Drug-related child abuse

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Introduction
Drug abuse is a problem faced by many Western societies. Another social deviance is that of child abuse. The possible relationship between these two issues is examined by looking at the effect of psychoactive substances on the user, the user’s social structure and social processes.

Many sources, such as Mayer and Black (1977) and Mondanaro in Schecter, Akne and Kaufman (1978), express concern about drug-related child abuse. Yet the first valuable study was initiated by Potter-Effron and Potter-Effron in the United States of America in 1990. In their study they postulate that family violence and chemical dependency are frequently linked. In the Republic of South Africa no such study has been attempted. This motivated the researcher to examine drug-related child abuse in this country.

To make a scientific study of this phenomenon an exploratory study was conducted in which literature was first reviewed. Then a saturation sample was taken which identified 17 cases of drug-related child abuse. Experts were interviewed (therapists involved with each drug-dependent parent in the sample). The sample was drawn from Phoenix House in Johannesburg, an institution which deals with patients who are experiencing drug-related problems. The characteristics of the sample group are as follows: The patients were all parents ranging from 19 to 35 years of age. Six were male and 11 female. Two parents had never married, nine were married at the time the research was conducted, and six were either divorced or separated. Their educational level ranged from Standard 7 upwards with the majority being between Standard 7 and Standard 9.

Case study
The following case study taken from the sample is

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an illustration of some of the problems related to drug abuse and it shows the effect of psychoactive substances on the personality, social structure (family system) and social processes of the drug-dependent parent.

**Personality**

HK is a 25-year-old divorced mother with a child of four. She is addicted to barbiturates. She cannot take care of herself, neglects her health and appearance, is untidy and also suffers from bulimia. She is pale, covered with bruises and has needle marks over her entire body – even on the soles of her feet. She has attempted suicide five times, the last time because she felt she could not cope with her drug problem any longer. She self-mutilates by cutting her body with sharp objects. She also displays aggression towards those around her. She is sexually promiscuous and worked as an escort before the birth of her child.

Her criminal record is as follows. In 1981 she was arrested for possession of dagga and received a five-year suspended sentence. In 1987 she was caught dealing in LSD and was sent for compulsory drug counselling at a rehabilitation centre. Later in the same year she was arrested on a theft charge but was acquitted. A year later she was arrested for loitering with intent to perform prostitution. She paid a R50 admission of guilt fine.

**Social structure**

Her parents never displayed any emotions towards each other. They never argued or became violent. They divorced when she was eight years old. She had a good relationship with her father but resented her mother. Her mother is a lesbian and a prominent member of the Black Sash. At school she befriended all the outcasts and was insolent and rebellious. She was pregnant when she got married, but after the birth of the baby she lost interest in her husband, and divorced him 18 months later. He had abused drugs before the birth of their child but stopped drugging after the baby was born.

**Social processes**

Due to her own abuse of drugs, HK is emotionally blunt. She has attempted suicide five times in nine years. The last attempt was a result of her belief that she could no longer cope with problems related to her drug abuse.

As in this case, the remaining 16 cases all have problems in their interpersonal relationships and daily lives. By examining the research data and interpreting it, these problems are highlighted and explanations are given.

**Data analysis and interpretation**

The following is a data analysis of all 17 cases of drug-related child abuse incorporating the direct effect of drugs on the parent, the parent’s behaviour, and the indirect effect on the family environment, especially the child. De Miranda (1987), a medical doctor and expert on drug-related matters, explains that three aspects must be taken into consideration when looking at the effect of psychoactive substances. He refers to the agent, the host and the environment. The agent is the psychoactive substance, or abused substances, the host is the user and his or her psychological make-up, and the environment is the family system. It is within these categories that the data will be examined.

**The agent**

The process of drug dependency must be understood to determine the extent of the drug abuse. Drug abuse begins with experimentation, then develops into total dependency on the substances being used. In this study all 17 parents were completely dependent on drugs.

According to Inciardi (1981:10), drugs and criminality go hand in hand and crimes are often committed to attain drugs, or as the result of drugs. Thus crime may take place in an attempt to gain access to drugs, for example the buying and selling of illegal substances, or theft and robbery to acquire money to buy them. As Clinard and Meier (1975:321) postulate, for most addicts criminal involvement becomes a lifestyle. Crime as a result of substance abuse is applicable to this study because child abuse is a criminal offence. The effect of the various substances on the user’s personality, social structure and social processes will now be examined.

