DRUG RELATED CHILD ABUSE

BY

MICHELLE OVENS

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Supervisor: Dr Irma Labuschagne

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To my parents, Doc and Cheryl
Van Rooyen, and especially
for Mark

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Deo Gloria

Michelle Ovens
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Title	:	Drug related child abuse
by	:	Michelle Ovens
Supervisor	:	Dr Irma Labuschagne
Department	:	Criminology
Degree	:	Master of Arts

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SUMMARY

An multidimensional approach, using individual, social structural and process and system theories, is applied to examine the role of drugs in child abuse within the dysfunctional family system. By means of a saturation sample seventeen files were selected from Phoenix House and the South African National Council For Drug and Alcohol Abuse. A research schedule was developed and an analysis of the seventeen cases was done.

The drug dependent parent is discussed and possible causes of child abuse in the family system are identified. Throughout, the influence of (the) parental drug dependency is illustrated and it is shown how dependency in a parent may influence family functioning and parenting skills. A literature study brought to light aspects in families which contribute to child abuse.

Recommendations are made for further research on aspects highlighted by the findings.

Titel	:	Dwelmverwante kindermishandeling
deur	:	Michelle Ovens
Studieleier	:	Dr. Irma Labuschagne
Departement	:	Kriminologie
Graad	:	Magister Artium

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OPSOMMING

'n Multidimensionele benadering word aan die hand van individuele, sosiale struktuur-, proses-, en sisteemteorieë toegepas om die rol van dwelmmiddels (alle gedragsveranderende stowwe) in kindermishandeling in die disfunksionele gesinsisteem te bestudeer. Deur middel van 'n versadigingsteekproef is sewentien leêrs van Phoenix Huis en SANCA getrek. 'n Navorsingskedule is opgestel en 'n analise van die sewentien gevalle is uitgevoer.

Die dwelmafhanklike ouer word bespreek en moontlike oorsake van kindermishandeling in die gesinsisteem geïllustreer. Die invloed van die ouer se dwelmafhanklikheid en hoe die verslaafdheid die funksionering van die gesin en die ouerlike gesag beïnvloed, word deurlopend uitgelig. 'n Literatuurstudie het aspekte aan die lig gebring wat tot kindermishandeling kon bydra.

Verdere navorsing oor aspekte wat deur bevindinge beklemtoon word, word aanbeveel.

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CHAPTER 1

ORIENTATION AND STATEMENT OF THE PROBLEM

1.1 INTRODUCTION

Living in a society where violence is a part of our lives, the family is probably the most violent social system. Gelles and Straus (1979:15) state that a person is more likely to be attacked or killed in his/her own home, by a member of his/her own family, than anywhere else. Furthermore, in the United States of America, one out of every four murders is committed in the family setting. Africa, Britain and Denmark have similar statistics (Gelles & Straus 1979:15). More recent research also substantiates these earlier findings. According to McKendrick and Hofmann (1990:145) evidence in South Africa shows that the home is a dangerous place and individuals may have more to fear from family members than from total strangers.

The Child Welfare Act, Act 74 of 1983, states that a parent or guardian who is caring for a child, who abuses a child or who allows a child to be abused, or who neglects a child is guilty of a crime. This is one of the many violent crimes taking place in contemporary society.

Although violence between parents and children has only surfaced as a major social problem in the last twenty years, Gardener and Grey (1982:1) say that it is not a new phenomenon. They postulate that as early as 1660, English Common Law recognised the child's needs for protection. In this regard, Eekelaar and Katz (1978:117) also note that, while the Nazi holocaust and racial discrimination received significant attention, family violence was neglected. However, since 1962, when Kempe (Tzeng, Jackson & Karlson 1991:4) published his findings regarding the battered child, this has changed dramatically. These findings resulted in the undertaking of many studies on the phenomenon. In South Africa alone, during 1990, a total of 94

academics from various scientific disciplines indicated that they were doing empirical research on child abuse and neglect in this country (Lachman & Levett 1991:1-103). Furthermore, when a family has a drug dependent member or members, the chances of intrafamilial violence may increase.

This study examines drug related child abuse from a criminological perspective. The crime of child abuse, the criminal (in this case the parent) and the victim (in this instance the child) receive attention. It is a monistic or in-depth study of a Class B crime. According to the Central Statistical Services (South Africa:1989) Class B crimes include crimes related to child care and drugs. The vital elements involved in the crime are examined, and include the explanation thereof. In drug related child abuse the main emphasis is placed on child abuse by parents who abuse drugs. The problem is dealt with from the perspective of a dysfunctional family system which contributes to the process of child abuse (Eekelaar 1985:114).

Although many studies have covered child abuse and neglect worldwide, a gap in the knowledge system regarding this phenomenon has been identified. As early as 1976 drug related child abuse was identified as a problem at the National Drug Abuse Conference in New York (Schecter, Alksne & Kaufman 1978:31). Prior to this conference only the role of alcohol in child abuse had been accentuated. Most research on the causality of child abuse incorporates alcohol as contributory to child abuse without taking drugs into account (Branen 1980; Burtle 1979; Behling 1979). The literature usually only examines the role of alcohol in child abuse (Lawson, Peterson & Lawson 1983; Gil 1979). Exponents such as Mayer and Black and Potter-Effron (Schecter et. al. 1978) established that drugs can also be a contributory factor in child abuse. This finding identified a need for research on drug related child abuse. In order to address this "gap" in the knowledge regarding child abuse, the researcher initiated this project as an endeavor to study drug related child abuse in South Africa.

1.2 CHOICE OF STUDY

To the researcher's knowledge no research on drug related child abuse was concluded in South Africa prior to 1990. The National Drug Abuse Conference held in New York in 1976 prompted Potter-Effron and Potter-Effron (1990) to examine the relationship between drug abuse and child abuse. They identify a definite correlation between drug abuse and child abuse and make a call for further research. The researcher attempts to answer this call in this research project.

In scientific research the choice of the subject is the result of certain considerations (Lin 1976:7; Bailey 1982:9; Simon 1979:1). These include the relevance of the topic to society, its contribution to Criminology and the statement of the extent of the problem.

1.2.1 Relevance of the topic to society

In South Africa, the eighties saw a renewed interest in drugs and drug dependency, and the use of drugs received much news coverage. Nineteen eighty eight became the year dedicated to the fight against drug abuse. A television campaign by the South African Broadcasting Corporation (SABC) television in 1987 brought to light the dangers of drug abuse among school-going children. During 1992 pharmacists (Bayever 1992; Van den Burgh 1992) joined the struggle against drug abuse. The Department of Health presents a course in which pharmacists could enroll. On completion of the course, the pharmacist may display a sign on his/her premises indicating his/her knowledgeability on drug abuse. He may offer advice regarding the use and abuse of drugs. These developments reflect the marked and renewed relevance of knowledge regarding drug abuse for the South African society. The subject of drug related child abuse is also relevant to society and the scientific community because so little is known of the role that drugs play in child abuse.

De Miranda (1987), an authority on the treatment and prevention of drug related problems and the founder Medical Officer of Phoenix house, was consulted regarding a study concerning child abuse. De

Miranda isolated drug related child abuse as a growing problem in the South African society. He expressed concern about pre-natal damage to the unborn offspring of drug abusers and the deliberate or unintended harm done to children living with a drug dependent parent (De Miranda 1987).

According to McKendrick and Hofmann (1990:165) the abuse of children also received much attention during the 1990's. It is of great importance to society to obtain a better understanding of violence in the home, and in this instance child abuse. This knowledge will in turn lead to a better understanding of violence in society because the extent of violence in the home may have an effect on the community in which it is placed. This can be explained by examining the relationship between the parent and the child. This relationship can be compared to future relationships which the child will form with individuals both in the family system and outside. The violent interaction which the child experiences in the family may have a detrimental influence on the way in which he/she communicates with others in the community. All future relationships may be based on the violent relationship experienced with the abusive parent and may result in her/him communicating in a violent manner. Thus a knowledge of violence in the home may lead to a better understanding of violence in our society and shed light on how to assist in crime prevention. By primarily preventing drug related child abuse in the family, to a certain extent violence in the community can also be prevented. Literature shows (Kempe & Helfer 1972) that an abused child often becomes the abusive parent, thus a vicious circle is created. The importance and relevance of a study on these aspects to society, are therefore clearly evident.

1.2.2 **Contribution to Criminology**

The main contribution this study can make to the field of study of Criminology is in the exposition of facts which have not been researched in South Africa. As a final recommendation in a study done by Mylant (1984:53) on the children of alcoholics in the United States of America, he postulates that in future research, the relationship between drugs and child abuse must be examined.

A multidimensional approach is utilised to study drug related child abuse within the framework of the family. Detailed attention is given to family dynamics which are influenced by the drug abuse and in turn lead to child abuse. It is hoped that this study will also stimulate further research of the phenomenon. Simultaneously new fields of research on the abuse of children can be generated. Guidelines can be drawn up from a study of the causes of drug abuse by parents. These can be applied in an attempt to avoid child abuse, as well as in the treatment thereof. The researcher's final contribution is to verify that drug abuse plays a role in child abuse.

1.2.3 Statement of the extent of the problem

According to the National Committee on the Prevention of Child Abuse more than 2.3 million cases of child abuse were reported in the United States of America in 1988. Of these 30 to 40 percent involved substance abuse (Burke 1990:88). However, taking the dark figure into consideration, this report only reflects the problem and does not give a true indication of the real extent of drug related child abuse. The problem could be far more serious than it appears.

Between January 1988 and February 1990, 4176 cases of sexual abuse of children were reported to the police in the Republic of South Africa. These included 354 cases of incest reported during 1989. Between January and June of 1990, 72 cases of sexual abuse and from 1989 to June 1990, 2312 cases of physical abuse were reported. Of these, 888 were cases of common assault, 1270 of aggravated assault and 154 cases of child murder (Blignaut 1990). Although it is not possible to ascertain the role of drugs in these cases, if Burkes' (1990:88) findings in the United States of America are taken into consideration and compared to South African statistics, 30 to 40 percent could involve substance abuse. Burkes discovered that drug or alcohol abuse was present in 30 to 40 percent of all reported cases of child abuse. An article in "Beeld" (24 August 1990) expressed concern about the increase in child abuse and illustrates two recent cases where children were killed by their parents. In both cases drugs and alcohol are suspected to have played a role.

1.2.4 Theoretical relevance of the problem

The theoretical relevance of this study is incorporated in its multi-dimensional approach to the topic. Many factors contribute to the process of child abuse, making it impossible to explain the phenomenon by using one theory only. The researcher can thus make a contribution to Criminology by developing a multidimensional approach to drug related child abuse.

Many theories on the causality of child abuse have been developed and applied in attempts to explain the phenomenon (Wales 1985:7; Tzeng, Jackson & Karlson 1991:8). Four theories (see Table 1.1) will be utilized to illustrate the theoretical relevance of the research. This table reflects how the theories of child abuse progressed from singular explanations of child abuse, to explanations in which more than one causal factor are present. The table shows how varied the approaches to child abuse are. The move from a unilateral (where one reason is given for child abuse) to a multidimensional approach (where various causes of child abuse are combined in the explanation) to child abuse can be seen. Table 1.1 illustrates some of the many theories examining child abuse (Ammerman & Hersen 1990:1-297; Tzeng et. al. 1991: 1-340):

Table 1.1 A compilation of theories on child abuse

Author	Theoretical basis	Nucleus of theory
Gelles (1973)	intergenerational transmission of child abuse	the abused child grows up to be a child abuser
Parke and Collmer (1975)	social-situational approach	both parent and child contribute to abuse
Steele and Pollock (1978)	parenting behaviour	the pattern or style of child-rearing causes child abuse
Belsky (1980)	multidimensional approach	the individual and society influence the abusive situation

In Table 1.1 the etiology of child abuse is seen from a unilateral dimension by Gelles (Tzeng et. al. 1991:13). The causation of child abuse is due to the transmission of violence from one abusive generation to the next. **Parke and Collmer** (Ammerman & Hersen 1990:5) make use of a more integrated approach to child abuse and apply a bilateral (where two contributory factors are combined in one explanation to child abuse) approach according to which both the child and the parent are seen to contribute to child abuse. **Steele and Pollock** (Ammerman & Hersen 1990:5) also view child abuse from a unilateral dimension but they see the specific parenting styles as contributory to child abuse. **Belsky** (Ammerman & Hersen 1990:5) goes a step further and approaches the causation of child abuse from a multidimensional approach. This approach looks at the total etiology of child abuse and takes the parent's personality and his/her social environment into consideration. Table 1.1 depicts the process during which theories of child abuse changed from a unilateral approach to a multifactoral or multidimensional approach. Theories concerning the etiology of child abuse and neglect are "...badly fragmented in the literature...literature on child abuse is heterogeneous in nature. There is no parsimonious set of principles, no model, no paradigm which provides a basis for integrating all the findings..." (Martins & Walters, Tzeng et. al. 1991:9). The researcher has attempted to overcome this dilemma by utilising an approach similar to Belsky's (Ammerman & Hersen 1990: 4) multidimensional approach. This approach together with a systems approach is utilised in order to explain drug related child abuse. The parent's personality, the family system, the social processes influencing the family system, the social structure in which the family is situated and the psycho-active substances or drugs abused are all taken into consideration in the construction of the multidimensional model.

1.2.4.1 **Personality theories**

Personality theories which could possibly explain how the parent's personality contributes to child abuse are discussed. Personality theories are utilised to identify aspects in the parent which make him/her both a child abuser and a drug dependent. These theories are

further applied to determine if drug abuse contributes to child abuse or if the parent's personality alone makes him/her a drug dependent and a child abuser. Thus drug abuse as a causality is eliminated and is replaced by the parent's personality as a cause of the child abuse. The parent in this study can be viewed as both a drug dependent and a child abuser.

1.2.4.2 Family system

The environment in which the child abuse takes place (the family) must be included in the study of drug related child abuse. Each family functions in a unique manner and the researcher attempts to identify a family system which contributes to child abuse. In order to understand the interaction within the family, and to examine the family in which the drug dependent parent and the victimised child find themselves, the systems theory is discussed. The family as a system however, does not function in isolation and the community in which the family resides must be examined.

1.2.4.3 Social structure

Involuntarily, the family is influenced by the wider social system or the community of which it forms part. The social structure of the community has an effect on the family. Furthermore, social processes, which originate from this social structure, can also influence the family (Becvar & Becvar 1982:35).

1.2.4.4 Social processes

Social processes take place within all systems in society. These processes can be forms of behaviour such as continual, personal contact with deviant or criminal behaviour, which members of a family are exposed to and which may influence the way in which they behave. The multidimensional theoretical approach to contributory factors to drug related child abuse, is further critically discussed in Chapter 3 and relevant aspects are abstracted from theories in order to explain the particular information in sections 1.2.4.1 to 1.2.4.4.

1.2.5 Methodological problems regarding an investigation of this nature

For the purpose of this study, an **exploratory** study is conducted on drug related child abuse. According to Lin (1976:137) "...exploratory studies provide the most general information about a research problem. They supply the researcher with his first exposure to the existing information in his area of interest, and provide the basis for later, more rigorous studies. Exploratory studies include a literature review, consultation with experts and case exploration". These steps take place in the study as follows:

1.2.5.1 Literature study

Relevant literature was consulted on aspects dealing broadly with the topic of child abuse as well as more specific literature containing research directly related to the topic of drug related child abuse. Literature pertaining to theories on child abuse was also consulted. The information from these sources formed the basis of the research (see section 2.2.1).

1.2.5.2 Consultation with experts

Through consultation with experts a relevant field of study was identified. The researcher discussed the research problem with therapists and a medical practitioner (De Miranda 1987) who worked with the cases selected for the research at Phoenix House in Johannesburg.

1.2.5.3 Case exploration

By means of a detailed examination of the files of five drug dependent parents during the pilot study, the researcher could ascertain the accessibility of the required data on drug related child abuse for research purposes. Hereafter, a further 12 files were consulted. A total of 17 files thus formed part of the sample.

1.2.5.4 Further problems experienced

Although the above-mentioned steps were taken, the researcher still encountered methodological problems. The researcher attempts to make a contribution to the field of study of Criminology by overcoming these problems.

Very little literature is available on drug related child abuse. This created problems in the selection of an appropriate research strategy as the researcher had no examples to follow. She sought to overcome the lack of exemplary research strategies by utilising the files of the drug dependents. The content of these files gave structure to the research process. Another problem encountered was that no one theory could be found which explained drug related child abuse. By integrating existing explanatory theories on child abuse in a multidimensional approach the researcher attempts to explain drug related child abuse.

1.3 RESEARCH GOAL

According to Mouton and Marais (1990:43) the aims or goals of exploratory studies are to attain new insight into a phenomenon. The goals of this research are linked to the problem as it is described in paragraph 1.2.4 and are primarily aimed at a description and an explanation of drug related child abuse through a study of the files of drug dependent child abusers. The two main goals of this research project are:

* To research the immediate problem of drug related child abuse

* To make a contribution to the field of Criminology.

From these goals, the following aims are set:

1.3.1 As a result of data in paragraph 1.2.4, the aim is: to explain drug related child abuse **theoretically** by utilizing existing crime explanation theories regarding child abuse by means of

abstracts from theories utilised in a multidimensional approach (see Chapter 3).

1.3.2 As a result of data in paragraph 1.2.4.2, to establish whether the crime of drug related child abuse takes place within a deviant or dysfunctional **family system** (see Chapter 5).

1.3.3 As a result of data in paragraph 1.2.4.1, to draw up a **profile** of the drug dependent and child abusing parent (see Chapter 6).

1.3.4 To examine the **effect of the drugs** or psycho-active substances on the parent and his/her parenting skills (see section 6.4.1.3).

1.3.5 To make **applicable recommendations** based on the findings obtained whilst attaining the afore-mentioned aims.

1.3.6 The aim of this investigation can also be stated in terms of the relevance of the study to society (see section 1.2.1); its theoretical significance (see section 1.2.4) and the possible contribution it will make to research methodology (see section 1.2.2).

1.4 OPERATIONALISATION OF CONCEPTS

Drug abuse, child abuse and the dysfunctional family, among many other terms which are made use of in this study, are all abstract concepts. Pienaar (1980:159) explains that the use of variables make these abstract concepts measurable. In order to change abstract concepts to measurable variables, operationalisation is used (Bloom 1986:241). An operationalised definition of the concept thus defines it in concrete, empirical and measurable terms. The basic question guiding the process of operationalisation is that of how it can be measured. For the purposes of this research, a schedule is used in the operationalisation of theoretical concepts into empirical and measurable concepts (see annexure A). The file of each drug dependent child abuser is evaluated by means of explanatory theories (which are

discussed in Chapter 3). Because the theories selected for the purpose of this study highlight **personality, social structure, social processes** and the **family system** as possible contributors to child abuse, these aspects are incorporated into the schedule. The schedule thus contains information on the parent and his/her personality and the way in which he/she functions within the family and society, and whether he/she abuses his/her child.

