Modeling risk for child abuse and harsh parenting in families with depressed and substance-abusing parents

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ABSTRACT

Children with substance abusing parents are at considerable risk for child maltreatment. The current study applied an actor–partner interdependence model to examine how father only (n = 52) and dual couple (n = 33) substance use disorder, as well as their depressive symptomology influenced parents' own (actor effects) and the partner's (partner effects) overreactivity in disciplinary interactions with their children, as well as their risk for child maltreatment. Parents completed the Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977), the overreactivity subscale from the Parenting Scale (Arnold, O'Leary, Wolff, & Acker, 1993), and the Brief Child Abuse Potential Inventory (Ondersma, Chaffin, Mullins, & LeBreton, 2005). Results of multigroup structural equation models revealed that a parent's own report of depressive symptoms predicted their risk for child maltreatment in both father SUD and dual SUD couples. Similarly, a parent's report of their own depressive symptoms predicted their overreactivity in disciplinary encounters both in father SUD and dual SUD couples. In all models, partners' depressive symptoms did not predict their partner's risk for child maltreatment or overreactivity. Findings underscore the importance of a parent's own level of depressive symptoms in their risk for child maltreatment and for engaging in overreactivity during disciplinary episodes.

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Parental substance abuse is an unremitting problem that has deleterious effects on children in their homes. Among the most serious effects of parental substance use disorder (SUD) are overly punitive parenting and child maltreatment (see Staton-Tindall, Sprang, Clark, Walker, & Craig, 2013 for a review). Identifying factors that lead to maladaptive parenting and child maltreatment is vital to developing more effective treatments that reduce risk for children in substance-abusing homes. One such factor, parental depression, has been shown to mediate the association between severity of substance use and paternal involvement with their children among drug-abusing men (Stover, Urdahl, & Easton, 2012). Although much of the literature on parenting among parents with SUD has focused on single drug-abusing mothers (e.g., Hill, Lynne-Landsman, & Boyce, 2012), with the exception of prescription drug abuse, men are more likely than women to abuse substances (SAMHSA, 2014). Furthermore, women with SUD often have partners that also misuse substances (e.g., Grella, Scott, & Foss, 2005; Hser, Evans, & Huang, 2005). In the case of two-parent families in which one or both partners have SUD, parents may impact their

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own, as well as their partners’ parenting and risk for child maltreatment. For these reasons, we examined father only SUD versus dual parent SUD and depressive symptoms, two crucial determinants that have rarely been examined together, as related to each parents’ reports of parental overreactivity and risk for child maltreatment.

Parenting Behavior and Risk for Child Maltreatment among Parents with SUD

Mothers with SUD exhibit less warmth and sensitivity and use harsher discipline with their children than mothers without SUD (see Gruber & Taylor, 2006 for a review; Hien & Honeyman, 2000; Pears, Capaldi, & Owen, 2007). Children of opioid-using, alcohol-using, or dual substance-using mothers, for example, endorsed high levels of maternal rejection, psychological control, and inconsistent discipline on the Child’s Report of Parenting Behavior Inventory (CRPBI; Slesnick, Feng, Brakenhoff, & Brigham, 2014). Even more troubling, maternal SUD has been associated with an increased risk for child abuse and neglect (e.g., Grella, Hser, & Huang, 2006; Gruber & Taylor, 2006 for a review; Hien & Honeyman, 2000).

Although an under-researched population (McMahon, Winkel, Suchman, & Rounsaville, 2007), parenting of fathers with SUD also appears to have important influences on their children (e.g., Eiden, Molnar, Colden, Edwards, & Leonard, 2009; Jacob, Krahn, & Leonard, 1991; Leonard & Eiden, 2007). Specifically, as compared to fathers without alcohol use disorder, alcohol-abusing fathers exhibit lower positive involvement, greater negative emotion (Eiden et al., 2009; Leonard & Eiden, 2007), and less positive affect (Jacob et al., 1991) when interacting with their children. In families in which fathers were heavy drinkers, binge drinking was associated with high levels of both paternal and maternal overreactivity. Thus, fathers’ alcohol abuse may result in harsh parenting in themselves and impact their partners’ parenting. Not surprisingly, harsh parenting among fathers with AUD is also associated with child anxiety (Eiden et al., 2009; Leonard & Eiden, 2007), physical child abuse, and poorer parent–child relationships (Blackson et al., 1999).