Central nervous system depressants include alcohol, narcotics, hypnotics, barbiturates, non-barbiturates, tranquillisers, analgesics and inhalants.


Alcohol has a negative effect on the cognitive functioning of the individual misusing the substance. Permanen (in Gottheil 1983:13) notes that
alcohol has a disorganising effect on cognitive (thought) functioning, it reduces the capacity to perceive, integrate and coherently process communication cues and, furthermore, can lead to aggressive reactions.

De Miranda (1987:13) and Plant (1985) postulate that severe alcohol abuse manifests itself in inappropriate behaviour, aggression, loss of employment, and family breakdown. In pregnant women, it can damage the fetus. In this research, case 5 illustrates the manner in which alcohol abuse led to inappropriate and violent behaviour. This father would beat his son severely for wetting his bed. From the cases involved in the research, eight of the parents abused alcohol. Seven of the eight families were disengaged. In case 9 the family still functioned as a unit. A further three cases experienced financial problems as a result of the parent's lack of employment.

In one case support was received from welfare organisations and, in the other 16 cases, from their families.

Alcohol abuse causes a physiological dependence resulting in impaired functioning on a social, interpersonal and economic level. This develops over a period of time and the process causes a mental and physical deterioration which could be detrimental to parenting skills.

The research findings indicate that eight parents (47 per cent) in the group abused alcohol. Of these eight parents, four (23.5 per cent) misused alcohol only, and four parents (23.5 per cent) abused other substances with the alcohol. The parents who mixed alcohol and other substances were more violent and prone to acting aggressively.

Narcotics were identified as another substance abused by the parents in the research group. Narcotics include opium, morphine, pethidine, Wellconal, codeine and cough mixture. These substances are physiologically addictive and cause very severe withdrawal symptoms. Furthermore, De Miranda (1987:89) views them as a source of mental and physical deterioration and a general loss of interest. This could have a detrimental effect on the functioning of the parent, the family and the child. Wurmser (1983:266) postulates that narcotic abuse can lead to feelings of rage and shame in the user. The researcher believes that this shame is a powerful motive for violence. A presentation of data by Inciardi (1981:120) shows that narcotics are over-represented in crimes against the person and may reflect a trend of increased violence among narcotics users. This could be an explanation of why narcotic dependents abuse their children.

The research findings indicate that seven parents (40 per cent) abused narcotics and were dependent on these substances. Five (29.4 per cent) of them used at least two other substances, such as barbiturates and tranquillisers, in combination with narcotics.

Medically used, hypnotics induce sleep, but in smaller doses they have a pleasurable effect. This, together with a feeling of unreality, increases the use of hypnotics (De Miranda 1987:18).

Hypnotics consist of barbiturates and non-barbiturates such as Mandrax which elicit feelings of unreality and remove sexual inhibitions (De Miranda 1987:23). Blumberg (1974:245) postulates that when barbiturates are taken in large doses, they can cause aggression instead of relaxing the user.

When used over a period of time, tranquillisers may lead to a marked psychological dependence. Physical problems such as migraine and depression also become intensified if tranquillisers are abused (De Miranda 1987:23). In one case the parent suffered from severe depression which she attempted to counteract by continually drugging. She did not succeed and tried to injure herself.

Inhalants are volatile substances, for example glue, which can be inhaled. The abuse of inhalants leads to feelings of drunkenness, light-headedness, drowsiness and a state of unreality (De Miranda 1987:26).

According to Kelly, Cherck, Steinberg and Robinson (1980:107), these substances stop or diminish vital body functions and may alleviate a person's mood. Mood swings may be perceptible in the individual who abuses barbiturates, therefore they negatively affect parenting skills.

Barbiturates were the most frequently used substance. Nine parents (52.9 per cent) abused barbiturates while seven abused non-barbiturates. This can be broken down to two parents (11.8 per cent) who abused Mandrax, four (23.5 per cent) who abused tranquillisers and one (5.9 per cent) that abused inhalants.

Central nervous system stimulants were also abused, for example appetite suppressants, Ritalin and cocaine. These substances speed up the user's metabolism and increase the heartbeat and pulse rate (De Miranda 1987:34).