1.5. DELIMITATION

Regarding the study demarcation, the following aspects were taken into account. Data from Phoenix House and the South African National Council for Alcohol and Drug Abuse (SANCA) was accessible and all the cases, between January 1987 and December 1989, which fit the requirements for the research, were taken as the sample. Patients were eligible for inclusion in the sample if they were parents with children under eighteen years of age. Thus a saturation sampling technique was used.

1.5.1 Sex

Both mothers and fathers were included in the sample. Eleven mothers and six fathers made up the group of 17. All of them were the natural parents of the children abused.

1.5.2 Race

All the parents were whites. This is due to the location of Phoenix House and the branch of SANCA referred to in the study. Both Phoenix House and SANCA fall into a predominantly white area.

1.5.3 Types of child abuse

All forms of child abuse are incorporated into the sample, including physical, emotional and sexual abuse and neglect. The therapist involved in each case was consulted to verify the form of abuse which took place.

1.5.4 Types of drugs

All forms of drugs or psycho-active chemicals, including alcohol receive attention in the study. These include central nervous system depressants, central nervous system stimulants and central nervous system hallucinogens. Both legal and illegal substances, which are incorporated in the study can be referred to as drugs or psycho-active substances.

1.5.5 Age of parents

Parents' ages ranged from 19 to 31 years of age. Two parents (11,8 percent) were between 19 and 21; six parents (35,5 percent) were between 22 and 24; three parents (17,6 percent) were between 25 and 27; four parents (23,5 percent) were between 28 and 30, and two parents (11,8 percent) were over 31 years of age.

1.5.6 Period of duration of study

The literature study was commenced in 1987 and included all relevant books, articles and theses up to and including 1992. A file study included cases registered at Phoenix House and SANCA between January 1987 and December 1989, as discussed in section 1.5.

1.6 DEFINITION OF CONCEPTS

Concepts most frequently used are defined for the purpose of this research, namely **child abuse**, **physical abuse**, **neglect**, **emotional** abuse, **incest**, **pre-natal abuse**, **drugs**, **drug dependency** and the **family** system.

1.6.1 Child Abuse

Many definitions concerning child abuse exist. Some include the perpetrator of the deed in the definition while others examine the extent of the injury which results from the abuse. Others include the result or effect of the abuse on the child.

Gerbner and Ross (1968:20) postulate that anyone who abuses a child is guilty of a crime even if the deed is done in order to "...reprimand or punish" the child. They define child-abuse as "...the non-accidental physical injury that is the result of acts (or omissions) on the part of parents or guardians that violates the community standards concerning the treatment of children" (Gerbner & Ross 1980:10). This definition is vague because it is difficult to actually stipulate what the community's standards are regarding the treatment of children, and more specifically on it's views on child rearing practices. Gerbner and Ross (1980:6) go further and say that the terms abusive and neglectful can be applied to all parents who use any form of physical discipline as well as to a few socially sanctioned practices. The researcher believes that this definition is not valid in this study because it would have to include all parents who apply corporal punishment.

Helfer and Kempe's (1968:20) definition takes the degree of abuse into consideration. They postulate the definition as developed by Branders University in the United States of America: "The non-accidental physical attack or physical injury, including minimal as well as fatal injury, inflicted upon children by persons caring for them". This definition however, does not mention the various forms of child abuse as does the definition given by Kahn and Kamerman (Gerbner & Ross 1980:119).

Kahn and Kamerman explain that child abuse can be defined in many different ways. "Abuse is sometimes defined as one broad problem category encompassing physical abuse, sexual abuse, emotional deprivation, neglect or inadequate care, sometimes as one narrowly defined problem (the battered child), sometimes as two separate and distinct problems (abuse and neglect). Some definitions are orientated towards the behavior of the perpetrator (parent) and some toward the consequences of such behavior (child's symptoms). Some include the actual behavior". This definition is of value in that it looks at the behaviour of the parent and the result of the abuse which neither of the previous definitions took into consideration.

The following psychological definition incorporates the effect of the abuse on the child. This definition encompasses physical and psychological abuse, emotional neglect and other factors which may be harmful to the child's developing personality (Furman 1986:47). It also includes scope for study into the effect that the abuse has on the child. These children, for example could grow up to be abusing or neglectful parents themselves.

Gelles and Straus (1979:15) define child abuse as malnourishment, failure to care for and protect a child, failure to clothe a child, physical force, sexual assault and psychological abuse. They mention that it is the wide definition of abuse that makes the study of child abuse so difficult. They however, do not incorporate the perpetrator of the deed in their definition.

The legal aspect of child abuse is discussed by Mayer and Black (Schecter et. al. 1975:87). These authors postulate that in New York State the legal definition of an abused child is a child of an adjudicated heroin addict. This definition implies that any drug dependent parent is a child abuser. This view is supported by Warmer (1992) who believes that any drug dependent parent is a potential child abuser.

Because none of the above definitions are wide enough to incorporate all aspects under discussion in this study, an operational definition based on these definitions, is utilized for the purpose of this research: **Child abuse is the physical, sexual and/or emotional abuse, and/or the emotional deprivation, neglect or inadequate care by the drug dependent parent or parents, which results in the physical damage or injury, mental damage or death of the abused child.**

1.6.2 Physical Abuse

Physical abuse is distinguished from the other forms of abuse because of its physical nature. It entails the deliberate physical injury to a child by a parent (Gardener & Gray 1982:5). An operational definition would thus be: **the deliberate or unintended physical injury to a child by a drug dependent parent.**

1.6.3 Neglect

Neglect can include inadequate provision of food, shelter, clothing or medical care (Pelton 1981:92). For the purpose of this study neglect can range from inadequate care or supervision by the drug dependent parent to abandonment or merely leaving the child alone.

1.6.4. Emotional Abuse

The definition cited by James (1975:111) is relevant to this study. A child can be emotionally abused through constant criticism, unreasonable demands for high levels of performance, ridicule, emotional neglect, lack of early childhood stimulation, labelling and harsh treatment.

1.6.5 Incest

According to Justice and Justice (Lawson et. al. 1983:160) incest is any sexual activity or intimate physical contact that is sexually arousing between non-married members of a family.

For purpose of this study the South African legal definition of incest is applicable. In South Africa incest is legally defined as "...unlawful and intentional sexual intercourse between male and female persons who are prohibited from marrying each other because they are related within the prohibited degrees of consanguinity, affinity or adoptive relationship" (Joubert 1981:206).

1.6.6 Pre-natal Abuse

This is where drug use (abuse) by the mother during her pregnancy results in the deformity or growth problems in the child. Poor nutrition and inadequate medical care during pregnancy is also considered as pre-natal abuse (Plant 1985:1).

An operational definition of pre-natal abuse is the deliberate or unintended harm to the fetus by the drug dependent mother in the

following manner:

- the effect of the psycho-active substance on the fetus's development, and

- the withdrawal symptoms with which the child may be born, which may be to the infant's detriment.

1.6.7 Drugs

A drug is any chemical agent that affects living processes or any substance that "...when taken into the living organism, may modify one or more of its functions" (Salinger 1980:5). This definition does not state the way in which the substance affects the user as does the definition cited by De Miranda.

In this study drugs or psycho-active substances include any chemicals abused by the parents which change their moods, feelings and perceptions in such a manner that the substances contribute to the parent's abusive behaviour towards his/her child. The criteria for the classification of these substances is their effect on the central nervous system.

There are three groups or classifications into which these substances can be placed. In the first category, drugs which primarily "suppress" the vital functions of the central nervous system are found. De Miranda (1987:11) lists the general symptoms of this form of drug abuse as a "slowing down" of all the body's systems.

In the second category, drugs which **stimulate** or excite the vital functions of the central nervous system are found. These drugs speed up the body's systems. The third group of drugs primarily **distort** the vital functions of the central nervous system by eliciting hallucinations. They disturb the individual's perception by creating visual (seeing things that are not there), auditory (hearing) and tactile (feeling) hallucinations (De Miranda 1987:11-13).

South Africa's pattern of drug abuse can be seen in terms of legal and illegal drugs (De Miranda 1987:1). Legal substances include alcohol and prescription drugs such as tranquillisers, barbiturates, narcotics, analgesics and appetite suppressants. They also include over-the-counter drugs (non- prescription) such as analgesic preparations, cough preparations, appetite suppressants, amyl nitrite "poppers" and solvent substances (glue and paint thinners). Illegal drugs are prohibited substances and their use, possession or trading is a criminal offense (De Miranda 1987:3). They include dagga, Mandrax, LSD, heroin and cocaine. Legal drugs are usually referred to as socially acceptable drugs, whilst illegal or prohibited drugs are referred to as socially unacceptable drugs (De Miranda 1987:1).

For purposes of this study, De Miranda's definition (1987:1) of drugs will be cited. He states that "...**drugs are chemical substances or psycho-active chemical substances which have the ability to change moods, feelings and perceptions within the user**".

1.6.8 Drug dependency

A secondary facet in this study is that of drug dependency. Drug dependency is the state of psychic or physical dependence, or both, arising from a person administrating a drug on a periodic or continuous basis (Cohen 1969:7). This definition however, does not include the effect which the substance has on the user as does the following definition.

Kiev (1975:1) postulates that drug dependency refers to the "...maladaptive effort to relieve psychological distress by means of a variety of naturally occurring and pharmacologically manufactured active substances or drugs which alter mood, thought and behaviour".

The researcher utilises aspects from the definitions above in this study. An operational definition of a drug dependent is **someone who is psychologically or physically dependent on one or other mood, thought and behaviour altering substance.**

1.6.9 The family system

The family system is a primary group of related individuals, with a nucleus consisting of husband, wife and their children, living in social unity. An operational definition of a family system is one or more parent residing with his/her child or children. This family system can include a single parent and her/his child or children living with his/her own parents.

1.6.10 The difficult child

The difficult child is a concept referred to frequently in this study. Authors such as Maine, (Frude 1980:19); Sandguard, Gaines and Green (Williams & Money 1980:188) and Fontana and Besharov (1979:28) refer to the problem child. It is a difficult concept in that it is relative and could be interpreted in many ways. The researchers mentioned above, commonly refer to the following traits when they discuss the difficult child namely, a child who is not easy to love, who is unresponsive and cries frequently and who is unwanted by his/her parents.

For this study of drug related child abuse the difficult child will be defined as a child who displays any of the above mentioned behaviour. The difficult child is unresponsive, unlovable, unwanted and cries frequently.

1.7 PROGRAMME FOR THE REMAINDER OF THE RESEARCH

The programme for the remainder of the research is as follows:

Chapter 2 discusses the methodological approach as well as the procedures and techniques applied in this research project. An exposition of the research group's profile is also included.

In **Chapter 3** the theoretical perspective which forms the basis for the study is discussed. By means of an integrated or multidimensional approach theories are examined in an attempt to determine the caus-

ality of drug related child abuse.

By means of this integrated or multidimensional approach **Chapters 4, 5 and 6** examine drug related child abuse as follows:

Chapter 4 looks at the nature and circumstances of the drug dependant parents. The 17 cases are illustrated by examining the personality's of the parents, their social structures and social processes.

In **Chapter 5** parental drug dependency is examined as well as the consequences thereof. The direct effect of the drug on the parent, as well as the indirect effect which it has on the family environment and the child, is analysed.

Chapter 6 discusses the role of the family system in the causation of child abuse with emphasis on the parent's personality, the family's social structure and the processes which take place within it, which explain the criminal abuse of the child within the family system.

Conclusions and recommendations are made in **Chapter 7**.

In the following chapter a complete exposition of the procedures and techniques utilised in this research is given.

CHAPTER 2

METHODOLOGY, PROCEDURES AND TECHNIQUES

2.1 METHODOLOGICAL APPROACH

This is a qualitative and quantitive study of a sample of 17 drug dependants who abused their children. A qualitative study involves the nominal reduction of the research group into a smaller group which has specific characteristics that are applicable in the study (Van der Westhuizen 1982:41). An indepth study was made of these files and information was gathered from therapists as well as the medical doctor at Phoenix House. Certain problems were encountered in researching drug related child abuse. These include:

2.1.1 Finding a suitable sample group

It is difficult to ascertain what occurs within a family setting due to its private nature. Gelles and Straus (1979:149) state that the privacy of the family makes it difficult to obtain information regarding its functioning. A premium is placed on methods that require the family members to recount previous histories or events and to report on a questionnaire or to respond to questions during an interview. Problems regarding intimacy are encountered in these methodological approaches. They block access to certain behavioral and attitudinal domains within the family, for example a parent acknowledging that he/she abuses his/her child. The main problem in researching drug related child abuse was therefore to identify a suitable sample of drug dependant parents or guardians who abused a child. During a personal interview with a social worker at Pretoria Child Welfare she responded that where child abuse cases are identified, it is difficult to determine whether drugs or alcohol contribute to the abuse. Parents are unwilling to admit to child abuse when detected by the authorities, and are less likely to admit to substance abuse.

De Miranda (1987) assisted in overcoming this obstacle by identifying a group of drug dependants from Phoenix House (Johannesburg) and SANCA

who abused their children. This group were all habitual drug users who had problems in intrafamilial relationships as well as with their children. The therapists involved in each case verified that child abuse had occurred. The fact that most of these parents had had contact with the legal system (police, courts and correctional services) as a result of their drug abuse and its consequences, justifies their inclusion in the sample.

2.1.2 Determining the extent of the child abuse

Due to the nature of the study it was not possible to interview parents and/or the abused children. The researcher could only determine the type of child abuse from a documentary study of the parent's files. The therapists could not determine when the child abuse patterns had first started or whether abuse happened frequently or only occasionally, but they could confirm that child abuse had indeed taken place, and could verify the type of abuse. The researcher could however determine from the research findings that these parents constituted a danger to the family. The parents had been referred to Phoenix House or SANCA by family members or the court because they feared for the safety of the parent and the rest of the parent's family.

Furthermore, the parents had appeared in court due to other deviant behaviour and a court order was issued for their admittance to Phoenix House for treatment and rehabilitation. These parents were found to be potentially dangerous to society and their families. They were unable to function normally in society or in the family, and also became physically violent at times.

Another limitation is that very little is known about the characteristics of the children in the sample. The sex, age and type of abuse could be obtained from the files as well as the children's therapists. The researcher could however, not identify any personal characteristics of the children which may have contributed to the abuse, for example mental deficiency or a difficult child. The researcher can only postulate that, where one or more of these characteristics which

contribute to child abuse were present, drug related child abuse would be more likely to occur than if they were not present (Brocker 1977; Fontana & Besharov 1979; Dercksen 1989).

2.2 RESEARCH PROCEDURES

A research procedure was developed in accordance with the requirements set by different authors (Mouton & Marais 1988; Dixon, Bouma & Atkinson 1987; Brown & Curtis 1987; Groenewald 1981; Huysamen 1976; Van der Westhuizen 1972 & Lin 1976). The steps applied in the research process formed part of the research procedure. Lin (1976:135) identifies four types of studies namely descriptive, hypothesis generating, hypothesis testing and exploratory study, which can be applied in research. Because descriptive studies require a representative sample this method was not suitable for the purpose of this study. The researcher could not utilise this research procedure because of the unknown nature of drug related child abuse. An **exploratory study** is more relevant in the study of unknown phenomenon.

An exploratory study, like the descriptive study focuses on the who, how, what and why, yet is not as structured and also does not require a representative sample. Information gained, unlike information gathered in the descriptive study, does not have to be qualified. According to Lin (1976:137) exploratory studies "...supply the researcher with his first exposure to the existing information in his area of interest, and provide the basis for later, more rigorous studies". Mouton and Marais (1991:43) substantiate that an exploratory study can be utilised when researching a relatively unknown area because "...exploratory studies usually lead to insight and comprehension rather than the collection of accurate and replicable data, these studies involve the use of in-depth interviews..." The aim of this study of drug related child abuse is an exploratory one. The researcher aims to gain insight and comprehension into the phenomenon of drug related child abuse

The researcher followed the research procedure as stipulated in explo-

ratory study namely, indepth interviews, literature review, consultation with experts and case exploration. In-depth interviews were conducted with the therapists involved with each drug dependent parent's case. A literature review (see section 2.2.1), consultation with experts (see section 2.2.2) and case exploration (see section 2.2.3) all form part of this exploratory study of drug related child abuse.

2.2.1 Literature study

According to Lin (1976:135) a literature study consists of locating relevant literature, reading through and abstracting and summarising information. Simon (1979:4) postulates that a literature review involves becoming acquainted with literature dealing both broadly with the selected topic and directly with related research in the field.

A comprehensive literature study was undertaken on child abuse. Standard works from authors such as Gelles and Straus 1979; Thorman 1980; Kempe and Helfer 1972; Williams and Money 1980; and Fontana 1973; were included. These works describe child abuse, its causes and consequences. These sources were valuable in that they formed a basis of knowledge from which a more detailed study could be made.

The book Critical concerns in the field of drug abuse (Schecter, Akne & Kaufman 1978) as well as the later work of Potter-Efron and Potter-Efron (1990) acted as cornerstones for this study. Both sources found that drug abuse contributes to child abuse. Numerous authorities (Mayer & Black 1977; Mondanaro in Schecter, Akne & Kaufman 1978) express concern regarding drug related child abuse and call for further research on the topic. Potter-Efron et. al. (1990:147) identify that drugs and alcohol do contribute to family violence. They examine theories regarding the causality of child abuse and the effects of the abuse on the child, and postulate that family violence and chemical dependency are frequently linked. These sources confirm the fact that drug dependents abuse their children, and thus make a study thereof valid and relevant.

Mayer and Black (1977) state that studies usually either identify

situations in which the abuse occurs or the characteristics of the abused child. These studies follow a unilateral approach to child abuse. They believe that only rarely does a single characteristic operate to cause child abuse. Mayer and Black (1977) and Belsky (Ammerman & Hersen 1990) adopt a multidimensional approach by discussing all situational factors associated with child abuse such as parental history of abuse as a child, and stressful life circumstances together with drug abuse. Burgess's (1985) study also follows the same lines and he looks at child abuse from a societal, familial and personal level. These sources, together with the more recent works of Ammerman and Hersen (1990) and Tzeng, Jackson and Karlson (1991), which examine theories of child abuse, validate the use of a multidimensional approach to the study of drug related child abuse (see section 1.2.4).

Sources such as Gelles and Straus 1979; Becvar and Becvar 1982; Mettal 1977; and Minuchin 1974; all emphasise the family system as contributory to child abuse and describe child abuse within a pathological family system. They give structure to the study by explaining child abuse within a family system with a drug dependent parent in a position of authority within this family.

Various sources were also consulted in order to gain insight into the personality of the drug dependent and the child abuser. Meyer, Moore and Viljoen (1989) give a clear explanation of personality theories. The works of the authors mentioned above form the basis of this study.