Dual SUD Couples versus Father SUD Families and Parenting

Whether having dual SUD parents conveys greater risk for child abuse and overreactive disciplinary episodes than single parent SUD has received relatively little attention. Leonard and Eiden (2007) found that fathers in dual alcohol use disorder (AUD) couples and father only AUD couples had lower warmth and sensitivity in interactions with their children as compared to non-alcohol–abusing fathers. In contrast, non-AUD mothers with AUD partners’ displayed less warmth, sensitivity, and had higher negative affect in interactions with their children as compared to mothers in which neither parent had AUD; however, no significant differences in parent–child interactions were found between mothers in dual AUD couples and mothers in non-alcohol substance-abusing families. However, the non-significant finding between maternal parent–child interactions in dual AUD couples and mothers in non-alcohol abusing families may reflect the small sample size for the dual AUD group. Mothers’ lack of warmth and sensitivity did predict children’s poor self-regulation, which in turn predicted children’s externalizing behaviors, further emphasizing the impact maternal characteristics can have on child outcomes.

Dube et al. (2001) found that adults who retrospectively reported that their mother, father, or both parents were problem drinkers or alcoholic also had a 2- to 3-fold higher likelihood of having experienced adverse childhood experiences (ACEs; e.g., child physical abuse, sexual abuse, emotional neglect, mental illness, etc.). Those who resided with dual AUD parents also had the highest likelihood of ACEs, especially child physical abuse and sexual abuse (Walsh, MacMillan, & Jamieson, 2003). Related to the findings of Walsh et al., Osborne and Berger (2009) found that three-year-olds were at a higher risk for poor behavioral outcomes when they had dual SUD parents versus a single SUD parent. In one of the few studies to examine associations between female and male substance-abusing caregivers, estimates between parenting and children’s externalizing symptoms were stronger for families in which mothers had SUD and fathers did not; however, parent gender differences accounted for little variance in children’s externalizing behavior (Stanger, Dumenci, Kamon, & Burstein, 2004). In summary, dual parent AUD/ SUD may contribute greater risk than single parent AUD/SUD (Dube et al., 2001; Osborne & Berger, 2009; Walsh et al., 2003), especially when comparing paternal substance use to both maternal and paternal substance use (e.g., Christoffersen & Soothill, 2003; Stanger et al., 2004). Given these findings, and that most studies have focused on parents with AUD, additional studies of single and dual parents with drug use disorders are needed.

Harsh Parenting, Risk for Child Maltreatment, and Depressive Symptoms among Mothers and Fathers with SUD

Although a number of mechanisms likely impact relationships between substance use, poor parenting, and child maltreatment, one factor that may underlie this association is parental depression. SUD and mood disorders often co-occur (Grant et al., 2004; Kessler et al., 2003; Lusher & Sexton, 2007). Although the association between depression and drug use is likely bidirectional, drug or alcohol use can produce mood swings, irritability, or mood disorders especially when consumed in high doses (e.g., Kessler, 2004; see O’Brien et al., 2004 for a review; Schuckit et al., 2007), suggesting that SUD may provide one pathway to depression.

Researchers have found that depressed mothers are more critical and hostile with their children than non-depressed mothers (e.g., Conger, Patterson, & Ge, 1995). Furthermore, depressive symptoms correlate with increased maternal aggressive behavior (Dubowitz et al., 2011) and child abuse and neglect (e.g., Burke, 2003; Dubowitz et al., 2011; Hien, Cohen, Caldeira, Flom, & Wasserman, 2010; Sheppard, 1997). Moreover, depressed fathers experience greater conflict with their children than non-depressed fathers (Kane & Garber, 2004) and fathers who screened positive for depression were more
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