The abuse of cocaine leaves the user with a feeling of irritability. The user may remain under the influence of the drug for a number of days. Cocaine psychosis may also occur, resulting in paranoid delusions, aggression and homicidal behaviour (De Miranda 1987:34).

Cocaine is not physiologically addictive, therefore no withdrawal is experienced, but it does cause a psychological dependence. According to
Clinard and Meier (1975:297) users mostly report feelings of restlessness, anxiety, hyperactivity and paranoia. De Miranda (1987:34) postulates that cocaine abusers frequently abuse tranquillisers as well, to counteract the unpleasant side effects of anxiety, insomnia and agitation. The researcher’s findings substantiate this because, of the four cocaine abusers in the group, three abused tranquillisers as well as cocaine.

It is the researcher’s belief that parenting skills and functions are therefore minimal during the parent’s drugging because of the effect of these substances on his/her state of mind. Two parents who were dependent on cocaine (11,8 per cent) neglected their children and another two parents (11,8 per cent) physically and emotionally abused their offspring. Case 6 in the study abused cocaine and the parent neglected her five-year-old daughter. As this parent still lived with her own parents, the family were in a position to intervene which kept the abuse to a minimum.

Four parents (24 per cent) in this study abused cocaine, a drug which has found its way to South Africa only in the last ten years. It is an expensive drug costing R200–300 per gram. To get the desired effect the user will have to use up to 3 grams per day (De Miranda 1987:34). This gives an indication of the impact that drugging can have on the financial resources of a family.

Central nervous system hallucinogens used in the group include D-lysergic acid diethylamide (LSD) and dagga. Clinard and Meier (1975:297) state that these substances have a chemical effect upon the brain, producing pleasurable effects. These hallucinogens cause perceptual disturbances which may result in illusions and hallucinations. Thought and memory processes are impaired (De Miranda 1987:37–38).

According to De Miranda (1987:38) dagga is the drug most commonly abused among South African youth. In this study nine parents (53 per cent) abused dagga, making it one of the more popular drugs of abuse. The chemicals in dagga are psychoactive and create feelings of euphoria or drowsiness; fatigue and paranoia (Clinard & Meier 1979:292). LSD, on the other hand, grossly distorts perception, causes visual hallucinations or illusions, and a depersonalisation takes place (De Miranda 1987:44). The individual may stay intoxicated for 12 to 16 hours after using LSD. During this time he or she may be totally out of touch with reality (De Miranda 1987:44).

Hallucinogens will have a negative effect on the users and their relationships. No parent under the influence of these substances will be able to respond responsibly to the needs of a child.

Ten parents (58 per cent) in the research group abused hallucinogens. Nine of these parents abused dagga and one parent LSD. The parent who used LSD had severely abused his children physically, until they were removed by Child Welfare.

The parent’s personality as a host of the drug abuse

If the drug-dependent parent is analysed, certain common characteristics can be identified. This study found that the child abuser was an abused or neglected child him/herself, had a low self-esteem, was isolated and had certain problems parenting and parenting skills. Therefore, it is not possible to postulate that child abuse is a direct cause of drug dependency alone. Child abuse may be only one of the various symptoms of a drug-dependent parent. One could more safely deduce that drug abuse and child abuse occur in parents with similar characteristics.

The literature reflects that today’s abusing parent is yesterday’s abused child. This implies that when the parent faces a stressful situation he/she will react in the same manner as his/her own parent did. ‘The child is viewed by the parent as their own abusing parent’ (Kaufman 1985:65). By punishing the child, the parent is subconsciously punishing his/her own parent. Abuse received as a child may therefore play a contributory role in determining whether an individual will abuse his/her own children (Williams & Money 1980; Fontana 1973; Kempe & Helfer 1972; Ebeling & Hill 1975 and Potter-Efron et al 1990).

Another study by Cohen and Densen-Gerber (1982:383) showed that children who were abused become drug dependent in later life. The 101 patients in their sample had all been abused as children. It was found that, later in their lives, they had difficulties coping with stress. This lack of coping mechanisms, together with life in a complex and competitive urban environment, readily exposed the individual to a situation of drug use.

