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Depression and anger as risk factors underlying the relationship between maternal substance involvement and child abuse potential☆

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ABSTRACT

Objective: This study examines how emotion regulation deficits in the area of anger arousal and reactivity are associated with child abuse potential in mothers with substance use and depressive disorders in order to identify targeted areas for prevention and treatment.
Methods: A sample of 152 urban mothers was interviewed on measures of substance use, diagnosis of depression, anger arousal and reactivity, and child abuse potential.
Results: Linear hierarchical regressions revealed that anger arousal and reactivity exceeded diagnostic and demographic variables in predicting maternal child abuse potential. Additionally, anger arousal and reactivity was found to be a partial mediator of the relationship between diagnostic category and child abuse potential.
Conclusions: Findings are discussed in relation to a multifaceted model of child abuse potential which broadens the existing literature to include an examination of depression and emotion regulation in order to more fully understand how substance use and child abuse potential are linked.
Practice implications: Models and approaches which help clients to manage and regulate difficult feeling states, specifically anger, could be helpful, and may be most readily applied in such populations.

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Introduction

In 2007, state and local child protective service (CPS) agencies in the United States received approximately 3.2 million referrals alleging child maltreatment. Importantly, parents accounted for approximately 80% of the perpetrators of this maltreatment. CPS investigated approximately two-thirds of these referrals and determined that an estimated 794,000 children were the victims of substantiated child abuse or neglect in that year (US Department of Health and Human Services, Administration on Children, Youth and Families, 2009).

Research studies have established a robust relationship between parents' substance abuse and their maltreatment of children (Chaffin, Kelleher, & Hollenberg, 1996; Magura, Laudet, Kang, & Whitney, 1999). Children whose parents abuse substances may be twice as likely to experience physical or sexual abuse (Walsh, MacMillan, & Jamieson, 2003). Neglect is also faced by many children of drug using mothers who, in the course of active substance use, fail to adequately care for their children's most basic needs. Studies of court samples (Dore, Doris, & Wright, 1995; Gabel & Shindledecker, 1990), as

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well as samples of known substance abusers (Jaudes, Ekwo, & Van Voorhis, 1995; Magura & Laudet, 1996), implicate drug or alcohol use by a parent as a potential risk factor for child abuse or neglect.

To date, it is known that substance-using mothers are more likely to be punitive toward their children than those without substance use disorders (Miller, Smyth, & Mudar, 1999). Similarly, substance-using mothers have been found to rely on more severe disciplinary practices (Hien & Honeyman, 2000). Mothers addicted to substances have also been found to be high on "authoritarian involvement" indicating that they are more likely to exclude outside influences in their mothering roles in an attempt to control the child and his/her development (Wellisch & Steinberg, 1980).

Despite these consistent findings the existing literature has not yet been able to advance a further elaboration of *how* and *why* a substance-using mother might become an abusive one. The main explanatory hypotheses focus on "disinhibition" caused by the direct use of a substance of abuse and the ways this may impact a mother's impulsivity, anger level, judgment or availability (e.g., Miller et al., 1999). The field is limited by the lack of a multifaceted conceptual model that can provide alternative explanations (e.g., Ammerman, Kolko, Kirisci, Blackson, & Dawes, 1999) challenging the most commonly held belief that substance use *itself* explains the occurrence of maternal aggression. Given the scope and severity of child maltreatment, closer empirical examinations of parenting behavior and psychological factors associated with child abuse among substance-using mothers is warranted.