Various works were also consulted regarding the actual research or methodology of the study. Valuable methodological sources include the works of Lin 1976; Leedy 1974; Simon 1979; and Bailey 1982. Burger (1992) was also consulted regarding the technical presentation and the acknowledgement of sources in this research project.

Furthermore, the researcher consulted articles from scientific journals in which child abuse is discussed. Research by Justice and Calvert (1985) and Gelles and Straus (1979) describe the organisation of the child abusing family. They suggest that family violence lies

in the organisation of the family system. The family in which child abuse occurs is characterised by parents who have difficulties with their parenting roles. These inadequacies together with the structure of the family system, place the abusive parent in a position of authority in the family, which contributes towards a potentially abusive situation. Thus the personality of the parent plus the situation in which the family finds itself can contribute to child abuse. A valuable source identified by the researcher is the study by Anderson and Lauderdale (1982). Their research shows that both the drug dependent and the child abuser have an important common characteristic. They indicate that both have a low self-esteem which may possibly contribute to both drug abuse and child abuse.

The researcher's investigation of literature highlighted the need for a study into the role of drugs in child abuse.

2.2.2 Personal interviews

The next step was to find a suitable sample. This was done by consultation with experts (Lin 1976:140). According to Lin (1976:140) these experts must have a firsthand knowledge of the activities being investigated. Their observations can increase the researcher's insight into the topic. Experts consulted in this study are De Miranda (head of Phoenix House in Johannesburg)(see section 1.2.1) and the therapists appointed to each case. De Miranda expressed his views regarding the abuse of children among the 17 drug dependents which the researcher integrated into this study. Therapists involved with the individual cases were contacted and they gave further insight into each case and assisted in verifying that child abuse had taken place.

2.3 TECHNIQUES

Techniques are seen by Van der Westhuizen (1982:62) as an extension of, or as a form of assistance to the method which is applied in order to do research. According to Leedy (1974:9) these techniques are the "tools" of research and they thus assist the researcher in the study process. The following techniques were applied in this study:

2.3.1 Sampling technique and profile of the research group

According to Lin (1976:145), sampling entails the selection of cases or people from the universum. Sampling usually takes place after a research problem has been formulated and the most appropriate type of study has been chosen.

Van der Westhuizen (1982:42) postulates that a sample can be analytically defined as the numerical scaling down of a universum into a valid representation thereof. Two different sampling methods can be distinguished namely probability sampling and nonprobability sampling (Bailey 1982:91). In the first instance the probability of selection of each respondent is known (the universum's boundaries are also known) whereas in nonprobability sampling the probability of selection is not known (universum's boundaries are not known). Nonprobability sampling includes accidental sampling, quota sampling, purposive and theoretical sampling, snowball sampling, spatial sampling and saturation sampling. For purposes of this study the **saturation sample** (non-probability) will be applied to study all the cases selected for this research. This method is applied because it is not possible to determine whether the sample is representative of the population and because the extent of drug related child abuse is not known.

In saturation sampling the researcher must first carefully select the population to be studied. With the help of De Miranda this was done by selecting Phoenix house and SANCA as the universum or the population. All the files of patients registered at Phoenix House and SANCA between January 1987 and December 1989, in which a drug dependant parent was identified, were incorporated into the universum. From this universum, which consisted of **44 files**, a saturation sample of 17 files was identified.

The profile of the 17 respondents is represented in Table 2.1.

Table 2.1 Characteristics of the sample group

	Frequency	%
Male	6	35
Female	11	65
	17	100%
Age		
19-21	2	12
22-24	6	35
25-27	3	18
28-30	4	23
31+	2	12
	17	100%
Marital status		
Single	2	12
Married	9	53
Divorced	4	23
Separated	2	12
	17	100%
Employment status		
Full time	8	47
Part time	1	6
Unemployed	8	47
	17	100%
Education		
Std 6	0	0
Std 7	3	18
Std 8	3	18
Std 9	3	18
Std 10	5	29
Diploma	1	6
Other	2	11
	17	100%

The majority of the parents were female (65 percent), between 22 and 24 years old (35 percent), married (53 percent) and had a level of education between Std 7 and Std 9 (54 percent).

2.3.2 Development of the schedule

A schedule was developed in order to select and evaluate data for this study. Questions which formed part of the schedule were obtained from the following sources:

- relevant child abuse literature and
- the multidimensional theoretical approach to drug related child abuse.

Theory led to the development of a framework on which the research schedule was based. This schedule consisted of 40 aspects arranged in three sections under the headings personality of the parent, social structure and social processes, and which included biographical details, details on drug taking, personal characteristics of the parent and social functioning including deviant behaviour i.e. child abuse.

2.3.3 Case exploration

According to Lin (1976:141) a case study "...consists of the detailed examination of the individual cases involved with the activities being studied"

Millon, Diesenhaus and Bailey (Smit 1983:162) evaluate the use of case exploration and state the relevance of this method of this study as:

- information could be collected about individuals who normally would not admit to a crime such as child abuse. From the files of the drug dependents and the therapists who worked with them information could be gained that these parents were drug dependents and that they abused their children;

- because of the non-reactive nature of the method, information is more reliable. The therapists who worked with these patients, collected this data over a period of time. In this way they could verify their information.

This gives rise to certain delimitations which are a result of this method of research (Millon, Diesenhaus and Bailey, Smit 1983:163). These include:

- restriction of the data to a written, verbal report regarding the behaviour of these drug dependants, and

- the data which may be incomplete.

The following problems were encountered in this study:

- no personal contact with the drug dependent parents or their children was permitted;

- the drug dependent parent's files did not include information on extent and frequency of the child abuse which took place.

By means of interviews with the therapists these limitations could be overcome. After the files had been studied, the researcher interviewed the therapists involved with each case. In this way missing information and problems which the researcher had encountered could be sorted out.

2.3.4 Pilot studies

A pilot study is a method applied to check aspects of the research schedule in order to refine it. The researcher compiled the schedule (see section 1.4 and 2.3.2) and a pilot study was conducted at Phoenix House. Two files were studied and two schedules were completed. The researcher identified aspects which had not been included in the original schedule such as biographical details (age and gender of parent and child), and incorporated them in the new schedule.

2.4 CONCLUSION

This chapter examined the methods, procedures and techniques applied in order to gain information on drug related child abuse. An **explora-**

tory study was conducted on the files of 17 drug dependent parents who abused their children.

Certain problems and limitations were identified in this study of drug related child abuse. The problem of finding a suitable sample was overcome with the assistance of De Miranda and therapists. No personal contact with the drug dependent parents or their children was permitted.

CHAPTER 3

THEORETICAL PERSPECTIVE : A MULTIDIMENSIONAL APPROACH TO THE EXPLANATION OF DRUG RELATED CHILD ABUSE

3.1 INTRODUCTION

In Criminology factors associated with crime and criminality should be organised and integrated by means of an explanatory theory (Sutherland & Cressey 1970:72). A theory is a "...supposition or system of ideas explaining something" (Sykes 1982:1109). Sutherland and Cressey (1970:72) postulate that a theory stimulates, simplifies and directs criminological research. An overview of the traditional theories concerning child abuse will be discussed critically in this chapter. In criminological theory, emphasis is placed on the causation of criminal behaviour. Possible explanations are given as to why the individual participates in the deviant behaviour (Cloete, Conradie, Stevens et. al. 1991). Child abuse can be approached theoretically from the point of view of sociologists, psychologists and criminologists. The sociological theories consist of structural explanations which take the social structure or organization of the society and social process theories into consideration (Reid 1988:143). Sociologists have identified poor environmental conditions as a cause of crime in general (Reckless 1966:225). They emphasize the environment or social structure and its effect on crime rates and crime causation. The psychological theories consider the role of genetic background, the nervous system, endocrinology and body chemistry. Psychologists consider the individual and his motivational patterns (Trojanowitz 1973:47). The psychoanalytical explanation sees crime as a manifestation of a personality disorder and identifies the causes of crime to originate within the individual's psyche. In Erikson's psychosocial theory, the lack of ego identity is seen as one of the main causes of criminal behaviour. In Merton's theory of anomie (Cloete, Conradie, Stevens et. al. 1991) crime is explained as the manner in which the individual who cannot achieve his/her goals in a socially accepted manner adapts to achieve his/her goals in a socially unaccepted or deviant manner.

Many theories have been formulated in order to explain drug dependency, including Lindmans' theory of addiction and the subculture theory (Clinard & Meier 1979:313), and others to explain child abuse (see Table 1.1). However, no theory can fully explain child abuse or drug abuse. In a study conducted by Wales (1985:8) he concludes that child abuse cannot be approached in terms of a unilateral theory, but has to be approached multidimensionally.

Diagram 3.1 is a representation of the multidimensional approach and is an extension of the theoretical problem setting (see section 2.4.1.1 to 2.4.1.4).

Diagram 3.1 Factors which contribute to child abuse

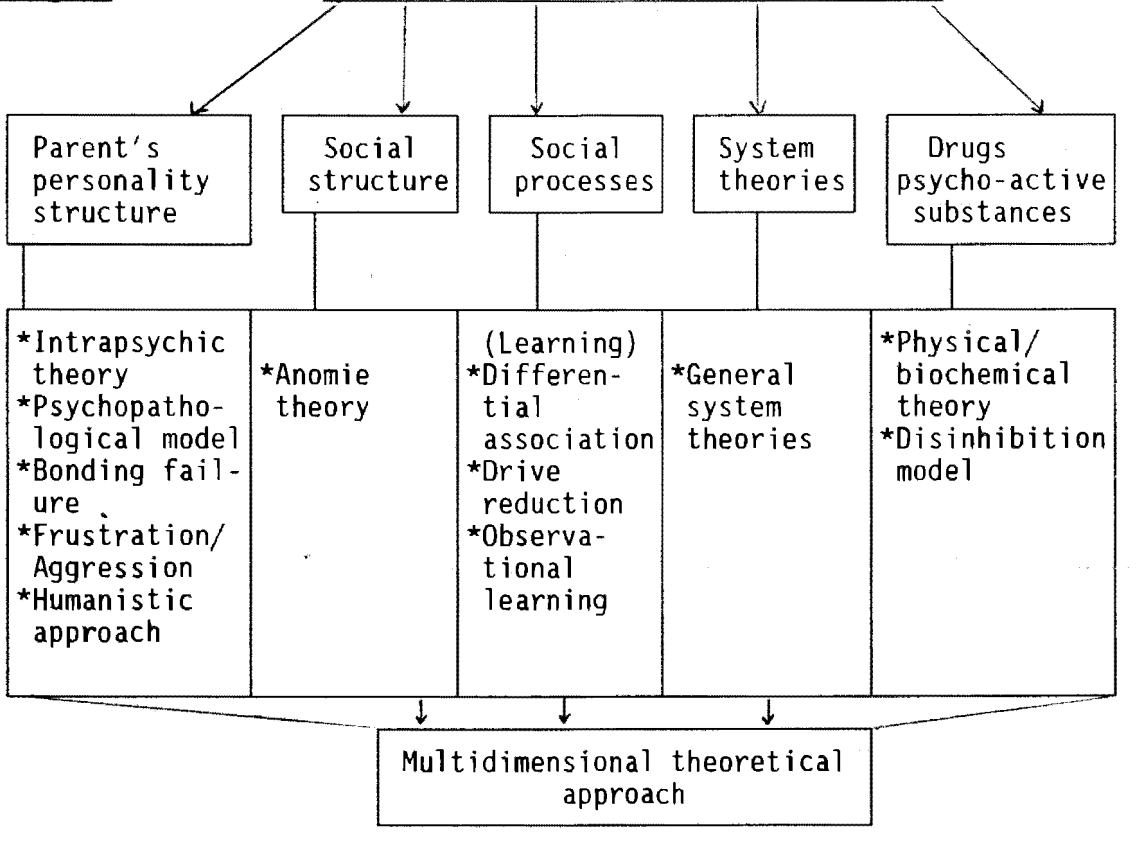


Diagram 3.1 shows the factors which contribute to drug related child abuse. Abstracts from theories (models) which substantiate and contribute to a multidimensional approach to drug related child abuse are reflected.

3.2 AN INTEGRATED OR MULTIDIMENSIONAL APPROACH TO DRUG RELATED CHILD ABUSE

The researcher believes that a multidimensional approach is relevant to this study as no single theory can explain why an individual has chosen to use a psycho-active substance (drugs or alcohol) or why this would result in his/her abusive behaviour. Kuhn (Becvar & Becvar 1982:1) confirms this fact, and postulates that "...to be accepted as a paradigm, a theory must seem better than its competitors, but it need not, in fact never does, explain all the facts with which it can be confronted".

The researcher attempted to overcome the problem that no one theory could explain child abuse, by utilizing an integrated or multidimensional approach to the topic of drug related child abuse (see section 1.2.4.1). All these factors function together to create a potentially abusive situation.

Because of the complex nature of drug related child abuse and the multidimensional approach to the explanation thereof, the researcher only applies aspects or parts of theories which are relevant to the explanation of the problem. These aspects formed a multidimensional model whereby findings could be interpreted.

This can be substantiated by the following extract from Lin (1976:43). "A model of a theory differs from the theory in that it lacks the complexity of a theoretical structure and that it may represent a single preposition containing merely a selected number of concepts or variables in the theoretical structure...and certain parts of the theory are missing. A model is defined as a representation of some aspect of a theory." These abstracts from the relevant theories will be integrated to explain drug related child abuse from a multidimensional approach.

3.2.1 Personality theories

The following personality theories are discussed in an attempt to

explain the role of the parent's personality in drug related child abuse:

3.2.1.1 Intrapsychic theory

Freud's psychoanalytical theory is considered to be one of the first personality theories (Meyer et. al. 1989:41). The theory was developed in 1892 when Freud built a dynamic model of the human personality. In this model he sees human action as a result of physical energy which can be transferred to the psyche. Psychic energy can be seen as the origin of drives such as sex and aggression.

Freud (Meyer et. al. 1989:41) explained behaviour as the functioning of man's three levels of consciousness in the psyche namely the conscious (id), preconscious (ego) and the unconscious (superego). Thoughts, feelings and experiences are contained in the conscious, whilst on the preconscious level, information is stored which can be recalled. The unconscious level however, contains the forbidden drives and events which are suppressed because they cause pain or guilt.

According to Freud, the id is the primitive aspect of the psyche. It consists of the drives (sex, life and death) and functions on the pleasure principle. The id seeks satisfaction without consideration of anything or anyone. It is totally selfish and unrealistic. The ego develops in order to ensure the survival of the individual. It satisfies the id but still takes physical and social reality into consideration.

The ego decides whether a drive should be satisfied or not. It functions on the reality principle whilst the superego functions on the moral principle. The superego also develops from the id but it acts as a representative of society's moral code and pressurizes the individual to bide by these codes.

Freud (Meyer et. al. 1989:42) sees behaviour as the result of three drives namely the ego drives, sex drives and the death drives. The

ego drives such as eating, drinking and breathing, are used for the survival of the individual. The sexual drive develops as the individual grows physically. Freud (Meyer et. al. 1989:49) holds that even small babies have sexual drives and that at this stage they manifest around the mouth area: the oral-sexual drive. As the child develops, the sexual drives move to other areas of the body such as the anus and the penis. The death drive wishes to destroy the individual. This however, is deflected by the life drive and is projected outwards in the form of aggression and destructive behaviour. Furthermore, it can operate outward in a socially unacceptable manner (aggression) or in a socially accepted way (a butcher). It can also work on the superego to make the individual feel guilty about his wishes. The death drive can also be reflected in self inflicted harm, where one falls and hurts oneself or in this case by abusing drugs.

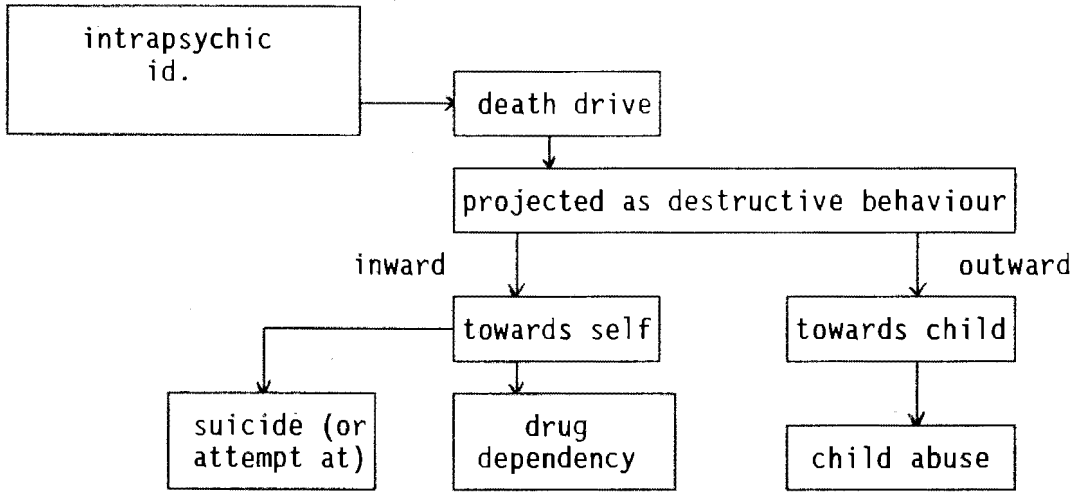
Freud's psychoanalytical theory can be applied to the abusing parent. Drug dependency and child abuse can be explained by showing the way the parent's psyche (id, ego and superego) functions. The id consists of the pleasure principle. In the abusing parent the id has a strong desire for pleasure. His ego may be too weak to control the id, and desires of the id will emerge. In this event the researcher believes, the need for drugs must be satisfied and that this will take place at any cost.

The id is also the source of the death drive. As Freud postulates (Meyer et. al. 1989:50) the death drive is projected outwards in the form of destructive behaviour. Freud hoped that human reason would control the destructive and pointless expressions of the death drive (Middlebrook 1980:280). In the case of the abusing parent, this does not occur and the researcher believes that the destructive behaviour could manifest itself in three ways. The drug dependency is an attempt by the id to cause death to the abuser. The id pushes him/her to use drugs to bring about his/her own destruction. Furthermore, this occurs when the id projects this destruction of life towards the abusers offspring, thus child abuse. Freud (Meyer et. al. 1989:51) also postulates that the id may work on the superego to make the

individual feel guilty about his/her desires. This is usually visible in self inflicted harm. Among abusing parents this may manifest itself in the high rate of attempted suicide.

The following illustration is the researcher's diagrammatical representation of the effect of the death drive on the drug dependent parent.