In Nielsen’s study (Potter-Efron et al 1990:203), she sees the learning of abusive behaviour as a coping mechanism adopted by the abused child. Nielson comes to the conclusion that any individual who is victimised over a period of time will learn and internalise the victimisation in order to cope with the abuse.

The following aspects are characteristics found in the 17 parents who make up the research sample. Of the 17 drug-dependent parents in the research group, nine (53 per cent) indicated that they had been abused as children. All of these parents had been abused by a family member.
Seven (41 per cent) reported being abused by a parent and two (12 per cent) by a brother or an uncle. One parent (6 per cent) had not been abused as a child. In seven cases (41 per cent), it could not be determined whether abuse had taken place.

As 53 per cent of the respondents in the current study were abused as children, it can be concluded that parents abuse drugs and subsequently abuse their children because of learned behaviour. It can be postulated that in this case, child abuse may contribute to drug abuse or vice versa.

In this study it was found that the process of drug dependence resulted in a decline of the user's self-image or self-esteem. Only one parent (6 per cent) had a positive self-concept or high self-esteem. Sixteen parents (94 per cent) had low self-esteem or a poor self-concept. Other researchers such as Clinard and Meier (1975:315) and Okpaku (1986:28) also substantiate low self-esteem as an important contributor to drug abuse.

Drug dependency has a further impact on parent's behaviour, functioning and appearance. According to Pernanen (Gottheil 1983:13) alcohol has an immense effect on cognitive functioning. It reduces the user's capacity to perceive, integrate and coherently process communication cues. Gelles and Straus (1979:262) postulate that alcohol reduces the individual's responsibility for his actions and is a symptom of a maladjusted personality. The abuse of the other psychoactive substances has a similar effect. The parent who uses drugs is not able to fulfill the parenting role and communication with the child may be limited or distorted.

Pernanen (Gottheil 1983:13) states that alcohol leads to aggressive reactions. Drugs remove inhibitions against aggression and lead to feelings of shame and rage in the user. The researcher's findings are substantiated by Pernanen's view that drug abuse contributes to aggressive behaviour. In only three cases (18 per cent), drug taking did not lead to aggression. Drugs caused 12 (82 per cent) of the parents to react aggressively towards their children.

A study by Muntaner and Walter (1990:1) showed a consistent association between aggression, anti-social behaviour and drug abuse. They postulate that biological and social factors may underlie this aggression and, together with the effect of the psychoactive substance, may enhance interpersonal aggression. Muntaner and Walter's (1990:25) findings may be applied to drug dependency and child abuse. The parent has the potential for child abuse together with social factors which influence him/her. This situation together with the added drug dependency can contribute to child abuse.

In this study, 12 parents (71 per cent) were seriously depressed as a result of their drug dependency and eight parents (47 per cent) had attempted suicide at least once. One parent was successful in her attempt. Thus, it can be said that drug abuse has a destructive effect on the parent.

The parents examined in this research group were also untidy in their persons and in their environments. Physically they appeared pale, underfed and had infected skins as a result of continual intravenous administration of psychoactive substances. They had dental problems and most had to be treated for other illnesses such as Hepatitis B, venereal disease, and renal infections. These people needed physical and emotional support as they could not take care of themselves.

Muntaner and Walters's (1990:2) research found that drug dependants are also characterised by a callous disregard for the rights and feelings of other people. Furthermore, they state that drug dependants are manipulative, lack remorse or guilt and are irresponsible. The chronic abuse of barbiturates, for example, may lead to marked personality changes and a general apathy in the user (De Miranda 1987:15).

The findings of this study reflect that six parents (35 per cent) had marked psychotic tendencies, 15 parents (88 per cent) had acted out aggressively and that all 17 parents (100 per cent) were emotionally unstable as a result of their drug abuse. They also showed feelings of failure, hopelessness and pessimism.

The parents' drug dependency may also contribute to other deviant behaviour such as prostitution and drug dealing. Eleven parents (65 per cent) in the research group had been involved in other criminal behaviour. Three parents had been at reform school as children, while two mothers had worked as topless waitresses and had received court sentences for prostitution. Five parents had been caught for drug possession and two for dealing in LSD and dagga. A further two parents had received court sentences for assault and one had abused his wife. One father was also involved in the occult.

