) found that $\frac{1}{4}$ to $\frac{1}{2}$ of abusive men had substance abuse problems. The severity of the violence is positively correlated with the severity of substance abuse (Clark & Foy, 2000).

Tolman & Bennett (as cited in McNeal & Amato, 1998) found that at least one partner had consumed alcohol prior to the domestic violence incidents. Substance-abusing women are more likely to be involved in domestic violence than non-substance-abusing women are (Clark & Foy, 2000; Edleson, 1999; Mumm et al., 1998) and it is more likely that her batterer will be drinking when he batters her (Edleson, 1999). Kettinger et al. (2000) found that domestic violence is central in the lives of maternal

substance abusers. Battered women who abuse substances are more severely battered than non-substance abusing women (Blount, Silverman, Sellers & Seese, 1994).

Domestic violence is associated with substance abuse in its victims (Clark & Foy, 2000). Substance abuse in battered women may be a symptom of Post Traumatic Stress Disorder (PTSD) and an avoidance response (Campbell & Lewandowski, 1997). In fact, Stone (as summarized in Campbell & Lewandowski, 1997) found that “substance abuse is a frequent manifestation of PTSD as part of the avoidance dynamic...” (p.357) in samples of traumatized people including battered women.

The dynamics of substance abusing families and families that experience domestic violence are very similar. Edelson (1999) describes it best:

...families where substance abuse occurs and families where woman abuse occurs often share characteristics: intergenerational transmission of the problem, frequent crisis states, the abuser blaming the partner for his behavior, the abuser forgetting details of the episode, retarded emotional development in the family, impulsiveness and low self esteem among family members, loss of control used as a coping mechanism, and a short-term payoff in tension reduction” (p.60).

The current study is based on data collected from the “Peace a Learned Solution” (PALS) Project, an intensive therapeutic program for child witnesses to domestic violence. The primary goal of the research project is to evaluate child witnesses to domestic violence before and after a unique intensive therapeutic intervention. However, the additional risk factor of parental substance abuse is also of interest in this study.

Effects of substance abuse on family and children:

Parental substance abuse significantly contributes to family dysfunction (Adger, Macdonald, Wenger, Johnson, & Leff, 1999; Hien & Honeymoon, 2000), familial stress and decreased familial cohesion (Hoffman & Su, 1998). Parental substance abuse may

lead to the physical and emotional absence of the parent in the child's life (Mumm Olsen & Allen, 1998). The substance abuser's energy is focussed on obtaining and using the substance, and recuperating afterwards. Time is spent on things related to use not on parenting responsibilities (Feig, 1998; Jones-Harden, 1998). Children of substance abusers are often insecurely attached because their parents' time was focussed on the substance (Feig, 1998). Insecurely attached children are at increased risk for behavioral problems and problems in interpersonal relationships (Feig, 1998).

Jones-Harden (1998) also found that parental substance abuse leads to decrease attentiveness by parents and decreased parental protection, which leads to the psychological isolation of the child. Children living with substance abuse are living in a conflict ridden and chaotic environment (Feig, 1998; Flanzer, 1982; McGaha & Leoni, 1995; Resnik, Gardner, & Rogers, 1998). Substance abuse effects one's parenting ability, and decreases parenting efficacy (Ayoub et al., 1999; Hien & Honeymoon, 2000; Hoffman & Su, 1998; Weinreb & Bassuk, 1990). Substance abusing parents were found to have decreased warmth and increased hostility in their parenting style (Hoffman & Su, 1998). Several authors (Hien & Honeymoon, 2000; Mumm, Olsen & Allen, 1998; Weinreb & Bassuk, 1990) have reported that substance-abusing parents are more likely to abuse and neglect their children.

Substance- abusing mothers have more problems providing on-going care for their children (Kettinger, Nair, & Schuler, 2000). Consistency is lacking in the lives of children whose parents are substance abusers (Deutsch, 1982; McGaha & Leoni, 1995). Without consistency children may not learn cause and effect relationships, appropriate behavior or how their behavior affects others (Deutsch, 1982; Feig, 1998). Children of

substance abusing parents do not get the nurturance and safety that is necessary for proper development (Deutsch, 1982).