Diagram 3.2 **Death drive as contributory to child abuse**



The theory explains drug related child abuse as the result of the individual's inherent drives. The drug dependent parent can be seen as an individual whose intrapsychic id or, in other words, his death drive manifests itself in two ways as seen in this study. Firstly, the death drive can be projected inwardly which can be seen in the form of the parent's drug abuse. Here the drug abuse is a subconscious attempt at self destruction. The drug dependency can also be seen as a result of the death drive turned inwardly towards the self. Child abuse is a manifestation of the parent's death drive turned outwardly. By application of Freud's theory, both drug abuse and child abuse can be explained as the result of destructive inherent drives. However, this theory does not look at the influence that the environment may have on the individual or the effect that his/her interaction with those around him/her may have on his behaviour and therefore the researcher will apply theories (social structural and social process) which explain these influences specifically.

3.2.1.2 Psychopathological model

According to Solnits (1978:243), the psychopathological theory explains that "...the child's helplessness is a magnet for nurture, for attention and for action, and it is also a painful reminder of one's own fear of helplessness, and therefore the child can be a magnet for attack". The drug dependent parent could be more vulnerable to these fears than the non-dependent parent, increasing the possibility of him/her making a sudden attack on his/her child.

The psychopathological model sees the abusing parent as someone abnormal, thereby differing from the continuum model which sees any parent as a potential abuser, whether mentally ill or not. According to Gelles (Gil 1979:49), this model sees the abusing parent as mentally ill with severe emotional problems. Such a parent can be impulsive, immature, depressed, self-centered, dependent, egocentric, narcissistic, demanding and insecure (Gelles, Gil 1979:49). Gelles states that this abusive parent will communicate with the child on an adult level, and the child is also projected as the source of the parent's troubles.

The psychopathological model however has a number of shortcomings but these aspects are taken into consideration when the drug dependent parent is analysed as an individual within the family unit. Gil (1979:50) postulates that this model only allows for the explanation of child abuse due to the parent's mental aberration and that it does not examine the social causes of psychological stress which lead to child abuse. Furthermore, he states that abuse is caused by a pathology in general, whereas most literature on child abuse points out that abusers are not psychopaths (Gerbner & Ross, 1980). For this reason the researcher follows a multidimensional approach to child abuse where mental aberration is only one of the many causalities examined. The role of the parent's environment and the influence which it has on his/her behaviour is also focussed upon.

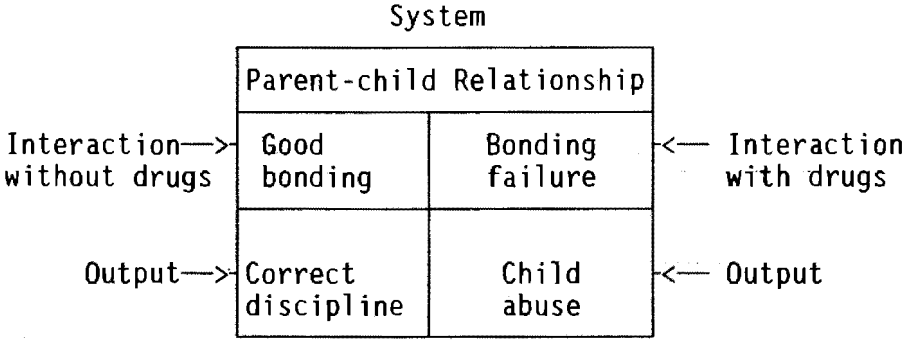
3.2.1.3 Bonding failure model

Bonding is a process which starts within a day or week of the child's birth (Franklin 1975:82). According to Ainsworth (Gerbner 1980:37) this attachment occurs as a result of the baby's contact with a caring individual, usually the mother. The failure to bond may occur when the mother is grossly unresponsive to the infant. Franklin (1975:82) postulates that both the mother and the child play a role in successful attachment.

Bonding failure is seen as another reason for child abuse by many authors. Lynch and Roberts (1978:1150) use this term to describe the failure to establish a consistent loving relationship between a child and his/her parents. This results in many types of problems with child-rearing, of which child abuse is the most severe. According to Franklin (1977:18) drugs, which impair self-control, can increase bonding failure and release violence on the young child. He further postulates that certain tranquillizers such as Paregoric, Meperidine and Methadone, can be as dangerous as alcohol, with regard to producing violent behaviour.

Diagram 3.3 is the researcher's representation of the effect of psycho-active substances on the parent-child relationship.

Diagram 3.3 **Bonding failure**



In a parent-child relationship, where the parent does not abuse drugs, a normal to good level of bonding takes place and correct disciplining

of the child can be expected. However research shows (Franklin 1977:18) that when drugs (input) are abused they result in negative output. This negative output is characterised by bonding failure and the parent-child relationship being adversely influenced. This may result in child abuse.

3.2.1.4 Frustration and Aggression model

According to Middlebrook (1980:293), one of the causes of aggression is frustration. The strength of the aggression is determined by the extent of the frustration and when this is unreasonable, it breeds more hostility.

The parent may find him/herself in an environment which is characterised by aspects which cause frustration such as unemployment, poverty and family conflict. The resulting aggression may take the form of drug related child abuse. The psychoanalysts view aggressive behaviour as a response to frustration. "The personalities predisposed to substance abuse suffer from conflicts entailing massive aggressions...the drugs used invariably dampen or unleash them" (Wurmser in Gottheil 1983:257). Furthermore, it is believed that shame may trigger violence.

Criticism against this model is that not all parents who are exposed to frustration, abuse their children. This implies that frustration does not necessarily have to result in aggression. As stated by Dollard and Miller (Meyer et. al. 1989:213) children should be taught to deal with frustration and the accompanying anger in a socially acceptable manner (See Diagram 3.5).

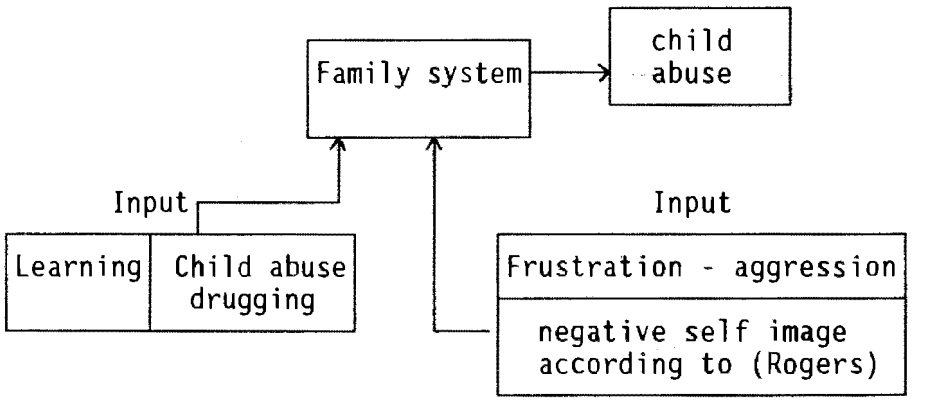
3.2.1.5 Humanistic approach - Carl Rogers' Self Concept

According to Rogers (Meyer et. al. 1989:380), the basic need directing behaviour is the need for positive self regard. The self concept refers to the way in which the individual sees himself and how he judges himself. The way in which he sees himself further determines how he behaves. If he sees himself as aggressive, he will react with

aggression. Rogers (Meyer et. al. 1989:380) mentions that every individual has a need for positive self regard. This means that through others' acceptance or approval, he may accept himself. When the self concept is threatened, anxiety occurs and in some instances aggression may be the result. Rogers (Hjelle & Ziegler 1976:309) sees this occurrence as irrational, where the level of anxiety experienced may result in the individual's aggression. For example, the abusive parent may experience a threat to his self concept. He may have lost his job and the family's standard of living may have dropped. The behaviour of a child may further be experienced as a threat to the parents' self esteem. The parent may lose control and anxiety and aggression may result, thus causing him/her to abuse a child (Rogers in Meyer et. al. 1989:383). Rogers (Hjelle & Ziegler 1976:321) also states that individuals who experience problems with a negative self concept have trouble accepting themselves and others. It could thus be postulated that a parent with a low self-esteem would therefor experience problems accepting a child's behaviour.

Diagram 3.4 is the researcher's diagrammatical representation of a compilation of theories. The multi-approach to child abuse incorporates the learning theory, frustration and aggression and self concept as explanations for child abuse.

Diagram 3.4 **Multi-approach to child abuse**



This diagram represents how drug abuse and being abused as a child (both forms of learned behaviour) could, according to the above

mentioned theories, contribute to child abuse. It also shows how the parent's negative self image contributes to child abuse. The parent may not experience him/herself as an adequate caregiver which may affect his/her self image. As Rogers postulates, when this self image or self concept is threatened aggression can occur within some individuals. This may manifest itself in the form of child abuse. By application of the frustration-aggression model, the researcher proposes that frustration in the parent's daily life can contribute to child abuse. Research on families with drug dependent parents indicates that these families tend to have problems which can contribute to frustration (see section 6.3).

3.3 SOCIAL STRUCTURE

Unlike process theories which consider the process by which the individual becomes deviant, structural theories examine the society in which the individual (abusing parent) resides. They highlight the social structure and the organisation thereof.

3.3.1 Anomie theory

Merton (Wallace & Wolf 1980:67) views deviance as a "...discontinuity between cultural goals and legitimizes means available for reaching them." Diagram 3.5 is a schematic representation of Merton's theory of deviance.

Diagram 3.5 **Merton's theory of deviance**

Cultural Goals	Institutionalised Means	Modes of adaptation
+	+	Conformity
+	-	Innovation
-	+	Ritualism
-	-	Retreatism
±	±	Rebellion

In Diagram 3.5 the pluses (+) indicate that the goal to monetary success and/or the means to the goal are accepted whereas the minus

(-) signs show that the goal or means to the goal are rejected. Society is structured by cultural goals and institutional norms (Wallace & Wolf 1980:67). In the case of conformity both the goals and means to the goals are accepted. Retreatism is just the opposite in that both the goals and means are rejected. The goals are the aspirations of all the individuals in society, whilst norms are the socially approved means by which the goals may be reached. When a discontinuity forms between these aspects, anomie develops.

According to Merton the individual may, or may not, strive towards these goals. The individual may be pressured by the social structure to attain the goals even when the legitimate means of doing so are limited (Reid 1988:152).

In the conflict approach, the criminal behaviour is seen as stemming from conflict within society (Reid 1988:151; Wallace & Wolf 1980:67). The social structure of society is thus seen as the cause of deviant or criminal behaviour. Merton's Anomie theory illustrates this perception.

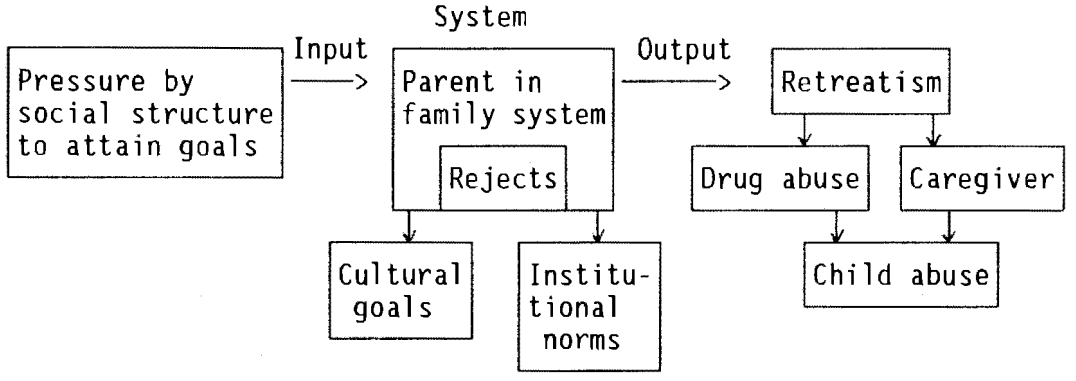
In the consensus approach, Merton rejects biological theories (especially Freud's theory) and states that the social structure exerts pressure on some people. Consequently they react in a non-conforming rather than in a conforming way (Reid 1988:15).

The researcher believes that in the case of the drug dependent, retreatism occurs. Here the abusing individual rejects both the goals and means set by society. By taking drugs, he/she retreats and escapes from his/her duty as caregiver to the child. Thus the parent's inability to achieve his/her goals can be revealed in the following ways:

- through an inability to provide for a child's physical needs (proper food, shelter and clothing) and
- being unable to provide for a child's emotional needs (security).

This may result in child abuse. By abusing drugs he escapes from his duty as caregiver. Diagram 3.6 is a schematic exposition of the parents retreatism and shows how the child can be affected thereby:

Diagram 3.6 Anomie model



The diagram illustrates the pressure placed on the family by the social structure in which it is situated. The parent is pressurised by the social structure (society) to attain the goals which it prescribes its members to obtain. The goals in this instance may be the upkeep of the family and supporting the children. The parent in this situation is unable to attain these goals. This results in the parent rejecting both the cultural goals (for example, to strive for a better standard of living for the family) and the institutional norms. The parent may also retreat or escape from the pressures of society by abusing drugs. Both retreatism and rejection, which are methods used to deal with social pressure, can contribute to child abuse.

3.3.2 Role of the social structure in child abuse

The role of social violence in family violence is also examined by Gil (1979:390) who states that where social theories of violence, such as child abuse theories, see the source of the problem within the family, the cultural theories identify the source of the problem within society. Thus society can contribute to violence in the family.

Child abuse can be seen as a social deviance. Here the structure of

the society plays a causal role in child abuse. Gil (1979:11) mentions that the causes of child abuse arise from the following:

- The society's basic social philosophies and its dominant values.

- The way in which society sees its children and defines their rights.

- The society's attitude towards force as a legitimate means of attaining goals, i.e. reprimanding children.

- In the "triggering context" the correlation between the social sanctioning of physical force in adult-child relations and the triggering of stress and frustration may cause the parent to lose his/her self control.

Thus Gil's central thesis is that violence in families is rooted in social violence.

3.4 SOCIAL PROCESS APPROACH

Social process theories were developed out of a need to determine why people who are exposed to the same social structural conditions respond in different ways (Reid 1988:182). For example, two parents may live in the same social structural conditions, yet only one abuses his child. By utilising relevant aspects of Sutherland's Differential Association theory, Dollard and Miller's drive reduction theory and Bandura's account of observational learning, the researcher examines how the parent's social environment influences him/her to act abusively towards his/her offspring.

3.4.1 Sutherland's theory of Differential Association

Sutherland examines the process by which the individual becomes deviant. He attributes the causes of crime to the environment. According to Sutherland's theory behaviour is "...determined in a process of association" (Korn 1959:298). By this he means that

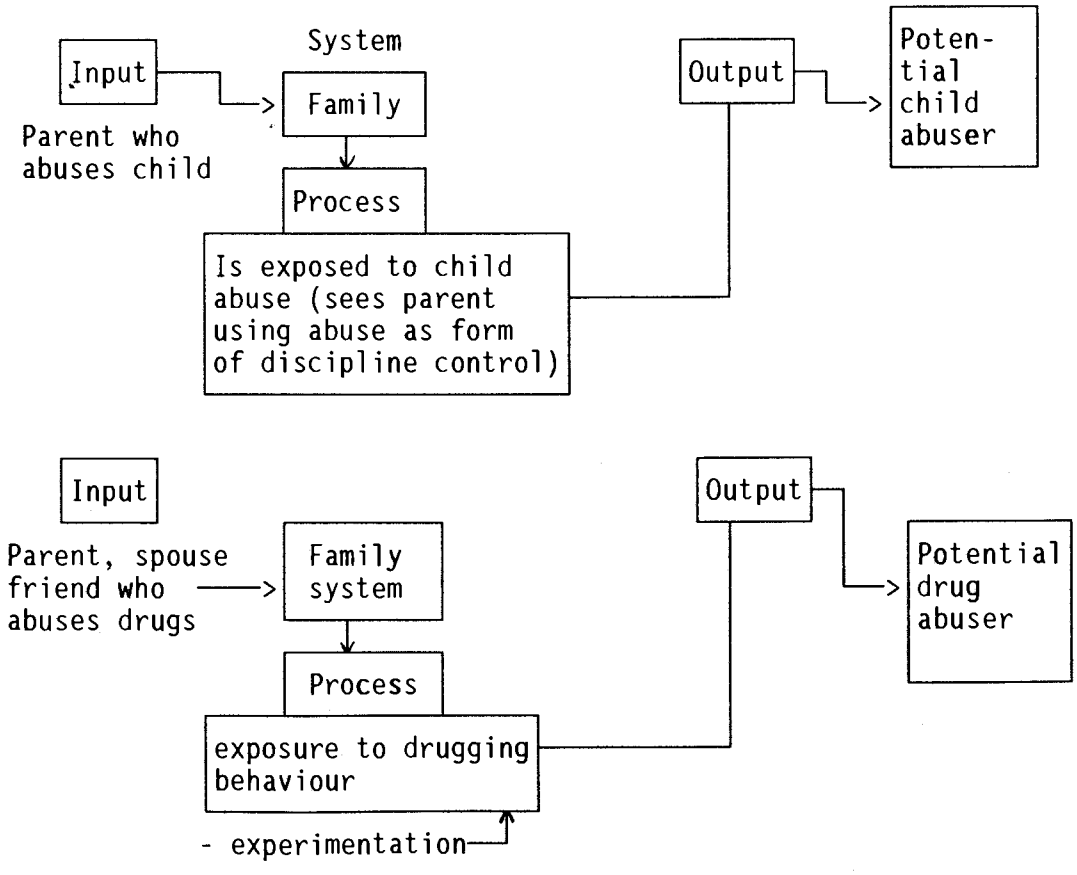
an individual may enter a criminalisation process. The individual associating with those who commit crime in a process of differential association adopts the criminal behaviour. The chance of adopting or learning criminal behaviour, increases if there is frequent and consistent contact with criminal behaviour.

In the case of child abuse, the abusing parent may have been brought up in an abusive home. The parent's continual and consistent contact with violence as a child, and the manner in which he/she grew to adulthood, will eventually result in him/her reacting in the same way towards his/her own children.

In drug abuse, contact with other drug abusers will have the same effect. The individual will learn to use drugs, first by experimentation and later may become totally dependent on them (see Chapter 5).

Diagram 3.7 represents the researcher's interpretation of the process by which the child becomes an abusing parent as well as the process by which an individual learns to take drugs.

Diagram 3.7 **Differential Association**



At the highest level of the diagram the learning of abusive behaviour is illustrated. The family (system) has a parent who exposes the child to abusive behaviour. The child experiences the abuse as a form of control or discipline. When this child grows up and finds him/herself in the same situation he/she may apply the same forms of discipline.

The lower level of the diagram represents the manner in which the use of drugs is learned. The individual is taught to use drugs by those with whom he/she comes into contact. The use of drugs by a parent, friend or even a spouse may have led the individual (the parent) to experiment with the substances.