The environment – the family system

The most outstanding feature which prevails in the research group is the breakdown of the family system. The drug abuse affects not only the user, but also family members and significant others. In the 17 cases explored in this study, drug abuse contributed to disruption of employment, family
or marital relationships or total family disruption, and led to poor communication and alienation.

The parent's drug dependency resulted in a disruption in employment in eleven cases (65 per cent). This contributes to a loss of earnings, a subsequent lowering of the family's standard of living, economic problems and stress. Employment disruption can contribute to stressful situations which may increase the probability of child abuse.

Another aspect which may contribute to child abuse is the level of disintegration which takes place in the family system. This could be caused by the parents' separation or divorce, or the placement of the children in foster care. In the 17 cases incorporated into this study, 15 families (88 per cent) had experienced family disruption. In four families the parents were divorced, in four others they were separated and in seven instances the children had been removed by Child Welfare. Only two families (12 per cent) still functioned as a unit. It can therefore be postulated that drug abuse has a detrimental effect on the family system.

Fourteen parents were totally disengaged from other members of the family. In seven cases communication had broken down and in a further three the parents did not accept responsibility for their children. The children were removed and placed in foster care. Because information for this study was gathered primarily from files, it was difficult to determine the exact cause of the disengagement. However, it appeared that drug use had contributed to the process of disengagement. Research by Lawson et al (1983), Pelton (1981) and Potter-Efron et al (1990) indicates that disengagement between family members is a real problem, which substantiates the findings of this study.

The level of alienation or measure of contact which the research group reflects ranges from alienation from the community, friends and family, to total alienation from the community, but where contact is still made with family and close friends. Two (12 per cent) of the parents had contact with friends and family but no contact with people outside this close group. Five parents (29 per cent) had contact with close family, but excluded their friends. The other ten parents (59 per cent) had rejected all contact with people. They had withdrawn themselves and become totally alienated from society.

Merton (Reid 1988:15) points out in his Anomie Theory, which concentrates on social structure, that the drug dependant withdraws because he cannot cope with the expectations that society has of him. In this study this pattern of withdrawal is reflected.

Conclusion

From the above analysis it appears that psychoactive substances affect the user's personality, the social structure in which he/she functions and the social processes which take place in the family unit. The personality of the drug-dependent parent is seriously impaired by his/her drug taking. Child abuse is often a logical consequence of this, because these people are not capable of looking after themselves, let alone caring for minor children.

It may thus be postulated that psychoactive substances do contribute to child abuse but further research must be done on the exact effect of these substances on parenting behaviour. One aspect which can clearly be seen is that these parents' drug abuse isolates them from the rest of the community.

Therefore, it may be concluded that the children (especially younger ones) in the family of these alienated drug-dependent parents would also be cut off from society because of the closed nature of the family unit. Older children are not so secluded because they go to school and have the opportunity of confiding in a peer or a teacher, but younger children are less exposed to outside elements such as friends or teachers, who could detect the abuse. The child may also develop a sense of inferiority because of the negative circumstances in which he/she is socialised. This in turn could cause him/her to withdraw from society. This phenomenon adds to the 'cyclic effect' of violence in the family. Because this child is exposed to this parent as a role model, he or she may use the same parenting skills.

In the view of Warmer (1992), an American counsellor and therapist who works specifically with child abusers, any drug dependant is a potential child abuser. She states that child abuse by these drug-dependent mothers can be prevented through early detection. Thus further research is needed on the topic of drug-related child abuse and the following are areas for further research.

Although the parent as a drug dependant and child abuser is examined in the study, and the family in which the abuse takes place is identified, very little is known about the frequency, duration and intensity of the child abuse. This aspect must be researched. A comprehensive study on the children of drug-dependent parents is necessary to complete the issue of drug-related child abuse. The child's role in the victimisation process must be fully examined, as well as the characteristics and predisposing features which contribute to their abuse, and the effect of drug-related abuse on the child must be incorporated.
Furthermore, quantitative research must be carried out on the incidence of familial violence to determine the true extent of the problem of drug-related child abuse in our society.

Although this study represents only a small sample of drug-dependent child abusers, the problem must not be seen as a minor one. Further intensive research must be conducted on drug-related child abuse and, to combat child abuse, the findings must be incorporated into therapy programmes for drug dependants who have children.

Bibliography