It is a well known fact that children of substance abusers are more likely to become substance abusers themselves (Deutsch, 1982). Children of substance abusers are a significantly greater risk for developing several types of problems than other children (McGaha & Leoni, 1995; Resnik, Gardner & Rogers, 1998). Children of substance abusers are at greater risk for physical, psychological, situational, developmental and interpersonal problems (Deutsch, 1982). Children of substance abusers also are at greater risk for psychosomatic illnesses, emotional problems, anxiety, conduct disorder, academic problems and hyperactivity (Adger, Macdonald, Wenger, Johnson & Leff, 1999; Adger, Macdonald, Wenger, Werner, Joffe, & Graham, 1999).

Children of substance abusers have a higher rate of emotional and behavioral problems (Adger, Macdonald, Wenger, Johnson & Leff, 1999; Flanzer, 1982; Mumm et al., 1989). European studies (reviewed in Plant, Orford & Grant, 1989) also report increased behavioral and emotional problems in children of substance abusers. Neurotic behaviors were significantly higher in children of substance abusers than in other groups in these studies. Adger, Macdonald, Wenger, Johnson & Leff (1999) reported that children of substance abusers have more adjustment problems than other children do. McGaha & Leoni (1995) report on several studies that found that children of substance abusers have increased rates of hyperactivity, anxiety, depression, aggression and hostility. Children of substance abusers are found to lack a “perceived impression of one’s own behavior on others, lack of insight into personal relations, and lack of empathy for other persons” (Adger, Macdonald, Wenger, Johnson & Leff, 1999, ¶ 41).

Children of substance abusers display a high level of delinquent behaviors (Adger, Macdonald, Wenger, Johnson & Leff, 1999), oppositional and conduct disorders (Adger, Macdonald, Wenger, Johnson & Leff, 1999; Jones-Harden, 1989), hyperactivity, distractability, impulsivity, and other externalizing behaviors (Deutsch, 1982; Jones-Harden, 1998). Nylander & Rydelius (cited in Adger, Macdonald, Wenger, Johnson, & Leff, 1999) looked at parental alcoholism and its effects on children, they found that parental alcoholism and not socioeconomic status contributed to child behavioral problems.

Children of substance abusers are more likely to suffer high levels of emotional distress (Ayoub et al., 1999) increased mental illness and decreased self-esteem (Wedgscheider as cited in McGaha & Leoni, 1995). Priest (as cited in McGaha & Leoni, 1995) found that 80% of children of alcoholics have disabling emotional problems. Children of substance abusers have more risks for mental illness than other groups (Dumka, Tein, & Yun, 1996) and have more clinical diagnoses than other groups (Adger, Macdonald, Wenger, Johnson, & Leff, 1999). Internalizing disorders (i.e. depression and anxiety) also occur at higher rates in children of substance abusers than in other groups (Jones-Harden, 1998). Deutsch (1982) believes that anger, guilt, shame and blame are emotions felt more frequently by children of substance abusers and that these feeling when not expressed appropriately lead to the variety of emotional problems that children of substance abusers face. Depression, psychosomatic complaints, social aggression, emotional detachment, and suicide are some of the problems faced by these children (Deutsch, 1982; Plant, Orford & Grant, 1989). Flanzer (1982) reported that children of substance abusers are more likely to suffer from psychoses caused by separation from

their parents and a lack of a suitable parental substitute, however, the report of psychotic symptoms was not found in any other literature. McNeal & Amato (1998) found, in a longitudinal study, that parental substance abuse was associated with decreased life satisfaction among children.

Children of substance abusers also face problems in school (Adger, Macdonald, Wenger, Johnson & Leff, 1999; Deutsch, 1982; Jones-Harden, 1998; McGaha & Leoni, 1995; McMahan & Luthar, 1998; Plant, Orford & Grant, 1989). Children of substance abusers have worse school performance and attendance (Deutsch, 1982), and higher rates of failure and dropout are higher than other groups (Resnik, Gardner & Rogers, 1998).

Overall children of substance abusers have poorer development and more developmental delays than other children do (McMahan & Luthar, 1998; Plant, Orford & Grant, 1989). These delays include social, intellectual and emotional development (McMahan & Luthar, 1999). Adger, Macdonald, Wenger, Johnson & Leff (1999) report decreased social adequacy and interpersonal adaptability among children of substance abusers.

Effects of substance abuse on parenting stress:

Substance-abusing mothers have been found to have significantly higher levels of stress than other groups (Black, Nair, Kight, Watchel, Roby & Schuler, 1994; Dumka, Tein & Yun, 1996; Kelley, 1998; Kettinger, Nair & Schuler, 2000). Substance-abusing mothers experience more parenting stress due to insufficient internal and external resources (Kelley, 1998). Substance abuse is associated with avoidance coping and non-active coping mechanisms are associated with increased levels of stress (Murphy-Hiebert, 2000). Substance abusing women have less social supports than non-substance-abusing

women do (Jones-Harden, 1998; Kettinger, Nair & Schuler, 2000). In addition to a lack of social supports, Black, Nair and Schuler (1993) reported that substance-abusing women are less likely to utilize social supports to buffer stress than non-substance abusing women.