3.4.2 Dollard and Miller's Drive Reduction theory

Unlike Freud (see section 3.2.1.1) Dollard and Miller (Meyer et. al. 1989:204) do not attempt to study the internal structure of the personality. Instead they explain how the individual acquires his behaviour. They believe that habit rules behaviour. They identify various kinds of habits and postulate that the personality consists of numerous different habits or stimuli-response connections (Meyer et. al. 1989:205). Dollard and Miller argue that man responds automatically to stimuli. This stimulus (which can be compared to Freud's drives) results in tension in the individual, which forces him into action in order to relieve this tension. A stimulus may come from within the individual (as explained in Freud's theory) or from his environment. Dollard and Miller (Meyer et. al. 1989:208) state that when the individual is prevented from satisfying a drive, frustration occurs which can lead to aggression. According to Dollard and Miller (Meyer et. al. 1989:213), psychopathological behaviour develops when the individual has not learned effective forms of behaviour. They also believe that environmental factors influence behaviour.

Child abuse can be explained as ineffectively learned behaviour. The abusing parent may have learned his aggression from his own abusive parent. According to McKendrick and Hofmann (1990:203), South African society is characterised by aggressive disciplining practices and

parents who have grown up experiencing such practices, apply the same methods of disciplining, for example corporal punishment.

The learned behaviour theory also explains violent behaviour as the result of drinking. This behaviour is adopted because of the social meaning attached to alcohol. There are basic cultural norms which prescribe appropriate behaviour whilst drinking (Hosmall in Gottheil 1983:104).

Potter-Efron et. al. (1990:53) postulate that a parent who attacks his/her child after becoming intoxicated, rationalises his/her behaviour in the following manner:

- that his/her violence is part of the intoxication;

- the family is the proper target for the abuse and aggression; and

- after the abuse has taken place, he/she may excuse the behaviour and avoid responsibility. The chemicals (drugs and alcohol) are seen as being "responsible" for the behaviour.

3.4.3 Bandura's account of observational learning

Various authors such as Tzeng et. al. (1991); Meyer et. al. (1989:204) and Hergenhahn (1982), discuss Bandura's (1973) learning theory which links aggressive behaviour to learned behaviour.

Bandura (Meyer.et al. 1989:225) rejects Freud's attempt to explain behaviour by means of needs, drives and unconscious impulses. He states that behaviour is too complex to be studied in this manner. According to Bandura (Hergenhahn 1982:329), all behaviour is acquired through learning. Bandura's theory regarding the learning of aggressive behaviour shows how behaviour is internalised by observational learning and direct experience (Vetter & Silverman 1986:395). In observational learning, the behaviour of those in the environment will be assimilated and deviant acts observed, will be learned. For direct

experience to take place these acts must be inacted, for the activity to be reinforced. This can be illustrated by discussing an experiment done by Bandura in 1965 (Hergenhahn 1982:330). Three groups of children were shown a film in which a model was seen kicking and striking a large doll (Bobo doll). One group saw that the model was being rewarded for the aggression. The second group saw the model being punished for the aggressive behaviour. The remaining group was shown that the consequences of the model's behaviour were neutral. The result of the experiment showed that the children's behaviour was influenced by what they observed. The first group (exposed to the violent behaviour being rewarded) were the most aggressive. The second group (who saw the model's behaviour being punished) were the least aggressive. The remaining group (exposed to the neutral consequences) displayed a reaction which fell in between that shown by the other two groups.

Criticism against the learning theory is that it does not take the personality, motivation and individual differences into account (Korn 1959:299). Learning theory does not integrate the unique differences of the personality into its explanation of behaviour. Reid (1988:186) argues that some individuals become criminal without associating with criminals and that an individual can also learn criminal behaviour from non-criminals. A parent may come from a good home where he/she is taught that violence will not be condoned yet that parent may become a child abuser.

Criticism against the social structural and process approach is that it does not explain the individual's uniqueness. Two individuals' exposed to the same social processes, within the same social structure may react differently in a specific situation. Two brothers may come from a family in which they were abused as children, yet only one becomes a drug dependent or abuses his child. When considering social structure and process as causality, it is necessary to incorporate man as an individual and as a unique personality. By doing so one can explain the influence of the social structure and process on the unique individual. Korn (1959:301) postulates that "...one of the major problems of any sociological theory of crime is to explain why

the 'social factor' that 'led' certain individuals into crime does not have the same effect on the other individuals exposed to them".

3.5 PHYSICAL AND BIOCHEMICAL THEORY

The correlation or link between alcohol/drug abuse and child abuse is not actually known. Goode (Blumberg 1974:227) establishes that drug use is related to criminal behaviour and that it influences people to commit violent crime. According to Heath (Gottheil 1983:91) the association between "...alcohol and aggression is truly a missing link". However, he says that high correlations between alcohol and aggression are suspected. Heath (Gottheil 1983:91) states that homicides committed by drunks, less often involve strangers than homicides committed by individuals who have no alcohol in their blood. He postulates that "...data is not yet firm, but there are increasing indications that many of the instances of spouse beating, child abuse, rape and other offenses that are often said to be alcohol related, may be premeditated by sober individuals who become drunk as a sort of alibi" (Heath, Gottheil 1983:99).

It is believed that alcohol plays a larger role in spouse violence than in parent to child violence and this fact is substantiated by Hoshall (Gottheil 1983:104). Mayer and Black (Gottheil 1983:107) conclude from studies available on child abuse and alcoholism, that 32 to 62 percent of the families where child abuse occurred, a parent abused alcohol. Another theory discussed by Tucker (Gottheil 1983:107) is the Disinhibition Theory. Here alcohol plays a large role in releasing the user's inhibitions. This theory assumes that the chemical content of alcohol has a direct effect on the central nervous system, resulting in the lower brain centers being released from higher brain controls. This reduces inhibitions, and behaviour which is usually not allowed when the individual is sober, becomes acceptable. Gelles and Straus (1979:262) also make use of this theory in order to explain the use of alcohol as an excuse for violence. They postulate that drink reduces the individual's responsibility for his/her reactions. This thus neutralizes the deviant behaviour in the mind of the abuser. Blame is then projected

on the alcohol. According to Gelles and Straus (1979:263) this is seen as "time out" where the individual cannot be held responsible and his drinking is used as an excuse for his violent behaviour.

Very little research has been done on the effect of drug use on the parent's behaviour towards his/her children. According to Densen-Gerber and Sandberg (1978:756), some form of child abuse or neglect can be expected from the dependent parent. However, they postulate that few child abuse studies have tried to assess to what extent it contributes to child abuse.

3.6 SYSTEMS APPROACH

In Parsons' System theory, four systems are identified. Society consists of a cultural, social, personality and behavioural organism system (Wallace & Wolf 1980:24).

The cultural system consists of religious beliefs, national values and languages. Parsons postulates that it is usually in this system where the individual internalizes society's values and incorporates them with his own ideas.

The next level is the social system on which the role interaction is based. This social system can consist of anything from a two-way relationship in a public place to the relationship in a formal setting such as a court. Parsons (Parsons & Bales 1955:8) states that: "A social system consists in a plurality of individual actors, interacting with each other in a situation which has at least a physical or environmental aspect. Actors who are motivated in terms of a tendency to the optimization of gratification and whose relation to the situations, including each other, is defined and mediated in terms of a culturally structured and shared symbols" (Wallace & Wolf 1980:24). Parsons' personality system consists of an individual actor, the human whose main focus is on his own needs, motives, attitudes and motivation of gratification (Wallace & Wolf 1980:26).

The individual can also be seen in a behavioural sense. This level

explains the individual's organic and physical environment. According to Parsons' theory of deviance, when a disequilibrium occurs on this level, deviant behaviour results (Parsons & Bales 1955:7).

The researcher believes that it is within this system, in which a disequilibrium has occurred, that the abusive family is found. On the cultural level he/she internalizes the values of his/her environment and together with this aspect and environmental conditions, may abuse the child. The social system will be the level on which the parent and child interact. The abusive parent is the individual actor whose needs and motivation of gratification will mainly concern his/her drug dependency. Lastly, when the parent is seen in the organic and physical environment, the deviant behaviour, namely child abuse, results. The behavioural changes brought about by the drugs, will be the causality of this abusive behaviour.

Parsons believes that in order for a society to survive, a certain equilibrium must be maintained (Wallace & Wolf 1980:34). This means that by applying Parsons ideas, a state of balance must occur in the family to maintain normal family functions. When this does not take place, as in the case of the family with a drug dependent member, deviant behaviour can be the result.

The systems approach illustrates the dynamics of the family as a system. The role of the community, individual factors associated with the abusive parent, the characteristics of the abused child and factors in the family which contribute to the abusive setting, can be illuminated by analyzing components such as boundaries, communication, relationships, input and output, entropy, family adaptation and the family as a system in the community.

The following points of criticism can be held against this theory. It does not study the members of the family as separate individuals. Furthermore, it does not see the parent as a unique person. The systems theory must therefore be utilised together with personality theories in order to examine the parent's personality.

3.6.1 The family as a system

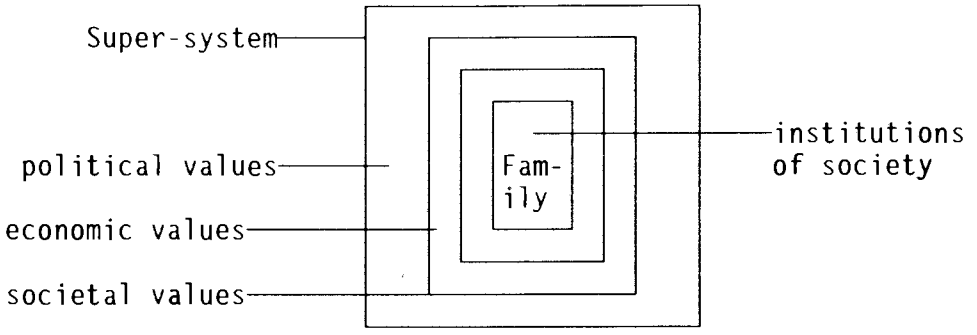
Structural family therapy was developed in the second half of the twentieth century. The systems theory placed man in a social context and saw him as being part of his environment (Minuchin 1974:6). The systems theory can explain the etiology of drug related child abuse within a disrupted family system. According to Boulding (Becvar & Becvar 1982:2) this theory is the skeleton of science which aims to provide a framework or structure of systems on which to hang the flesh of the subject in an orderly corpus of knowledge. It forms a structure (see Diagram 3.2), around which all the other explanatory models discussed earlier in the chapter (see section 3.2 to 3.5) can be placed in a multidimensional approach to drug related child abuse. The systems approach can thus be seen as a mode or means of "unifying theory".

The systems theory explains and predicts events, together with solving recognized problems. It also looks at man in context, focusing on the influence family members have on one another. Becvar and Becvar (1982:5) explain that people must be studied in relation to each other and that family members cannot be seen as separate individuals, but in a family context. Each member of the family must be seen in relation to the other members of the family in order to understand him/her.

The family as a system is a component or subsystem of a larger network (suprasystem, i.e the society) influenced by the social processes and social structure thereof (see sections 3.3 and 3.4). The systems theory further describes interpersonal processes and the observable dynamics which occur when elements of a system interact. It also considers aspects such as boundaries and communication.

According to Gil (1979:30) this theory consists of a super-system in the form of a circular structure. Diagram 3.8 illustrates this super-system:

Diagram 3.8 The super-system of society



Within this circular structure the political, economic and societal values are found. Another ring exists within this structure. This ring is defined by the institutions of the society in which it is placed. It is in this circle that the family is found. In the family, further sub-systems are encountered (father and mother, father and son). It is from this level in the smallest sub-system, that the abused child receives input from other family members.

Crime in the family may be more common than crime in any other setting but is usually hidden (Tzeng et. al. 1991:63) because of the private nature of the family and the reluctance of the police, prosecutor and the court to intervene. Victimological studies by Lincoln and Straus (1985:7) incorporate three types of crimes, namely crime **against** the family, crime **by** the family, and crime **in** the family. This study concentrates on the latter aspect, where the offender (the parent) and the victim (the child) are members of the same family. This coincides with Stevens' explanation of crimes against community life (Conradie, Naude & Stevens 1990:118). Violent crime is studied within the family context in an attempt to combat and prevent family violence.

It is important to realize that no family has the same degree of organization. Some are well integrated and function smoothly, whilst others are characterized by a high degree of disorganization. In order to explain why some families are dysfunctional, certain components of the systems approach are discussed.

3.6.2 Components of the family as a system

The family structure is characterised by boundaries, communication, relationships, input and output, entropy and adaptation:

3.6.2.1 Boundaries

All systems have boundaries. This characteristic is also seen in the family system. "These boundaries are defined by redundant patterns of behavior which characterize the relationships within the system and by those values which are sufficiently distinct as to give a family its particular identity" (Becvar & Becvar 1982:10).

Boundaries separate the family from its environment. According to Land and Kenneally (1977:14) this characteristic allows the privacy of a family. The boundaries of the family, are the region through which inputs and outputs pass. If a family accepts too much information from outside, its boundaries will become indistinct and difficult to discern from other systems. However, if it is too rigid, the family will not be able to process information received from the environment, effectively. In order for proper functioning to take place, Land and Kenneally (1977:15) postulate that these boundaries must be clear, allowing contact between members of the family and others in the family's environment. If boundaries are blurred, the differentiation of the family system diffuses, and members encounter problems adapting. If boundaries are too rigid communication becomes difficult and the protective functions of the family are handicapped.

With the establishment of each new family system (when a couple gets married) a set of boundaries develop. After the birth of the first child the family's boundary must be extended to include the child. New functions appear which organize the way in which family members will interact. Prerequisites required only by the parents, such as providing discipline and being the breadwinner, are set by society. In certain instances parents cannot achieve these goals,

with the result that the child is drawn into the problems encountered by parents (Minuchin 1974:57).

3.6.2.2 Communication/information

Two communication methods have been identified in the family system namely verbal or non-verbal. Verbal communication consists of words or labels, which are used to transmit information. This element is considered the least powerful in any relationship in the system. Non-verbal communication however, is the command or relationship defining mode of communication. These are the voice tone, gestures, facial expressions and body posture which give meaning to the speaker's words. According to Becvar and Becvar (1982:12) they tell the receiver of the message what to do with it. The context is associated with the non-verbal communication, and a change in the context will bring about a change in the rules of the relationship. Therefore, the abusive parent will treat the child differently when in the company of individuals who are not members of the family. Together non-verbal communication and context form the analog. Thus the non-verbal communication in the pathological family could occur in the form of child abuse.

According to Mettal (1977:53) communication provides two kinds of information. Firstly, it indicates normality and secondly, abnormality, where conditions are no longer normal and require corrective means with which to regain stabilisation. Yet in the abusive family, the researcher believes, the parent may try to regain control by reacting abusively.

3.6.2.3 Relationships

Relationships describe the pattern of interaction between two or more individuals. In this study it refers to the relationship between the abusive parent and the abused child. The relationship also determines the rules governing how they relate to each other. The family can be distinguished from other systems by the redundant patterns of interaction between members (Becvar & Becvar 1982:24).

According to Feldberg (Bourne & Newberger 1989:121) abusive parents are less able to separate their children from themselves and to accept that they have their own needs, independent of those of their parents. They do not empathize with their children as other non-abusive parents would.

Garbarino and Gilliam (1980:29) postulate that the particular kind of relationship will define the pattern of abuse. They see abuse as "...perpetrated by normal individuals who are situationally incompetent in the role of caregiver". A combination of social stress, a low level of caregiving skills as well as the social structure, contribute to abuse. In order for a family to function as an adequate organization, members must be conscious of, and accept his/her and others' roles (Koos 1946:49).

3.6.2.4 Input and Output

The family receives input such as the norms and values from the environment. Output refers to the information which is given out by the family. A characteristic of the abusive family is its private nature. This privacy can be seen as hazardous because it can undermine the flow of information processing to, and from the family (Garbarino & Gilliam 1980:4). This information can be the feedback on the parent-child relations and a knowledge of the norms, expectations and techniques concerning child-rearing.

3.6.2.5 Entropy

All living systems have some degree of exchange with the other systems in the environment. Becvar and Becvar (1982:14) postulate that a family system accepts only input which is necessary for its continued existence.

Entropy occurs when there is little or no energy or information which passes into the family system. It is thus closed to influences or people who do not belong to it. Becvar and Becvar (1982:14) explain that while no family system is totally closed, there are those which

are more private than others.

According to Mettal (1977:57) systems which tend to be closed do not exchange materials, information and energy with their environment. This family will have limited contact with individuals outside the unit and will receive little emotional, social and intellectual stimulation from the environment. "Closed systems do not utilize these offerings from their environment, but rather operate as self sufficient entities, they are characterized by what is known as entropy" (Mettal 1977:57). In other words, the energy flow in a "closed system" eventually becomes disordered and incapable of functioning effectively. In this system the family would be rigidly controlled by a bureaucratic or a drug dependent parent who has little contact with his/her environment.

As Mettal (1977:59) postulates, the environment is not accepted to improve the family performance or to modify goals which have been set. He adds that the family will suffer entropy resulting in problems caused by it being incapable of meeting the changing needs and constraints of its environment. The danger of entropy is that it can affect the environment for example, the abused child that grows up to become an abusing parent.

The abusive family can affect the society in which it lives. The researcher is of the opinion that in the long term this can occur when the abusive family produces members who may be potential child abusers. Minuchin (1974:55) also discusses the effect which the family can have on the wider system (the community) when he postulates that the behaviour of one member has an immediate effect on others, and that stresses can flow across the family boundaries into other subsystems (see section 1.2.2).

3.6.2.6 Family adaptation

According to the systems theory, adaptation takes place within a system. Changes created by the family's own members as well as outside pressure can have an impact on the family members which,

require a constant transformation of their position. This takes place in order for this system to maintain continuity. These stresses can come from four sources (Minuchin 1974:60) namely:

3.6.2.6.1 Stressful contact of **one member** with extrafamilial sources, for example stress at work or a child with problems at school. This can affect one member or the entire family.

3.6.2.6.2 Stressful contact of the **whole family** with extrafamilial sources for example, economic problems, transfer to another place of abode or relocation, poverty and discrimination. These factors can have an influence on the whole family.

3.6.2.6.3 Stress at **transitional points** in the family for example, developmental changes in a family member, change in family composition, adaptation to the birth of a child and decreased membership (death or institutionalization).

3.6.2.6.4 Stress around **idiosyncratic problems** which may include a child with a physical or mental handicap or illness in the family (including drug dependence of a member). It is in this situation that one would find the drug dependent parent being unable to cope with the child's handicap.

3.6.2.7 **The family as a system in the community**

As the child develops, his environment increases and more social systems are encountered. The neighbourhood is the first extension of family life. When this environment is supportive, creative adaptation and growth will take place but when the environment is not protective it deprives the family of stimuli, and stress can result. Growth and adaptive functions are also prohibited. Social impoverishment of the family can restrict the support that the child can receive from the protective behaviour of relatives. For example the Chinese community has an ideological basis which protects children and offers support to the parents. Even though their community is characterized by poverty,

child abuse is not a common phenomenon (Becvar & Becvar 1982:82).