It has been established that there are high rates of depression comorbidity among substance-abusing women, and that the risk for abusive parenting is associated with other psychiatric disorders as well (Cohen, Hien, & Batchelder, 2008; Mapp, 2006). Thus, clinical depression is one important factor that should be taken into consideration when studying substance-using mothers at risk for child abuse. Studies exploring the impact of psychiatric diagnoses on parenting have focused primarily on maternal depression (Lovejoy, Graczyk, O'Hare, & Neuman, 2000). Findings indicate that depressed mothers also manifest higher levels of hostility toward their children and have more negative parent-child interactions. They are also more likely to use coercion rather than negotiation in trying to control their child's behavior (Cohn, Campbell, Matias, & Hopkins, 1990). Findings that mothers who struggle with depression are also at higher-risk for using harsher, more coercive and punitive parental strategies highlight that substance use is not the only predictor of child abuse potential. Rather than being an explanation for child abuse potential, substance use may serve as a marker for comorbid psychopathology which, in turn, can put mothers at risk for more negative interactions with their children, including child maltreatment (Hans, Bernstein, & Henson, 1999).

Though understudied, emotion regulation is another important factor that has been implicated as a predictor for child abuse potential among mothers with a substance use history (e.g., Ammerman et al., 1999). There is a growing literature suggesting that an emotion regulation model can be fruitfully applied to further understand how a mother with a substance use history (or other psychopathology) may be at more risk for being abusive or aggressive than a mother without such a history. Emotion regulation has been broadly described as the "extrinsic and intrinsic processes responsible for monitoring, evaluating, and modifying emotional reactions, especially their intensive and temporal features, to achieve one's goals" (Thompson, 1994). Cloitre, Koenen, Cohen, and Han (2002) further describe "emotion dysregulation" as a tendency to have low threshold, high intensity emotional reactions followed by slow return to baseline. Difficulties such as getting easily upset, inability to calm down and self-soothe, and allowing emotions such as anger to control behavior are examples of dysregulated emotional states. Studies suggest that deficits in emotion regulation can be linked to both addictive and aggressive behaviors. For example, substance users have been shown to have poorer regulation of emotional states (Simons & Carey, 2002) such as anger and rage (Khantzian, 1985), be less able to self-soothe, and have poorer behavioral control (Horowitz, Overton, Rosenstein, & Steidl, 1992; Krystal, 1997) than non-substance users. Substance users may also have impaired ability to perceive emotional signals (Fishbein et al., 2005; Kornreich et al., 2001) so that they may either under-respond to them physiologically (Grusser et al., 2002) or respond with decreased behavioral inhibition (Bolla, Funderburk, & Cadet, 2000). Further, Hien and Miele (2003) demonstrated that dysregulated emotional coping is a partial mediator between substance use history and antisocial behavior.

Studies have shown that emotion regulation deficits are associated with many variables common to unhealthy parenting and child abuse potential including: decreased positive emotional responding and increased emotional responses to evocative stimuli (Amdur, Larsen, & Liberzon, 2000), heightened levels of distressed emotion, and greater expression of negative emotion under conditions of emotional priming (Orsillo, Batten, Plumb, Luterek, & Roessner, 2004), and suppression of expressive motor responses to positive cues (Litz, Orsillo, Kaloupek, & Weathers, 2000).

The goal of the current study was to advance the understanding of child abuse potential in a sample of mothers with substance use histories by examining the contribution of depression and emotion regulation deficits in a multifaceted model. We propose a model of emotion regulation as an underlying mechanism in the relationships among substance use, depression and child abuse potential. Following from the literature, which shows that the emotional and physiological reactions associated with anger are particularly difficult for women with histories of substance use to manage, we have operationalized the construct of emotion regulation as anger arousal and reactivity (Calkins, 1994; Cicchetti et al., 1991; Cloitre et al., 2002).

We first compare a group of substance-using women to a group of mothers with depressive disorders and a community comparison group on measures of diagnosis, anger arousal and reactivity, and child abuse potential. Based on studies we have reviewed above, we hypothesize that substance-using mothers will have more deficits in managing states of anger as compared to the depressed and comparison mothers. Second, we predict that anger arousal and reactivity will significantly contribute to a model of child abuse potential that includes other salient factors, such as demographic variables, diagnostic

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