Domestic violence:

Domestic violence, family violence or intimate partner violence are terms which are used interchangeably in the literature to describe a pattern of physical, emotional and/or sexual abuse between intimate partners (Black & Newman, 1996; Campbell & Lewandowski, 1997; Edleson, 1999; Fantuzzo & Mohr, 1999; Flanzer, 1982). Fantuzzo & Mohr (1999) state that a threat of physical harm is enough, legally, to constitute domestic violence.

Black and Newman (1996) reported that domestic violence is the second most frequently reported crime. They also summarized a survey, which found that as many as 90% of domestic violence cases occur while children are either in the same room or in the next room. Dobash & Dobash (as summarized by Black & Newman, 1996) found that half of domestic assaults occur with an onlooker present and two-thirds of the time that on-looker is a child.

The literature on child witnesses agrees that witnessing is more than actually seeing the violent episode (Crnic & Greenberg, 1990, and Edleson, 1999). Witnessing domestic violence includes four scenarios: seeing the violence, hearing the violence, being part of the violence (i.e. as a weapon or trying to intervene), or experiencing the aftermath of the violence (i.e. maternal depression, bruises, or broken furniture) (Crnic & Greenberg, 1990; Edleson, 1999).

Effects of domestic violence on children:

Child witnesses are at an increased risk for maladjustment in comparison to other children (Fantuzzo & Mohr, 1999). Reviews of the empirical literature have found that child witnesses are at risk for problems in one or more of the following five areas: behavioral, emotional, social, cognitive, and/or physical (Anderson & Cramer-Benjamin, 1999; Black & Newman, 1996; Campbell & Lewandowski, 1997; Levendosky & Graham-Bermann, 1998; McCloskey, Figuerdo & Koss, 1995; Kolbo, Blakely, & Engleman, 1996). Several studies also cited poor academic performance amongst child witnesses (Anderson & Cramer-Benjamin, 1999; Salcido-Carter, Weithorn & Behrmann, 1999; Stephens, 1999) and lower levels of empathy than in other children (Black & Newman, 1996; Salcido-Carter, Weithorn & Behrmann, 1999)

Family violence has a direct impact on children's mental health (McClosky, Figueredo, & Koss, 1995). Ayoub, Deutsch, & Maraganore (1999) reported that as parental conflict increases the number of behavioral and emotional problems in children increases and that families with high levels of marital conflict are more likely to have children with high levels of emotional distress. Jaffe and Suderman (as summarized in Anderson & Cramer-Benjamin, 1999) found that child witnesses are equally disturbed as abused children.

Trauma is defined, by the Diagnostic and Statistical Manual, 4th Ed., as exposure to physical injury or threat of injury to self or others which results in an intense fear, anxiety and feeling of helplessness (cited in Anderson & Cramer-Benjamin, 1999). Children who witness domestic violence often fit the description of traumatized children (Campbell & Lewandowski, 1997), with a variety of emotional and behavioral problems

(Ford, Racusin, Ellis & Davis, 2000). “Trauma stops the developmental clock...”

(Miller, 1999, ¶ 4).

Ford, Racusin, Ellis & Davis (2000) found that single incidents of trauma lead to PTSD half of the time and increased exposures to trauma, as in the case of domestic violence, increased the risk of PTSD. Several sources (summarized in Anderson & Cramer-Benjamin, 1999) have found that witnessing domestic violence is sufficiently traumatizing to cause symptoms of Post Traumatic Stress Disorder (PTSD) in children. Black & Newman (1996) and Alpert, Cohen & Sege (1997) cite several studies that found that children exposed to domestic violence had a higher incidence of PTSD than non-witnesses did. The symptoms of PTSD in children who have witnessed domestic violence are: intrusive memories, nightmares, avoidance of trauma reminders, emotional blunting, behavioral regression, anxious or ambivalent attachments, extreme fearfulness, autonomic hyperactivity, sleep disorders, decreased concentration, guilt, denial, and irritability (Anderson & Cramer-Benjamin, 1999; Ford, Racusin, Ellis & Davis, 2000).