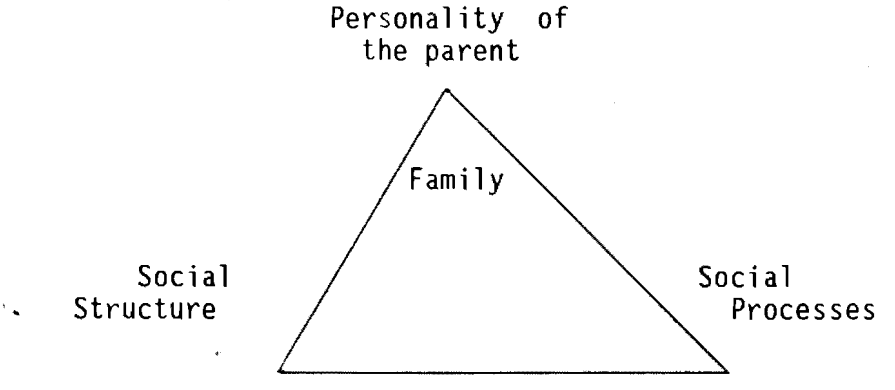
The researcher comes to the general conclusion that it is the lack of community support and the isolation of the modern nuclear family, which makes it vulnerable to child abuse. On this level the community plays a secondary role in child abuse.

3.7 CONCLUSION

A multidimensional approach is adopted to explain the etiology of drug related child abuse because this involves many variables.

Diagram 3.9 examines the contributory role of the family structure in child abuse in this study of drug related child abuse.

Diagram 3.9 **Multidimensional model of drug related child abuse**



The researcher illustrates that no single theory can fully explain drug related child abuse. A multidimensional approach can offer a more comprehensive explanation as it incorporates the **personality** of the drug dependent parent, the **social structure** in which he/she finds him/herself, and the **social processes** influencing him/her. This approach illustrates the **dynamic nature** of the family in which the abuse takes place and discusses the elements which make the family part of a system. This model is applied in Chapter 4.

After completion of the theoretical study, the formulation of **research expectations** can take place. These are based on the multidimensional

model of drug related child abuse:

3.8.1 the parents personality contributes to drug related child abuse,

3.8.2 social structure contributes to drug related child abuse,

3.8.3 social processes contribute to drug related child abuse,

3.8.4 psycho-active substances contribute to child abuse.

In the following chapters an analysis of data will be done, by applying the multidimensional model, in order to explain the phenomenon of drug related child abuse.

CHAPTER 4

THE NATURE AND CIRCUMSTANCES OF THE DRUG DEPENDENT PARENTS

4.1 INTRODUCTION

This chapter examines the nature and circumstances of the 17 drug dependent parents in the study. Each case includes a description of the parent's personality, his/her environment's social structure and the social processes which influence it.

4.2 CASE 01-JP

4.2.1 Personality

JP is a 32 year old female whose psychopathology could be seen from an early age. As a teenager she was sent to an industrial school due to her uncontrollability and rebelliousness. Psychometric tests done during her stay at Phoenix House indicate that she suffers from organic brain damage and epileptic fits. According to IQ test results in her file she is not unintelligent but emotionally immature.

4.2.2 Social structure

JP comes from a successful family. Her father is a medical doctor and both her brothers have been successful in their professions.

She has been married three times and has three children. She gave the first child up for adoption and the second child lives with her first husband. The youngest child remained with her. She and her latest husband were reported to Child Welfare by their landlady because they were neglectful. The child was taken away and placed in foster care.

The respondent and her husband do not share the the rest of the family's aspirations. Both are unemployed and do not plan to find any form of employment.

4.2.3 Social processes

JP and her husband remain at home all day drinking and drugging. They stopped drinking for a while after her third child was removed by Child Welfare but soon started again. They receive financial support from JP's family as they refuse to go out to work. Besides the financial support they receive, they have no contact with the family. Other forms of social interaction are also limited.

4.3 CASE 02-EP

4.3.1 Personality

EP is a 21 year old married female. She started abusing psycho-active substances at the age of 15. While she was still at high school she overdosed on anti-depressants and was sent to an institution for alcohol abuse. She left school and became a waitress.

Later she was committed to Phoenix House in terms of Section 29/30 of Act 41 of 1971 in order to prevent her from endangering her own well-being and that of others. She isolates herself from people and has a low self image. She is agitated, anxious and vulnerable.

EP is a multi-drug abuser, and uses amphetamines, tranquillisers, barbiturates, narcotics, hallucinogens, cocaine and Welconal.

4.3.2 Social structure

She comes from a background in which the abuse of alcohol and drugs was a daily event. Her grandmother was an alcoholic and her mother abused drugs. Her father divorced her mother and took her, and her brother and sister to live in Canada. When she was 14 years old, her father remarried and she returned to South Africa. Because the stepmother ill-treated the children they were passed from one parent to the other.

4.3.3 Social processes

EP's elder sister used drugs first and later taught her 15 year old

sister to do so as well. This respondent reported that she experimented with drugs as result of curiosity. Her sister had started using drugs because she rationalised that if her mother drugged, so could she.

4.4 CASE 03-AH

4.4.1 Personality

AH is a 24 year old female. She started abusing drugs at the age of 14 and at 21 she was totally dependent on psycho-active substances. Her drug abuse resulted in depression and she has attempted suicide. When she is under the influence of psycho-active substances she becomes hysterical, aggressive and physically and verbally abusive. AH has hepatitis due to her intravenous drug abuse and her body is covered with injection marks.

4.4.2 Social structure

This respondent had an average childhood but her family was apathetic and members were not aware of what happened in each others' lives. She felt that they never cared about her. Although her parents are divorced, the family still offers her a stable supportive structure. She resides with her mother and has close contact with her father.

She is divorced and has a daughter aged five. AH's was pregnant when she got married and her marriage was unhappy from the beginning. Her husband did not provide for her and the child, and he drifted in and out of their lives. He introduced AH to Mandrax.

4.4.3 Social processes

AH's family's values were derived from her mother's strict "black and white" morals where everything was either "good or bad" due to her faith as a Johovah's Witness which influenced her self-image. When she is not drugging and a capable parent, she feels happy and "good" and sees herself as Anne. When she is sad or "bad" because of her

drugging and abuses her child, she identifies with "Annette".

AH started using drugs due to peer pressure and her marital problems escalated her drug abuse.

She was brought up in a home where child abuse was not condoned, yet she felt that she had been rejected and neglected by her parents. This is reflected in her manner of child rearing.

4.5 CASE 04-CW

4.5.1 Personality

CW is a 28 year old male drug dependent. He is married and has a child of three. His childhood experiences resulted in his negative outlook on life. This respondent learned not to trust other people. He abused dagga and Mandrax for three years.

4.5.2 Social structure

Both his parents were alcoholics and his father physically abused him and his mother. As a child he would often come home from school to find his mother unconscious on the floor. On occasions his parents tried to murder each other by drowning or shooting.

4.5.3 Social processes

The therapist involved with this case classified him as a typical child of alcoholic parents. He does not feel anything for those around him and does not trust anybody. He isolates himself and does not make friends. His relationship with his wife is also characterised by distrust. They do not have a social life and they live in isolation.

4.6 CASE 05-FV

4.6.1 Personality

FV is a 38 year old father of two children who abuses alcohol and dagga and is violent.

4.6.2 Social structure

FV was abused as a child but the extent and form of abuse is not known to the researcher. He is very aggressive towards his two children and abuses them physically and emotionally.

4.6.3 Social processes

FV's son, aged four wets his bed as a result of the continuous abuse. His younger sister of three is subdued and withdrawn. Both children received therapy.

4.7 CASE 06-SR

4.7.1 Personality

SR is a 22 year old unmarried mother who is employed as a veterinary nurse. She was referred to Phoenix House by her employer who caught her stealing drugs. She displays bizarre behaviour characterised by suicidal tendencies, self mutilation and extreme mood swings.

4.7.2 Social structure

This respondent's mother was unmarried at the time of her birth. Her parents later married but the relationship broke up shortly afterwards. Both her parents abused alcohol and her father ill-treated her and her mother. At the age of five she went to live with her grandparents . SR saw her father for the first time in 17 years when she met him in Joubert Park in Johannesburg. He is a hobo and an alcoholic. She felt sorry and wanted to help him, but he just wandered off while she was talking to him.

4.7.3 Social processes

Her grandparent's are overprotective of her and her daughter. They take care of their granddaughter during her drugging episodes. They also try to prevent her from abusing the child. SR feels rejected by her mother whom she describes as hard and insensitive, and she does not allow any contact between her mother and her own daughter.

4.8 CASE 07-HK

4.8.1 Personality

HK is a 25 year old divorced mother with a child of four. She is addicted to barbiturates and cannot take care of herself. She neglects her health, her appearance, is untidy and she also suffers from bulimia. She is pale, covered with bruises and needle marks, 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 mutilates herself by cutting her body with sharp objects. She is also aggressive towards those around her. She is sexually promiscuous and worked as an escort prior to the birth of her child. Her criminal record appears as follows:

Date	Offense	Sentence
1981	Possession of dagga	A five year suspended sentence
1987	Dealing in LSD	Compulsory drug counselling at a rehabilitation centre
1987	Theft	Acquitted
1988	Loitering with intent to perform prostitution	A R50 admission of guilt fine

4.8.2 Social structure

HK's parents never displayed any emotions. They never argued or became violent, but were divorced when she was eight years old. She has a good relationship with her father but resents 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 lost interest in her husband, and divorced him 18 months later. He had abused drugs prior to the birth of their child but stopped drugging after the baby was born.

4.8.3 Social processes

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

4.9 CASE 08-DV

4.9.1 Personality

DV is a 21 year old married female. She is impulsive, has poor emotional control, is unstable and withdraws from society.

4.9.2 Social structure

DV comes from a broken home. She has limited contact with her parents and only sees her grandmother who was granted custody of her child.

4.9.3 Social processes

Both DV and her husband abuse alcohol and neither of them have full time employment. They often have no food or money. Their child was severely neglected and was physically abused as well.

4.10 CASE 09-DM

4.10.1 Personality

DM is a 22 year old single female. She is unemployed and is supported by her father. She is emotionally disturbed, overly rebellious and obtains relief from anxiety through fantasy and withdrawal. She abuses dagga, barbiturates, narcotics, hallucinogenics, alcohol, pericon, opium, morphine and cocaine. DM has been arrested twice for the possession of drugs.

4.10.2 Social structure

She comes from a stable environment. Her father is a retired pilot and they have a good relationship. DM relates to her family on a superficial level but feels misused and resentful towards them for no apparent reason.

4.10.3 Social processes

DM has difficulty with interpersonal relationships. She was pregnant at the time of her referral to Phoenix House. Because of her drug dependency, doctors suggested that the pregnancy be terminated. She however decided not to have an abortion.

4.11. CASE 10-GO

4.11.1 Personality

GO is a 29 year old, married man. He has a daughter of three. This respondent is aggressive and emotionally unstable. He is involved with occultism and displays bizarre behaviour. He believes he can read people's minds and feels threatened by, what he believes, they are thinking.

4.11.2 Social Structure

He had a traumatic childhood as both his parents were alcoholics. They neglected and physically abused him and he refuses to talk about these abusive episodes.

4.11.3 Social processes

GO attempts to manipulate people. If he cannot do so, he withdraws and isolates himself. His wife fears him and believes that he has "magical powers". He also abuses his daughter physically.

4.12 CASE 11-MT

4.12.1 Personality

MT is 24 years of age and is separated from his wife. He has two children whom he ill-treats. He abuses dagga, Mandrax, LSD and thinners. He communicates poorly and has a low self-esteem.

4.12.2 Social Structure

Very little is known about his childhood. He does not speak about his past. His relationship with his wife was dysfunctional and they argue frequently.

4.12.3 Social processes

Both MT and his wife abused the children physically and neglected them. The children were not in good health and were physically deprived when they were removed by Child Welfare.

4.13 CASE 12-PA

4.13.1 Personality

PA is a 32 year old male, married and has a child of four. He is

emotionally unstable and has a low self concept, has little emotional control and abuses alcohol.

4.13.2 Social Structure

PA's father was an alcoholic and this led to a family break up. He was separated from the family and grew up in a children's home.

4.13.3 Social processes

This respondent has difficulty with interpersonal relationships. He drinks excessively every weekend and experiences black-outs. It is during these drinking episodes that he abuses his wife and child. Later he cries and feels remorseful.

4.14 CASE 13-TL

4.14.1 Personality

TL is a 29 year old divorced man. He has been married several times and has one child of five. He attempted suicide twice, once by cutting his wrists and the next time by jumping off a balcony. He was partially paralyzed in an accident at the age of seven. He demands immediate gratification and is constantly in conflict with the law.

4.14.2 Social structure

This respondents parent's are divorced and his mother, a drug dependent, has remarried several times. She emotionally blackmails and misuses TL.

4.14.3 Social processes

His mother controls his life, and decides on who he may see and where he may live. He physically abused his daughter.

4.15 CASE 14-DD

4.15.1 Personality

DD is a 27 year old married mother with two children. She passed standard seven and is unemployed. She suffers from chronic depression, is confused and has attempted suicide. This respondent is an alcoholic.

4.15.2 Social structure

Her father was an alcoholic whose drinking habits led to the deterioration of his health and eventually to his death. She was overprotected by her mother.

4.15.3 Social processes

DD physically abused and neglected her children and as a result they were taken away and placed in foster care.

4.16 CASE 15-PVZ

4.16.1 Personality

PVZ is a 28 year old married mother of three children who abused drugs for eight years. Her file states that she has a typical profile of a cough mixture addict. She is socially isolated and withdraws from society. She is unable to cope with reality and is an irresponsible parent.

4.16.2 Social structure

Her husband is an alcoholic and he physically abuses her. She fears both him and his mother because they are extremely critical of her. She has little freedom of movement as they time her each time she leaves the house.

4.16.3 Social processes

She abused her children physically and emotionally and also neglected them. Her sister intervened and the children were removed and placed in foster care.

4.17 CASE 16-CA

4.17.1 Personality

CA is a 24 years old married woman. She has two children aged seven and eight. She abuses Mandrax and dagga. She has a violent temper which ends in aggression.

4.17.2 Social structure

She comes from a family of alcoholics and drug dependents. Both her grandparents and her father were alcoholics. Her parents were divorced when she was a year old and she was reared by her mother. CA, her husband and children live with her in-laws.

4.17.3 Social processes

This respondent stole R 9000 from her employer and colleagues in order to buy drugs.

She threatens and bribes her children not to tell when she uses drugs. She also neglects her children.

4.18 CASE 17-GM

4.18.1 Personality

GM is divorced and has a daughter of ten. She uses any drugs that are available but has a preference for dagga and Mandrax. She has a low self-esteem, is depressed, aggressive and socially isolated.

4.18.2 Social structure

She does not talk about her childhood and has no contact with her parents. This respondent and her daughter live alone.

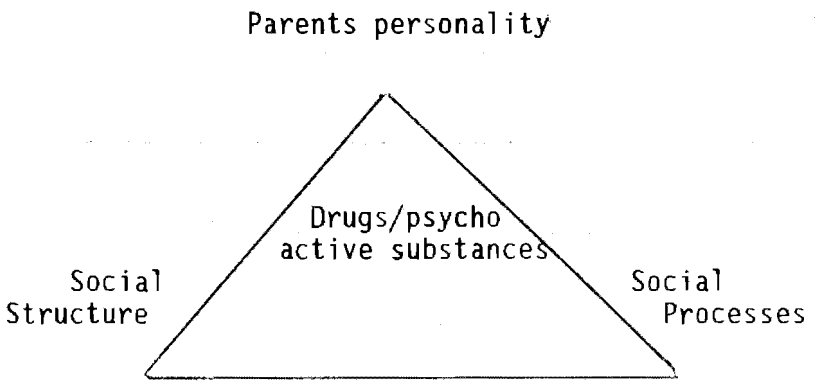
4.18.3 Social processes

GM neglects her daughter and most of the time roles are reversed and her daughter takes care of her.

4.19 CONCLUSION

The multidimensional model of drug related child abuse (see section 3.8) will be integrated in Chapters 5 and 6. In Chapter 5 attention is given to parental drug dependency and its consequences for the family system. The psycho-active substance and its effect on the parent and his/her environment is analysed. Diagram 4.1 is an illustration of the role of psycho-active substances in child abuse.

Diagram 4.1 Parental drug dependency and child abuse



In Chapter 6 the family system is analyzed in relation to its social structure, social processes and the parent's personality (See Diagram 3.9).

SECTION TWO: ANALYSIS AND INTERPRETATION OF DATA

CHAPTER 5

PARENTAL DRUG DEPENDENCY AND CHILD ABUSE

5.1 INTRODUCTION

The aim of this chapter is to analyse **parental drug dependency** and its consequences for child abuse. Within this framework the direct effect of drugs on the parent, the parent's behaviour, and the indirect effect on the family environment, especially the child, will be analysed. When looking at the effect of drugs, De Miranda (1987) explains that three aspects must be taken into consideration. He refers to the **agent**, the **host** and the **environment**. The agent is the psycho-active substance or substances abused, the host is the user and his or her psychological make-up, and the environment is the family system.

5.2 PSYCHO-ACTIVE SUBSTANCES OF ABUSE

The process of drug dependency must be understood in order to determine the extent of the drug abuse. Drug abuse begins firstly by experimentation. In the case of the drug dependent however, it has developed into a dependency. In this study 17 parents (100 percent) were completely dependent on drugs.

Drugs and criminality go hand in hand and crimes can be committed to attain drugs or as a result of drugs (Inciardi 1981:10). Thus crime can 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 offense. The researcher will examine the effect of the various substances on the user's personality, social structure and social processes.

5.3 THE AGENT

The effect of the drugs (the agent) on the parent and subsequently on the family will now be analysed.

5.3.1 The influence of central nervous system depressants

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

5.3.1.1 Alcohol

According to Cohen and Densen-Gerber (1982:385), chronic alcoholism creates a neglectful and abusive environment for the family and especially the children involved. Di Cicco (Mylant 1984:51) estimates that in 1984, 20 million children in the United States of America lived with an alcoholic parent.

Alcohol has a negative effect on the cognitive functioning of the individual misusing the substance. Pernanen (in Gottheil 1983:13) mentions 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.

Severe alcohol abuse manifests itself in inappropriate behaviour, aggression, loss of employment, family breakdown and in pregnant women it can damage the fetus (De Miranda 1987:13; Plant 1985). Case 05 (see section 4.6) illustrates the manner in which alcohol abuse led to inappropriate and violent behaviour. FV would beat his son severely for wetting his bed. Inappropriate behaviour and aggression will be discussed in 5.6 (parental drug dependent) and fetal harm in 5.8.3.5 (outcome of drug dependence). Out of the eight cases (01, 04, 05, 08, 09, 12, 13 and 14) where parent's abused alcohol, seven of these families were disengaged. In case 09 (see section 4.10), the family still functioned as a unit. Cases 01, 08, 09 and 14 furthermore

experienced financial problems as a result of the parent's lack of employment.