Kot, Landreth & Giordano (1998) cited a study by deLange who found that child witnesses display the following behavioral problems: low self-esteem, poor impulse control, attention problems, poor anger management skills, physical aggression, verbal abuse, social and emotional withdrawal and passivity. The literature shows that child witnesses experience internalizing and externalizing behavioral problems more than other children do (Fantuzzo et al., 1999; Holden & Ritchie, 1991; Hughes, Parkinson & Vargo, 1989, Kolbo et al., 1996; Kot et al., 1998; Osofsky, 1999). Internalizing behaviors are “sadness, crying, fear, anxiety, withdrawal, attachment problems, depression and somatic complaints...” (Anderson & Cramer-Benjamin, 1999, ¶ 14). Examples of externalizing

behaviors are aggression, defiance, property of destruction and disobedience (Anderson & Cramer-Benjamin, 1999). Child witnesses were also found to be clinical on the Total Behavior Score of the Child Behavior Checklist (CBCL) and to be significantly different than non-witnesses (Hughes, Parkinson & Vargo, 1989). Several studies (cited in Anderson & Cramer-Benjamin, 1999; Edleson, 1999) found that male children who have witnessed domestic violence display externalizing behaviors at a higher rate than female children who are more likely to display internalizing behaviors.

The majority of research (10 of 13 studies summarized in Kolbo et al., 1996), regarding emotional functioning of child witnesses, found significant differences in emotional functioning between child witnesses and comparison groups. Rudo et al. (1998) summarized several studies which found that child witnesses scored significantly higher on measures of emotional problems than non-witnesses. Jaffe (as cited in Black & Newman, 1996) found that children exposed to domestic violence may experience “fear, anxiety, confusion, anger and disruption in their lives” (p. 82). Black and Newman (1996) note that this fear and anxiety may become so severe that child witnesses may become afraid to leave home for fear that someone will get hurt while they are away.

The research on the social functioning of child witnesses is unclear (summarized in Kolbo et al., 1996). Osofsky (1999), Edleson (1999), and Fantuzzo et al. (1999) discuss several studies that have found decreased social competence and functioning in child witnesses. Other studies (summarized in Kolbo et al.) found no differences. Kolbo et al. (1996) also discussed conflicting results in the areas of cognitive functioning and degree of physical problems in child witnesses compared to other groups. The results of studies on the academic performance of child witnesses to domestic violence, however,

are more consistent; child witnesses have more academic problems than other children do (Black & Newman, 1996; Fantuzzo et al., 1999; Kot et al., 1998; Osofsky, 1999).

The negative effects of domestic violence on children can be explained by several theories. Parenting ability may be seriously compromised by depression and other emotional problems leaving parents emotionally unavailable to their children (Anderson & Cramer-Benjamin, 1999; Osofsky, 1999; Salcido-Carter et al., 1999). Anderson & Cramer-Benjamin also discussed that poor modeling and inadequate problem solving and communication skills present problems for child witnesses.

Analysis of the PALS sample has yielded similar results at the baseline assessment phase. The average CBCL for the PALS sample was in the clinical range for the internalizing, externalizing and total scores (Jeffrey, Frisone, Owens & Monahan, 1999). Gender differences in internalizing and externalizing scores in the PALS project were also consistent with the literature. PALS sample males displayed significantly higher rates of externalizing behaviors than female subjects (Jeffrey, Frisone & Owens, 1999).

Effects of domestic violence on parenting stress:

“Parenting stress is specific to the role of parenting factors, for example, her perception of her relationship with her child or her perception of parenting as harming her social life or marital relationship” (Levendosky & Graham-Bermann, 1998, ¶10). Very little research has been done on the effects of domestic violence on parenting stress. In the small amount of literature available, domestic violence has been associated with higher levels of parenting stress in abused women (Anderson & Cramer-Benjamin, 1999; Holden & Ritchie, 1991; Levendosky & Graham-Bermann, 1998). High levels of

parenting stress cause mothers to be emotionally unavailable to their children (Holden & Ritchie, 1991). Social supports are correlated with reducing stress (Murphy-Heibert, 2000). The high level of parenting stress found in abused women may be intensified by the lack of social support and increased levels of social isolation that are characteristic of families who experience domestic violence (Mohr & Tulman, 2000).

Analysis of the PALS sample found similar results in the area of parenting stress. When the PALS sample was compared to a normative sample, significant differences were found in 8 scales: Child Adaptability, Child Demandingness, Child Mood, Total Child Domain, Parent Isolation, Spouse, Total Stress and Parent Life Stress (Jeffrey, Frisone, Owens & Monahan, 1999).

Effects of domestic violence and parental substance abuse on children:

The combined effects of domestic violence and parental substance abuse have not been thoroughly examined (Ayoub et al., 1999). However, studies (summarized by Dumka et al., 1996) that children of alcoholics who also experience other risks (i.e. domestic violence) are at an even higher risk of developing mental health problems and adjustment problems. Deutsch (1982) discussing how insecurity can negatively affect children. He states that parental substance abuse increases insecurity in the child, he also states that “nothing contributes to children’s insecurity and fear more than recurring violence” (p.43).

Effects of domestic violence and parental substance abuse on parenting stress:

There is no empirical literature on the combined effects of domestic violence and household substance abuse on parenting stress.

Hypotheses:

There is abundant evidence that domestic violence and parental substance abuse are risk factors for developmental delays and childhood behavioral and emotional problems. The present study has four purposes. The first is to determine if children who are exposed to both domestic violence and parental substance abuse and children who are only exposed to domestic violence will differ on their initial CBCL scores. Several studies (as summarized by Dumka et al., 1996) found that of children of alcoholics who also have other risk factors (i.e. domestic violence) have an increased risk for mental health problems. Therefore, this researcher assumes that the PALS Project children from the household substance abuse environments will have more behavioral problems than the PALS Project children who have not experienced parental substance abuse.

Since domestic violence (Anderson & Cramer-Benjamin, 1999; Holden & Ritchie, 1991; Levendosky & Graham-Bermann, 1998) and household substance abuse (Black, Nair, Kight, Watchel, Roby & Schuler, 1994; Dumka, Tein & Yun, 1996; Kelley, 1998; Kettinger, Nair & Schuler, 2000) are both risk factors for increased parenting stress, the second purpose is to determine if mothers who report household substance abuse will differ from mothers who do not report household substance abuse on the PSI. The researcher hypothesizes that due to an additive effect the mothers from the household substance abuse group will have higher PSI scores than the mothers from the alcohol/drug free environments.

The third purpose is to determine if the PALS Project intervention is as useful to child witnesses who also live with parental substance abuse as it is for children who do not live parental substance abuse. The researcher assumes that the PALS Project intervention will be more beneficial to the children who do not live parental substance

abuse because these children do not have the additional stress that parental substance abuse creates.

The final purpose of this research is to determine if a reduction of child behavioral problems is related to a reduction in parental stress. Several studies have found that high levels of parenting stress are associated with increased child behavioral problems (Crnic & Greenberg, 1990; Holden & Ritchie, 1991; Levendosky & Graham-Berman, 1998; Pett, Vaughn-Cole & Wampold, 1994).

METHOD

Subjects

The subjects were women (n=65), who were receiving either shelter services or domestic violence counseling at a New Jersey based battered women's shelter, and their children aged 3-10 years old (n=62). The mothers signed an informed consent form allowing their children to participate in a therapeutic program called the PALS project.

Procedure

Upon entering the study mothers were given the Child Behavior Checklist (CBCL) and the Parenting Stress Index (PSI), as well as other standardized measures. Household substance abuse problems were measured through a questionnaire, which included questions about the mother and her partner's drug/alcohol abuse history.

On the basis of the mother's response to the questions regarding family drug and alcohol use, the children were assigned to two categories. The first category, labeled non-abusing, included children/families where drug and/or alcohol abuses were not present. The second category, labeled abusing, included children/families where drug and alcohol abuses were present. The mothers were asked to indicate whether drugs or alcohol were ever a problem for her or for her partner by circling one of the following options: "rarely/never," "once in a while," "some of the time," "often" or "most or all of the time." Children with a parent who had a problem with drugs or alcohol "rarely/never" or "once in a while" were placed in the non-household-substance abuse group (non-abusing). If the mother indicated that either she or her partner had a problem

with drugs or alcohol “some of the time,” “often,” or “most or all of the time” the child was placed in the household-substance abuse group (abusing).

The first twenty children to enter the PALS Project were assigned to the control group. The children in the control group were offered the standard psychoeducational program offered in most New Jersey battered women’s shelters. This program, administered to a group, addresses anger management techniques, safety issues and teaches children that they are neither the cause nor the cure for violence in their homes. Children in the treatment group received intensive individual and group therapy with case management services for a period of four to six months. Case management services were provided to help coordinate with the mother on which services would best suit the child, namely therapy and child care services. Each child in the treatment group received two sessions per week in art and drama therapy. One of these sessions was group counseling and the other was individual counseling. After six months, following the treatment or psychoeducational program, the same battery of tests was given to both groups.