Case 01 (see section 4.2) received support from Welfare organisations and the other 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.

Table 5.1 reflects the researcher's findings regarding the use of alcohol in the 17 cases of drug dependent parents.

Table 5.1 Alcohol use in the group of drug dependent parents

Non-alcoholic substances	Total alcohol used		Total
	Alcohol only	Other substances and alcohol	
9	4	4	17
53%	23,5%	23,5%	100%

The research findings indicate that eight parents (47 percent) abused alcohol in the group. Of these eight parents, four (23,5 percent) misused alcohol only, and four parents (23,5 percent) abused other substances together with the alcohol. The parent's who mixed alcohol and other substances were more violent and prone to acting aggressively.

5.3.1.2 Narcotics

The researcher identified narcotics as another substance abused by the parent's in the research group. They include opium, morphine, pethidine, Wellconal, codeine and cough mixture. These substances are physiologically addictive and cause very severe withdrawal symptoms. Furthermore, they led to a mental and physical deterioration and a

general loss of interest (De Miranda 1987:89). 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. This author 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 explanatory of why narcotic dependents abuse their children.

The researcher's findings indicate that in this study, seven parents (40 percent) abused narcotics and were dependent on these substances. Five (29,4 percent) of them used at least two other substances such as barbiturates and tranquillisers, in combination with narcotics.

5.3.1.3 **Hypnotics**

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 elicits feelings of unreality and removes 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** can 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 case 06 (see section 4.7) SR suffers from severe depression which she attempts to counteract by continually drugging. She does not succeed and tries to inflict injury to herself.

Inhalants are volatile substances such as glue which are inhaled. The abuse of these inhalents lead to feelings of drunkenness, lightheadiness, drowsiness and a state of unreality (De Miranda 1987:26).

According to Kelly, Cherek, 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 abusing barbiturates.

Table 5.2 illustrates the use of hypnotics by the parents in this study. Hypnotics abused by the respondents in the group are barbiturates as well as non-barbiturates which include Mandrax, tranquillisers and inhalants.

Table 5.2 Hypnotics

Barbiturates	Non-Barbiturates			Other	Total
	Mandrax	Tranquillisers	Inhalants		
9	2	4	1	1	17
52,9%	11,8%	23,5%	5,9%	5,9%	100%

Barbiturates were the most frequently used substance. Nine parents (52,9%) abused barbiturates while seven abused non-barbiturates. This can be broken down to two parents (11,8 percent) who abused Mandrax, four (23,5 percent) who abused tranquillisers and one (5,9 percent) that abused inhalants.

5.3.2 Central nervous system stimulants

Appetite suppressants, Ritalin and cocaine are examples of stimulants. These substances speed up the user's system 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. Users

mostly report feelings of restlessness, anxiety, hyperactivity and paranoia (Clinard & Meier 1975:297). De Miranda (1987:34) postulates that cocaine abusers frequently abuse tranquillisers as well, in order to counteract the unpleasant side effects of anxiety, insomnia and agitation. The researcher's findings substantiate this fact because of the four cocaine abusers in the group, three abused tranquillisers as well as cocaine.

The researcher believes 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 percent) neglected their children and another two parents (11,8 percent) physically and emotionally abused their offspring. SR , case 06 (see section 4.7) abused cocaine and neglected her daughter of five. The family were in a position to intervene which kept the abuse to a minimum, as she lived with them.

Table 5.3 explains the use of stimulants in the research group. In the table the extent of stimulant abuse is measured against all the other non-stimulant substances abused by the group.

Table 5.3 Stimulants

Stimulants	Other substances	Total
4	13	17
24%	76%	100%

Four parents (24 percent) in this study abused cocaine, a drug which found its way to South Africa during the last ten years. It is an expensive drug costing R200-R300 per gram. To get the desired effect the user will 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.

5.3.3 Central nervous system hallucinogens

Hallucinogens include among others, D-lysergic acid diethylamide (LSD)

and dagga. They have a chemical effect upon the brain, producing pleasurable effects (Clinard & Meier 1975:297). 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 amongst South African youth. In this study nine parents (53 percent) abused dagga, making it one of the more popular drugs of abuse. The chemicals in dagga are psycho-active 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 depersonalization (De Miranda 1987:44). The individual may stay intoxicated for 12 to 16 hours after using LSD. During this time he may be totally out of touch with reality (De Miranda 1987:44).

The researcher believes that hallucinogens will have a negative effect on the parents and their relationships. No parent under the influence of this substance will be able to respond responsibly to the needs of a child.

Ten parents (58 percent) 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.

5.4 THE PARENT'S PERSONALITY AS A HOST FOR DRUG ABUSE

In Chapter 6 the child abusing parent is analysed and certain common characteristics are identified. It was found that the child abuser was an abused or neglected child him/herself, has a low self-esteem, is isolated and has certain problems with regard to parenting and parenting skills. These characteristics can also be identified in the drug dependent. Therefore, it is not possible to postulate that child abuse is a direct cause of drug dependency. Child abuse may only be one of the various symptoms of a drug dependent parent. One could

more safely deduct that drug abuse and child abuse occur in parents with similar characteristics. These will be discussed under the host or the parent's psychological make up and personality. Attention will be given to the parent who was an abused child, has a low self-esteem, and the effect of the substance on the parent's personality. These aspects are discussed in accordance to the goals of the research (see section 1.3).

5.4.1 The host's psychological make-up

The following aspects are characteristics found in the 17 parents which make up this research sample.

5.4.1.1 The parent as an abused child

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 concluded 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. She 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.

Table 5.4 indicates the cycle of abuse which took place in the research group of child abusers.

Table 5.4 **Cycle of Abuse**

Abuser abused as a child	Child abuser was not abused as a child	Unknown	Total
9	1	7	17
53%	6%	41%	100%

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

As 53 percent of the respondents in the current study were abused as children, the researcher comes to the conclusion that parents abuse drugs and subsequently abuse their children because of learnt behaviour. It can be postulated that in this case, child abuse may contribute to drug abuse or vise versa.

5.4.1.2 Low self-esteem

In this study the researcher found that the process of drug dependence resulted in a decline of the self image or self-esteem (Clinard & Meier 1975:315; Okpaku 1986:28). Only one parent (six percent) had a positive self-concept or high self-esteem. Sixteen parents (94 percent) had a low self-esteem or self-concept. Low self-esteem is an important contributor to drug abuse.

5.4.1.3 Effect of drug abuse on the parent

The drug dependency has a further impact on the parent's behaviour,

functioning and appearance. According to Pernanen (Gottheil 1983:13) alcohol has an immense effect on the 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 psycho-active substances has a similar effect. The parent who drugs is not able to fulfill the parenting role and communication with the child can 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 percent), drug taking did not lead to aggression. Drugs caused aggressive behaviour towards their children in 12 (82 percent) of the parents.

A study done 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 psycho-active substance, may enhance interpersonal aggression. Muntaner's and Walter's (1990:25) findings may be applied to drug dependency and child abuse. The parent has the potential for child abuse (see section 6.2) together with social factors (see section 6.3) which influence him/her. This situation together with the added drug dependency can contribute to child abuse.

In the researcher's study, 12 parents (71 percent) were seriously depressed as a result of their drug dependency and eight parents (47 percent) had attempted suicide at least once. One of these parents was successful in her attempt and died. Thus, drug abuse has a destructive effect on the parent.

According to the reports in the files, respondents in this research group were also untidy on their person and in their environment.

Physically they appeared pale, underfed and had infected skins as a result of continual administration of psycho-active substances by means of injections. Their teeth were in a poor condition 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's et. al. (1990:2) research found that drug dependents are also characterised by a callous disregard for the rights and feelings of other individuals. Furthermore, they state that drug dependents are manipulative, lack remorse or guilt and are irresponsible. The chronic abuse of barbiturates for example can lead to marked personality changes and a general apathy in the user (De Miranda 1987:15).

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

The parent's drug dependency can also contribute to other deviant behaviour such as prostitution and drug dealing. Eleven parents (65 percent) in the research group had been involved in criminal behaviour. Three parents had been sent to a reform school as children, two mothers had been 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 parent for wife abuse. One father was also involved in the occult.

From the discussion it becomes apparent that the personality of the drug dependent parent is seriously impaired by his/her drug taking. Child abuse is a logical consequence thereof, because these individuals are not capable of looking after themselves, let alone caring for minor children. The **research expectation** as set out in section 3.8.4 that reads: **psycho-active substance abuse contributes to child abuse**, is substantiated by the finding of this research.

5.5 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 not only affects the user, but family members and significant others are also affected. In the 17 cases 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 following table indicates the employment status of the 17 parents in the research group:

Table 5.5 Employment status of drug dependent parents

Employed	Unemployed	Total
6	11	17
35%	65%	100%

The parent's drug dependency resulted in an employment disruption in eleven cases (65 percent). This contributes to a loss of earnings, the 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 (see section 6.4.8).

Another aspect which may contribute to child abuse is the level of disintegration which has taken place in the family system. This could be caused by the parent's separation or divorce, or the placement of the children in foster care. Table 5.6 illustrates this level within the families of the drug dependent parents in the research group.

Table 5.6 Disintegration of the family system

Family as unit	Family disruption	Total
2	15	17
12%	88%	100%

In the 17 cases incorporated into this study, 15 families (88 percent) had experienced family disruption. In four families the parents were divorced, in four they were separated and in seven instances the children had been removed by Child Welfare. Only two families (12 percent) still functioned as a unit. It can therefore, be postulated that drug abuse has a detrimental effect on the family system.

Table 5.7 examines the level of family involvement in the case of the 17 drug dependent parents in the study.

Table 5.7 Level of involvement between family members

Intricately involved	Involved	Disengaged	Total
2	1	14	17
12%	6%	82%	100%

Fourteen parents were totally disengaged from other members of the family. In cases 03, 07, 11, 13, 15 and 17 communication had broken down and in 07, 11 and 15 the parents did not even 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 drugs had contributed to the process of disengagement. The 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.

In Table 5.8 the researcher reflects the level of alienation that the respondents experienced in this study.

Table 5.8 Level of alienation in the drug dependent

Alienation from community	Alienation from community and friends	Alienation from community, friends & family	Total
2	5	10	17
12%	29%	59%	100%

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 percent) of the parents had contact with friends and family but no contact with people outside this close group. Five parents (29 percent) had contact only with close family, but excluded their friends. The other ten parents (59 percent) 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 dependent withdraws because he cannot cope with the expectations that society has of him. In this study this pattern of withdrawal is reflected.

It can thus be concluded that the children, and especially the younger ones in the family of these alienated parents, would also be cut off from society because of the closed nature of the unit. Older children are not as secluded because they go to school and have the opportunity to confide in a peer or a teacher. However, they may develop a sense of inferiority because of their negative circumstances which could in turn cause their withdrawal.

5.6 CONCLUSION

The role of drug abuse in child abuse has been examined. The drugs

abused by parents in this study fall into three categories. They are depressants, stimulants and hallucinogens. These drugs have a common characteristic namely, that they are psycho-active or mood altering substances. The effect of the drugs on the parents' behaviour is examined and specifically how the abuse of drugs influences the host (the parent) and the environment (the family members and the society) and especially how they can contribute to child abuse.

CHAPTER 6

THE FAMILY SYSTEM AS CONTRIBUTORY TO CHILD ABUSE

6.1 INTRODUCTION

The aim of this chapter is to indicate and discuss the role of the **family system** in the causation of child abuse. This will be analysed in relation to the **personality** of the parent, and the **social structure** and **social processes** which take place. Van Rees (Eekelaar 1985:335) sees child abuse not as a phenomenon in itself, but as an alarm signal of a family in distress. The risk factors related to the family system are identified in this chapter. Psycho-social factors tend to influence the family most. This is due to the family's unique nature which makes it vulnerable to internal and external pressures which cause stress. The family is always the final recipient of each political and economic event which takes place and no family functions in total isolation. Family members are part of a complex system where child abuse can be seen as a symptom of a dysfunctional family (Van Rooyen 1989:28).

It is important to look at three aspects when discussing drug related child abuse. Fontana and Besharov (1979:30) believe that the necessary ingredients for child abuse are a potentially abusive parent, a vulnerable child and a sudden crisis. A situation of escalating problems could, however, be just as explosive as a sudden crisis. In the prediction of drug related child abuse, the following aspects should be examined: characteristics which predispose parents to abusive behaviour, characteristics in the child which contribute to him/her being abused, circumstances which may make it difficult for the parent to establish and maintain harmonious interaction.

Certain criteria must be present in the parent's psychological make up, together with his/her abuse of psycho-active substances, in order for him/her to abuse his/her child. The potential to abuse the child must be present. This is usually determined by the way in which the

parent was reared, whether he/she had become isolated and cannot trust others, or if he/she had unrealistic expectations concerning the child. Finally a crisis or a series of crises, may set the abuse in motion (Kempe & Helfer 1972:XIV).

It is important to note that not all parents who possess one or more of the predisposing characteristics will abuse their children (Ebeling & Hill 1975:22). An indeterministic approach must therefore be applied, taking the parent's choice and free will into account. It is this principle that divides parents into two groups namely **abusive** or **non-abusive**. Thus it is the parent's choice whether to abuse the child or not.

The multidimensional approach, discussed in Chapter 3, explains the abuse of the child in a family system. Aspects of the family system, together with the parent's personality are discussed in relation to how they can contribute to abusive behaviour. The various components of the family system are discussed namely boundaries, communication relationships, input and output, entropy and adaptation to stress. In this chapter, data will be analyzed in relation to these components.

6.2 THE PARENT'S PERSONALITY AS A CONTRIBUTORY FACTOR TO CHILD ABUSE

Characteristics in the parent may make him/her more prone to child abuse. Ziegler (Gerbner & Ross 1980:19) experiences difficulty in isolating the characteristics of abusive parents. He explains that it is impossible to separate the individual from his environment. For example two parents may have the same personality and living conditions, yet only one of these parents will abuse a child. According to Ziegler (Gerbner et. al. 1980:19) the following characteristics are identified in abusive parents: the parent him/herself was abused or neglected as a child; the parent cannot identify with other people; he/she lacks understanding of the child's needs, and has an inability to cope with stress and loses control easily. These characteristic's were also found in all 17 drug dependent parents in this study.

6.2.1 Personal characteristics

It is very difficult to identify the child-abusing parent. Wright (Williams & Money 1980:155) describes the abusive parent as being able to appear normal, thus "...the sick but slick syndrome". Fontana and Besharov (1979:26) support this statement. The abusive parent may actually present an attitude of over protectiveness in order to mislead people to believe they are loving parents. This may be the reason why child abuse is not always suspected by physicians.

Some authors perceive the abusive parent as one with a character defect. Spinetta and Rigler (Gerbner et. al. 1980:13) see the abusive parent as one with a general character defect, allowing aggressive impulses to be expressed freely. Cases 03, 05 and 06 are good examples and reflect the personality disorders that can be found in drug dependent parents. In case 03 (see section 4.4) AH is aggressive, physically and verbally abusive and she reacts to her environment in an uncontrolled manner. She shows poor judgement and is emotionally impaired. In the case of FV (see section 4.6), his therapist reported a severe emotional disturbance and in case 07 (see section 4.8), HK uses her psychological defense mechanisms such as rationalisation and projection to cope with her emotional problems. She projects her feelings on her child and subsequently ill-treats her. Abusive parents are also seen as "...immature, dependent, demanding and narcissistic" (Steele & Pollock, Gerbner et. al. 1980:13).

Merrill (Money & Williams 1980:13) devised a typology of abusive parents. He describes them as continually and pervasively hostile and aggressive. They possess an uncontrollable anger, usually stemming from their early childhood experiences. The parent is rigid, compulsive and lacks warmth and reasonableness. Case 05 illustrates the effect which the drug dependent's own negative experiences as a child have on him/her as a care-giver. When AH (see section 4.6) was little her mother never allowed her to act like a child. Now that she is grown up, she cannot cope with her child's demands and she reacts aggressively.

These parents have strong feelings of passivity and dependence. They are also characterised by depression, moodiness, are unresponsive, unhappy and immature. It is significant to note that these five characteristics are also strongly present among the 17 drug dependents in this study.

Fontana and Besharov (1979:29) perceive these parents as immature, demanding, narcissistic, impulsive, depressed and aggressive. To Fontana 1973; Friedman 1976; Kempe et. al. 1972; and Williams and Money 1980; psychological factors in the parent such as lack of remorse, are of prime importance in child abuse. Case 13 (see section 4.14) is an illustration of the lack of remorse expressed by the drug dependent parent for his/her abusive behaviour. TL physically abuses his daughter but does not see his behaviour as abnormal. He believes that it is part of his parenting function. Fontana and Besharov (1979:26) substantiate this when they state that many of these parents show no indication of remorse or guilt with regards to their actions. A study conducted in the United States of America, indicated that emotional immaturity is most probably the greatest single cause for destructive parental behaviour (Fontana & Besharov 1979:26). Kempe and Helfer (1972:32) postulate that only a small number of child abusers are schizophrenic and that less than ten percent are seriously mentally ill.

The researcher agrees with Spinetta and Rigler's (Gerbner et. al. 1980:13) view that child abusers have a general character defect which allows aggression to be freely expressed. In the study under discussion the parents all had one or more personality defect.

6.2.2 Low self-esteem

Abusive parents also suffer from insecurity and a low self-esteem (Fontana 1973; Ziegler, Gerbner et. al. 1980; Ebeling & Hill 1975; Renvoize 1974). Authors such as Anderson and Lauderdale (1982:285) and Potter-Efron et. al. (1990) agree that low self-esteem and negative self-concept are characteristics of abusive parent's.

In this study all the respondents had a negative self-esteem but in cases 14 and 15 (see section 4.15 and 4.16) the respondents experienced the most problems because of their low self-image. In case 14, DD had sought help because she felt that she could no longer cope. A series of events such as her failing Std 8, the death of her father and her loss of employment, had contributed to her being confused and depressed. She felt worthless and when her children were placed in foster care she felt she could no longer cope and attempted suicide. Case 15's low self-esteem was compounded by her chronic abuse of cough mixture and her husband and his mother's critical attitude towards her. Nothing she did ever gained there approval.