Data Analysis

SPSS for Windows, Version 10 was used for all data analysis. Post-treatment effects, for the CBCL and PSI, were analyzed using an ANCOVA, fixed effects were substance abuse vs. non-substance abuse and treatment vs. control, and covariates were the initial scale scores.

RESULTS

Initial CBCL assessments of the PALS project subjects indicated that the presence of alcohol/drug abuse in the homes of child witnesses to domestic violence resulted in a higher incidence of behavioral problems than was displayed by children from homes where alcohol/drug abuse was not present (See Table I). This difference was found in all subscale scores as well as the total score, and reached statistical significance in six of the twelve CBCL subscales in addition to the total score. Two-thirds of the child witnesses from an alcohol/drug environment scored in the clinical range. In comparison, one-half of the children scored in the clinical range when alcohol/drug abuse was absent.

Initial PSI scores, for the PALS Project participants, show that alcohol/drug abuse was not related to the severity of parenting stress (See Table II).

Following treatment, either the PALS Project's intensive therapy or the standard psychoeducational group intervention, all subjects were again administered the CBCL and the PSI. Consistent with previous reports, the therapeutic intervention used in the PALS Project was associated with a reduction in CBCL scores. The same effect was not observed in the psychoeducational/control subjects. Statistically significant improvement was found in nine of the twelve subscale scores and in the total score.

The greater level of pathology found initially in children from homes where alcohol/drug abuse was present was not observed after treatment in most of the subscale scores. Following treatment, these children had scores on most scales that were much closer to those from alcohol/drug abuse-free environments. This suggests that the

Table 1

The initial mean CBCL sub-scale scores for children from non-drug/alcohol abusing families (n = 26) and for children from drug/alcohol abusing families (n=36).

CBCL	Mean	Standard Deviation	t	Significance 1-tailed (p value)
Withdrawn				
Non-Abusing Family	2.96	2.85		
Abusing Family	4.75	3.04	2.348	*.011
Somatic Complaints				
Non-Abusing Family	1.46	2.28		
Abusing Family	2.44	3.34	1.296	.100
Anxious/ Depressed				
Non-Abusing Family	5.38	4.15		
Abusing Family	8.31	5.32	2.331	*.012
Social Problems				
Non-Abusing Family	3.50	2.69		
Abusing Family	3.97	2.62	.692	.246
Thought Problems				
Non-Abusing Family	.69	1.59		
Abusing Family	2.08	2.10	2.834	*.003
Attention Problems				
Non-Abusing Family	4.54	3.25		
Abusing Family	6.89	5.04	2.230	*.015
Delinquent Behavior				
Non-Abusing Family	2.50	2.02		
Abusing Family	3.50	3.20	1.401	.083
Aggressive Behavior				
Non-Abusing Family	12.88	8.12		
Abusing Family	15.78	9.22	1.280	.103
Sex Problems				
Non-Abusing Family	.42	.99		
Abusing Family	.61	1.36	.600	.273
Other Problems				
Non-Abusing Family	6.04	3.97		
Abusing Family	9.97	6.56	2.929	*.003
Internalizing				
Non-Abusing Family	9.38	7.13		
Abusing Family	14.86	9.72	2.436	*.009
Externalizing				
Non-Abusing Family	15.46	9.11		
Abusing Family	19.28	11.85	1.381	.086
Total				
Non-Abusing Family	39.35	21.81		
Abusing Family	55.61	31.60	2.276	*.013

Table 2

The initial mean PSI sub-scale scores for children from non-drug/alcohol abusing families (n = 26) and for children from drug/alcohol abusing families (n = 39).

Parenting Stress Index	Mean	Standard Deviation	t	Significance 2-tailed (p value)
Distractibility/Hyperactivity				
Non-Abusing Family	26.12	7.76		
Abusing Family	26.21	5.72	.051	.960
Adaptability				
Non-Abusing Family	25.96	5.83		
Abusing Family	28.77	7.20	1.658	.102
Reinforces Parent				
Non-Abusing Family	11.27	4.38		
Abusing Family	10.54	3.08	-.791	.432
Demanding ness				
Non-Abusing Family	21.27	6.77		
Abusing Family	21.18	5.91	-.057	.955
Child Mood				
Non-Abusing Family	12.77	3.67		
Abusing Family	12.33	3.87	-.454	.651
Child Acceptability				
Non-Abusing Family	13.23	3.87		
Abusing Family	15.00	4.15	1.728	.089
Child Domain				
Non-Abusing Family	110.62	25.89		
Abusing Family	114.03	24.38	.539	.592
Parent Competence				
Non-Abusing Family	29.73	5.77		
Abusing Family	28.95	7.15	-.465	.643
Parent Isolation				
Non-Abusing Family	14.08	3.79		
Abusing Family	14.72	4.28	.618	.538
Parent Attachment				
Non-Abusing Family	12.62	2.48		
Abusing Family	12.33	2.95	-.402	.689
Parent Health				
Non-Abusing Family	12.77	3.91		
Abusing Family	12.41	3.77	-.371	.712
Parent Role				
Non-Abusing Family	19.54	5.52		
Abusing Family	18.46	6.34	-.706	.483
Parent Depression				
Non-Abusing Family	21.23	4.93		
Abusing Family	21.87	6.78	.414	.680
Spouse Score				
Non-Abusing Family	21.23	7.22		
Abusing Family	21.21	7.02	.014	.989
Total Parent Domain				
Non-Abusing Family	131.19	23.93		
Abusing Family	129.95	30.52	-.175	.862
Total Stress Score				
Non-Abusing Family	241.81	38.70		
Abusing Family	244.00	50.65	.187	.852
Life Stress Score				
Non-Abusing Family	17.38	8.23		
Abusing Family	17.97	9.24	.263	.793
Defensive Responding Score				
Non-Abusing Family	38.38	9.91		
Abusing Family	38.44	10.28	.020	.984

treatment effect is stronger for these children. A statistically significant interaction, between the treatment and alcohol/drug abuse factor, was observed only for the subscale, “Other Problems.” Only on the “Attention Problem” and “Delinquent Behavior” subscales did the alcohol/drug abuse factor continue to have an influence (See Table III).

Positive post-treatment effects on the PSI measure were observed for the child domain score, the total stress score and the life stress score. Five of the six child domain subscale scores were improved by treatment. However, parent domain and four of the seven parent domain indices showed post-treatment alcohol/drug effects. Mothers from non-alcohol/drug abusing families scored higher on the role restriction, competence, isolation, and health scales. Individuals who score high on these scales feel overwhelmed and inadequate to the task of parenting (See Table IV).

Table 3

The mean CBCL sub scale scores for all groups.

CBC Sub-scales	T	A	I	Control Group Means		Treatment Group Means	
				Non-Abusing n=7	Abusing n=8	Non-Abusing n=6	Abusing n=17
Withdrawn	*			2.57	3.75	1.83	2.41
Somatic Complaints			*	1.57	1.38	0.17	1.24
Anxious/ Depressed	*			5.86	7.25	4.00	3.35
Social Problems	*			3.86	4.25	1.67	2.41
Thought Problems	*			1.00	2.00	0.00	0.69
Attention Problems	*	*		6.71	6.63	4.33	3.71
Delinquent Behavior				3.29	2.63	2.33	1.71
Aggressive Behavior	*			12.71	15.63	8.33	9.29
Other Problems	*		*	4.86	10.13	5.17	5.00
Internalizing	*			9.71	12.13	5.83	6.59
Externalizing	*			16.00	18.25	11.83	11.00
Sex Problems	*			0.71	.88	0.00	0.06
Total Score	*			43.57	52.25	27.83	28.00

T = Treatment Effect

A= Alcohol Effect

I = Interaction

* Indicates statistical significance at .05, $df_{\text{treatment}} = 1$, $df_{\text{alcohol use}} = 1$, $df_{\text{interaction}} = 1$, $df_{\text{error}} = 33$

Table 4

The means for PSI sub-scale scores for all groups.

PSI Sub-scales	T	A	I	Control Group Means		Treatment Group Means	
				Non-Abusing n=6	Abusing n=9	Non-Abusing n=6	Abusing n=19
Child Domain	*			116.00	120.44	97.67	102.95
Adaptability	*			28.50	29.78	21.17	26.58
Acceptability				13.67	15.00	11.33	13.78
Demandingness	*			23.67	22.56	17.50	18.58
Mood	*			11.83	13.44	11.33	10.84
Distractibility/Hyperactivity	*			29.17	27.67	24.83	23.21
Reinforces Parent				9.17	9.78	11.50	9.84
Parent Domain		*		140.17	124.22	162.00	115.79
Depression				21.17	20.44	23.33	19.74
Attachment				11.83	13.44	13.83	12.11
Role Restriction		*		22.67	17.67	21.33	14.95
Competence		*		27.33	27.33	34.50	25.95
Isolation				16.17	15.44	15.67	12.74
Spouse				25.17	20.33	25.40	19.74
Health		*		15.83	11.33	15.50	10.74
Total Stress	*			256.17	244.67	215.60	218.74
Life Stress	*	*		19.17	10.56	29.00	20.78
Defensive Responding	*			44.67	36.89	38.67	33.16

T = Treatment Effect

A = Alcohol Effect

I = Interaction

* Indicates statistical significance at .05, $df_{\text{treatment}} = 1$, $df_{\text{alcohol use}} = 1$, $df_{\text{interaction}} = 1$, $df_{\text{error}} = 35$

DISCUSSION

Several researchers (see Dumka et al., 1996) have found that children of alcoholics who are exposed to other risk factors (i.e. domestic violence) are at increased risk for developing mental health problems. This researcher, therefore, hypothesized that the PALS Project children who have experienced parental substance abuse in addition to domestic violence would show more behavioral problems, as measured by the CBCL, than the PALS Project children who experience domestic violence alone. As a group, PALS Project children who are exposed to alcohol and substance abuse in their homes, as well as domestic violence, show higher rates of behavioral problems and emotional distress as measured by their initial CBCL scores. Household substance abuse when coupled with domestic violence leads to significantly more impairment in children.

Domestic violence (Anderson & Cramer-Benjamin, 1999; Holden & Ritchie, 1991; Levendosky & Graham-Bermann, 1998) and household substance abuse (Black, Nair, Kight, Watchel, Roby & Schuler, 1994; Dumka, Tein & Yun, 1996; Kelley, 1998; Kettinger, Nair & Schuler, 2000) are both factors of increased parenting stress. This researcher hypothesized that mothers from the household substance abuse environment would therefore have more parenting stress, as measured by the PSI, than mothers from the alcohol and drug free environment. However, the PALS Project mothers who reported substance abuse in their homes did not differ from PALS Project mothers who did not report household substance abuse on their initial PSI scores. One explanation for this is that the stress caused by domestic violence is actually being mediated through the use of the substance; the mother may be self-medicating.

Following treatment, the children from substance abusing households and from drug and alcohol free households improved more than the control group participants, who received the standard psychoeducational intervention. This researcher hypothesized that the children from the alcohol and drug free environments would benefit more from the PALS Project intervention than the children who have experienced parental substance abuse. However, there was no significant difference in CBCL scores between the household substance abuse group and the non-household substance abuse group; both groups improved significantly. Since the children from the household substance abuse were worse at intake the hypothesis is not supported, in fact the treatment effect was stronger for the household substance abuse group.

The final purpose of this research was to determine if a reduction in child behavioral problems is associated with a reduction of parenting stress as indicated by the PSI. The initial PSI scores of the PALS Project participants were equal. Following treatment there was a significant difference in PSI scores; surprisingly, the mothers from alcohol and drug free environment had significantly higher PSI scores than mothers from the alcohol and drug environments. There are several possible reasons for these surprising results. The mothers from substance abusing households may be in denial, a function of their addiction or co-dependency, and therefore are not accurately assessing their stress levels. Alternatively, it is possible that the mothers from the substance abuse group are actively experiencing less stress as a consequence the psychopharmacological effects of self-medication. It is also possible that the use of drugs may interfere with the therapeutic process. Therefore, mothers from the non-substance abuse group may be further along in the therapeutic process and have begun to realize the seriousness of their

situation. A final explanation for the difference in reported stress levels between the non-substance abuse group and the substance abuse group lies in their children's progress. High levels of child behavioral problem may cause increases in parenting stress. The children from the household substance abuse group made more improvements than the children from the alcohol and drug free environment. This reduction in child behavioral problems may have served to reduce their mother's level of parenting stress. To see substantial improvements in their children's behavior reduced their stress.

The results of this study raise some questions that should be addressed in subsequent research. Why do the children from parental substance abusing environments show more improvements than the children who have only experienced domestic violence? Possibly, the PALS Project intervention is unknowingly addressing the issues surrounding parental substance abuse. Why don't the mothers from the household substance abuse group and the mothers from the alcohol and drug free environments differ at baseline on the PSI? A possibility would be that both groups of mothers are at the highest degree of stress measured by the PSI. Why are the mothers from the alcohol and drug free environments more stressed than the mothers from household substance abuse environments? Some possibilities, previously mentioned, include denial and self-medication by substance abusing mothers.

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