According to Roger's self-concept theory (Meyer et. al. 1989:384), every individual has a need for positive self regard. This means that by others approval and acceptance of him/her, he/she may accept him/herself. When others do not approve and the individual accepts this label, the self fulfilling prophesy takes place. This can threaten the self-concept and anxiety may occur as it did in cases 14 and 15. In case 14, DD drinks to counteract her low self-esteem but does not succeed and only increases her self hatred. Case 15's husband and mother-in-law are extremely critical of her. PVZ believes their opinion that she is worthless. Meyer (et. al. 1989:383) postulates that the abusive parent generally has a negative self concept/ self-esteem. If he/she perceives him/herself as bad, he/she will act accordingly and will abuse the child. This is clearly illustrated in case 03 (section 4.4) where AH actually identifies with "Annette" when she is drugging and with "Anne" when she is not. Annette represents her negative and Anne her positive self-esteem. She abused her daughter when she as "Annette".

According to Meyer et. al. (1989:361) when an individual has a low self-esteem, feelings of inferiority, weakness and helplessness develop. These feelings impede the person's parenting skills and limit his/her ability to cope with stress or crisis. This diminished self-esteem results in a defective coping style and "...every life event becomes a crisis" (Okpaku 1986:28). These parents view themselves as worthless and inadequate parents (Anderson & Lauderdale 1982:288).

The researcher found that the drug dependent parents in this study also viewed themselves as worthless and that they were confused and in conflict with regard to their parenting role. Anderson and Lauderdale (1982:285) came to a similar conclusion when they found a similarity in the self-concepts of child abusers and those of mental patients. The low self-concept reduces the ability to cope with crisis and stress.

6.2.3 Age

The parent's age may also contribute to child abuse. Gelles (Gerbner et. al. 1980:94) explains that younger parents are more violent than older parents. According to this author, young people have more stress and have to learn to adapt to a new partner. They also have more physical energy, have young children, resulting in a more stressful environment. Furthermore, Gelles postulates that violence in the family is increasing, thus making the young generation more prone to violence. Franklin (1975:25) agrees that youthfulness increases abuse.

In this study the researcher believes that age is not such an important variable as that of drug abuse. The age of the parents in this study ranged from 19 to 38. Here drug abuse, rather than youthful energy, can be attributed to child abuse.

6.2.4 Educational level

With regard to the educational level of the abusive parent, research is inconclusive and contradictory. Gil (Gerbner et. al. 1980:204) concludes that parents with a low level of education act more violently whereas Gelles (Gerbner 1980:204) found that the more highly educated are more violent. According to this author, parents with a high school education have higher abuse rates. In contrast to Gelles, Ziegler (Gerbner et. al. 1980:21) found that parents with a lower education were more likely to abuse their children.

The researcher believes that it is not so much the parent's level of

education, which plays a contributory role in child abuse, but rather a spectrum of factors such as employment and economic status. In three cases namely 08 (see section 4.9), 13 (section 4.14) and 14 (section 4.14) which were analysed by the researcher, the abuse of drugs resulted in a disinterest in studies and the drug dependents had dropped out of school.

In the research group three parents (18 percent) had an educational level of Std 7, three parents (18 percent) had Std 8; a further three parents (18 percent) had Std 9 and five (30 percent) had completed Std 10. One parent had received a higher diploma (six percent) and a further two parents (12 percent) had attended a university.

The researcher found that the employment status of the abusing parents were as follows: eight parents (48 percent) worked full time up to the date of their admittance for treatment. One parent (six percent) was employed part time and eight parents (47 percent) were unemployed. Four parents (23 percent) did skilled work and 13 (77 percent) unskilled labour. Brocker's (1977:97) findings therefore substantiate those of the researcher, namely that parents employed in unskilled work are 77 percent more likely to be abusive towards their children than those involved in skilled work.

The **research expectation** as stated in section 3.8.1, which reads: **the parent's personality contributes to drug related child abuse** is thus substantiated by these research findings.

6.3 THE SOCIAL STRUCTURE OF THE FAMILY

The boundaries of the family as a social structure contribute to child abuse in the following manner.

6.3.1 Family Boundaries

Family boundaries are those invisible barriers which structure a family and give it its own unique nature. The family's boundaries determine each member's role and the way in which they will

communicate with each other and with individuals outside the family. Boundary inadequacy is highly correlated to alcohol and drug abuse (Potter-Efron et. al. 1990:109). Potter-Effron's statement substantiates the researcher's findings. In this study all 17 drug dependant parents abused their child or children. The parent with boundary inadequacy is usually unable to respect the boundaries of the child. This reinforces the low self esteem of the child and thus makes it more difficult for him/her to defend him or herself against the parent's invasions, attacks and humiliations.

If the boundaries are too rigid the family experiences internal and external problems as illustrated in cases 06 (section 4.7) and 04 (section 4.5). In case 06 the drug dependent's grandparents overprotected her which led to her rebelliousness. She then began to abuse drugs. Case 04 illustrates external problems which may result from rigid boundaries being drawn. In this instance the drug dependent father does not allow anyone into his family's boundaries, resulting in their isolation from society. Land & Kenneally (1977:15) indicate that internal problems, comprising of poor communication between family members, may result in the family's withdrawal from the rest of the community. This study corroborates the findings of this researcher. Cameronchild, Fontana & Besharov (1979:23) state that in severe cases, such as case 04, the parent may even become isolated from the rest of the family.

The abusive parent also experiences difficulties separating the child from his/her own boundaries. As a result the parent has unrealistic expectations of the child such as seen in case 17 (section 4.18). Here the parent views the ten year old child as a companion and as a source of approval and affection. GM is a drug dependant, with the result her child has developed a sense of responsibility and maturity above that of her age. She takes care of her mother during her drugging episodes. Cameronchild (Fontana & Besharov 1979:23) postulates that these parents do not see the child as an individual with his/her own needs. According to Van Stolk (1972:21) the abusive parent views the child as being capable of adult comprehension and responses. Furthermore, these parents expect the child to understand its parent's own need for love and approval (Fontana et. al. 1979:64).

According to Steele and Pollock (Brocker 1977:11) the parent exchanges roles with the child and expects him/her to react and respond in an adult manner. Frude (1980:142) and Potter-Efron et. al. (1990:180) substantiate this idea of role reversal. They state that these parents may also identify motives or feelings which the child may not even have, for example, "...my child is trying to hurt me, therefore I retaliate" (Fontana 1973:65). This can be seen in case 05 (section 4.6) where the drug dependent father experiences his son's bed-wetting as a deliberate attempt to anger him, and retaliates by physically abusing his son.

Instead of looking at the actual characteristics of the parent, Steele and Pollock (1978:88) focus on the interaction between the parent and child. Their observation of abusive parents shows that these parents expect and demand a lot of the child. They see the child as a source of comfort, reassurance and love. A good example of this is seen in case 17 (section 4.18) where GM's daughter acts as the "parent" and takes care of her mother.

6.3.2 The size of the family

The abusive family is characterised by a unique family structure. In a study done by Gelles (Gerbner et. al. 1980:99) he found that the family structure could be a determining factor in child abuse. He states that larger families have a higher abuse rate than smaller ones. For example, a family with one child had a lower abuse rate than families with two children. He also found that families consisting of eight children had less violence than families with six children, the reason being that in large families, one or more of the children would be teenagers and would be able to help with the supervision of the younger children (Gelles, Gerbner et. al. 1980:99). However, Mahmood (Eekelaar 1978:284) on the other hand, argues that a large number of children impoverish the family and as a result the frustrated parents may abuse the children.

The size of the families in the research group ranged from eleven

families (65 percent) with only one child, four families (24 percent) with two children and two families (11 percent) with three children. The researcher believes that the size of the family was not significant in this specific study. All the children had been or were still abused by the drug dependent parent, regardless of the family size.

From these findings it becomes apparent that the family structure enlarges the risk of child abuse. The **research expectation** (see section 3.8.2) which reads that: **social structure contributes to drug related child abuse,** is thus fully substantiated by the research findings.

6.4 SOCIAL PROCESSES IN THE FAMILY SYSTEM

The following processes which take place within the family system may contribute to child abuse namely communication, relationships, isolation, bonding, input and output, and the way in which the family copes with stress.

6.4.1 Family Communication

Communication in the family consists of verbal and non-verbal communication (see section 3.6.2.2). The non-verbal communication can take the form of abusive behaviour towards the child. This occurs when the parent's verbal communication is poor. The parent may try to gain or regain control of the situation by abusing the child (Mettal 1977:53).

A second element of communication is that criminal behaviour is learned in interaction with other people by the process of communication (Reid 1988:186). Therefore, through communication with, and the example set by the parent, the abused child will learn to be aggressive, and could also be abusive in later life. Reid (1988:185) postulates that a vicious circle of abuse may develop. Continual and consistent contact with this mode of communication can eventually result in the person reacting in the same way towards his/her own children.

The researcher found that among the 17 cases in this study only one parent (5,9 percent) experienced a good level of communication in the family of origin. Six parents (35,3 percent) stated that communication in their family was limited and a further ten parents (58,8 percent) admitted that communication in their family was distorted.

It is important to note that parents experienced the same level of communication with their present families, as in their family of origin. The way in which the family communicates will influence the way in which they relate to each other and to others outside the family as illustrated in case 03 (see section 4.4), where AH has problems communicating with people because of the lack of communication skills she experienced in her childhood.

The researcher's findings reflect that of the 17 parent's in this group, five (29 percent) communicated on a verbal level and 12 (71 percent) on a non-verbal level. Those who communicated non-verbally were found to physically abuse their children, whilst those who communicated verbally were more likely to be emotionally abusive.
Those parents who reported a verbal mode of communication talked to the child, whilst those who communicated on a non-verbal basis would rather apply corporal punishment.

6.4.2 **Family Relationships**

Relationships describe the pattern of interaction between the abusive parent and the abused child. In the case of the abusive parent his/her relationships with both family members and those outside the family may be abnormal/inadequate. The parents tend to isolate themselves from family, friends and other social contacts. With regard to their relationship to the child they encounter bonding problems, cannot empathize with the child or cannot separate the child from themselves. The latter was discussed under communication (see section 6.4.1).

6.4.3 **Isolation**

The family generally experiences the environment as supportive. It

receives help and constant encouragement from friends and the extended family. This results in creative adaptation and growth. But when the family isolates itself, it is cut off from this support and becomes a closed system (Becvar & Becvar 1982:24). It receives little or no input from or contact with society or the extended family. Thus it has no backup or assistance when it encounters stress or financial problems. As a result growth and adaptive functions are influenced, the family becomes socially impoverished and the child's supportive and protective relationships are cut off. Brocker (Helfer & Kempe 1968:83) found that abusive families are isolated from community and family networks, and that they usually do not belong to any organisations. Thus social isolation plays a role in child abuse. Gerbner and Ross (1980:19) note that abusive parents very seldom have close ties with neighbours and usually do not participate in community organisations. Usually they avoid social situations and months may pass without contact with anyone else besides members of the nuclear family (Thorman 1980:27). Cameronchild (Fontana & Besharov 1979:23) postulates that abusive parents lack support from the extended family and the community. Brocker (1977:11) notes that the parents do not turn to the extended family in times of trouble. Cases 01, 04 and 08 are good examples of how parents isolate themselves from others. For example in case 01, JP and her husband stayed at home and did not even go out to work. In case 04 and 08, the drug dependent parents forced other members of their families into isolation as well. They become aggressive if members of their families tried to break away.

Thus the family does not have a 'lifeline' (Helfer & Kempe 1968:12). The isolated mother therefore, experiencing the stress of child rearing, will present a high potential for child abuse (Hass, Ebeling & Hill 1975:15). This idea is supported by Hutchings (Frude 1980); Renvoize 1974; Dercksen 1989; and van Rees (Eekelaar 1978).

The social support network (the family) serves to moderate stress, share material goods and services, and gives emotional support and affection (Spearly & Lauderdale 1983:93). It can boost the troubled parent's self-esteem (Spearly & Lauderdale 1983:93).

A study by Polanski, Gaudin, Ammons & Davis (1985:274) showed that abusive mothers were not living in a socially impoverished environment and were no worse off than others who were offering adequate care to their children. Moreover, it was the mothers who experienced the community and friends as unfriendly and unhelpful, who were abusive.

6.4.4 Bonding/attachment with child

Research (Ainsworth, Gerbner & Ross 1980:37) shows that abusive parents are more rejecting towards their babies than non-abusive parents. These parents try to avoid contact with the infant. Furthermore, their research illustrates that these mothers had severe attachment difficulties in their own childhood. Their negative childhood experiences affected their own parenting skills.

Lorenz (Gerbner & Ross 1980:14) found that a major cause of aggression is inadequate attachment between parent and child in the early stages of infancy. Many researchers agree, and contribute inadequate bonding to child abuse (Frude 1980; Gil 1970; Carver 1978; Franklin 1977 and Potter-Efron 1990). These sources substantiate the researcher's findings that inadequate parent-child relationships contributed to child abuse as seen in the 17 cases in the study, where all of the cases experienced bonding problems with their children, which led to them abusing the child or children.

The parent's drug abuse further impairs bonding. Franklin (1977:17) notes that drugs which break down self control can increase bonding failure and release violence on the young child. In the researcher's study, measures of bonding or family involvement were scaled as intricately involved, involved or disengaged. Two parents (12 percent) were intricately involved; one parent (6 percent) was involved and fourteen parents (82 percent) were disengaged. Thus Franklin's findings collaborate those of the researcher's. Ziegler (Gerbner & Ross 1980:18) however, disagrees and finds that it is not bonding problems, but a situation of stress which causes child abuse. The researcher found that both aspects played a contributory role in child abuse (see section 6.4.7).

6.4.5. Input and output

As seen in section 6.3, the abusive family can be regarded as more private than non-abusive families. Garbarino and Gilliam (1980:4) postulate that this privacy can be dangerous to members of the family. This prevents the family from receiving child-rearing techniques. The parent is cut off from help in times of stress, when the support of the extended family or friends would be of great value in possibly preventing child abuse. The output from the abusive family forms a vicious circle which could lead to another generation of child abusers. The lack of positive input such as knowledge of parenting skills, results in negative output or entropy (see section 3.6.2.5).

Research shows that many abusive parents were emotionally crippled by their own childhood experiences (Williams & Money 1980:120). The researcher found that in this study 13 parents (76 percent) were abused by a parent when they were children. Only one parent (six percent) explicitly reported a healthy childhood and no abuse. The remaining three parents (18 percent) made no mention of being abused by a parent.

An abusive family can have a negative effect on society. Minuchin (1974:55) discussed the negative effect of the behaviour of one family member as it flows across family boundaries into other subsystems.

6.4.6 Family adaptation

All families undergo a process of adaptation due to constant stresses which arise (Minuchin 1974:60). It is important to note that child abuse, in the abusive family system, is usually only one aspect which characterises this troubled family (Linnel, Zieman & Romano 1984:80). The researcher found that child abuse is only one symptom of the deviant family system. In both **drug dependency** and **child abuse**, similar contributory factors can be identified. In healthy families these stresses are overcome by the support of significant others. However, in the abusive family there is little backup from society and problems are encountered.

Minuchin (1974:60) believes that adaptation can be hampered by the following stressful situations namely stressful contact of the family with extrafamilial sources, and stress around idiosyncratic problems.

6.4.7 Stressful contact of the family with extrafamilial sources

Stress in the family can be caused by factors such as unemployment, economic problems or poverty. Gil (1970:111) found that unemployment was common in abusive parents and he argues that the socio-economic pressure on the parent, weakens the psychological control mechanisms which produce frustration. According to Brocker (1977:10), chronic stresses and seemingly insolvable strains prevail in abusive families. Hutchings (Frude 1980:183) agrees with this statement and mentions unemployment, poor housing and low income as major problems in the child abusing family. Solnit (Gerbner et. al. 1980:136) also found that unemployment or underemployment can be related to child abuse. Violence is an alternative to other sources such as money, prestige, respect or love. Gelles (Gerbner & Ross 1980:258) also incorporates the lack of resources (employment) in his social structural situational theory.

However, Williams and Money (1980:119) believe that economic stress alone is not sufficient cause for child abuse. They point out that stress among the well to do and poor does not increase the chance of child abuse, whereas in the middle classes it does. They ascribe this to the fact that the poor encounter stress as a normal part of their lives. On the other hand, the upper class alleviates stress by using financial resources. This option is not available to the middle class. According to this argument they have to resort to violence in order to relieve stress (Gelles, Gerbner & Ross 1980:99). Ziegler (Gerbner et. al. 1980:21) disagrees and says that stress in the lower classes leads to abuse.

The researcher believes that the drug dependent parent does not only abuse the child because of economic problems, poverty or unemployment. Child abuse could be symptomatic of the dysfunctionality of the drug dependent parent (see Chapter 5.9). This can be seen in case 07

(see section 4.8) where the mother attempts suicide, mutilates herself, displays aggressive and violent behaviour and is sexually promiscuous. This respondent cannot cope with the added responsibilities of parenting.

Stress can also be related to idiosyncratic phenomenon such as an unwanted or a mentally handicapped child, which do not occur in all families. These problems are usually not caused by economic difficulty, although it may be present to a certain degree.

6.4.8 Stress around idiosyncratic problems which are unique to each family

Problems which the family may have to face, and which may impede family functioning are an **unwanted pregnancy**, a **difficult child**, a child with a **physical or mental handicap**, **illness** in the family, **divorce or separation**, a **premature or low birth weight** infant and **drug dependence**.

6.4.8.1 The unwanted child

Usually the unwanted child is eventually accepted, but when the mother has many children, she may resent this added responsibility which could lead to child abuse (Thorman 1980:23). When a mother has an illegitimate child she may not have the support of a spouse or a family. Together with shame and unhappiness this lack of support could lead to the child being made a target of all her frustrations (Thorman 1980:23). According to Mahmood's research in Arabia and India, illegitimate children almost always suffer abuse and cruelty (Eekelaar 1978:281). In this study of drug related child abuse, the researcher identified that eleven (65 percent) of the parents had conceived the abused child out of wedlock while only six parents (35 percent) were legally married at the time of conception. In this study this shows that there could be a correlation between unwanted pregnancy and child abuse. This fact is substantiated by many authors (Williams & Money 1980; Blumberg 1974; Gil 1970; Spinetta & Rigler 1972; Steele & Pollock 1978; Gelles 1978 and James 1975).

6.4.8.2 The difficult child

Research also highlights the difficult child (see section 1.6.10) as a contributory factor in child abuse. A unresponsive child who frequently cries is a target for abuse (Main, Frude 1980:19). According to Sandguard, Gaines and Green (Williams and Money 1980:188), child abuse occurs as a result of actual characteristics of the child which makes him/her vulnerable to scapegoating. Fontana and Besharov (1979:28) postulate that in an unhappy mother-child relationship, factors such as an unwanted child, the sex of the child, the child's behaviour and health, are all characteristics which can increase the risk of abuse.

In this study it is not possible to determine if the abused child can be classified as difficult because the researcher had to gather data from files which did not always reflect this information. Although this information was scant, the deduction could be made that the children under discussion displayed at least some characteristics which had led to their abuse.

6.4.8.3 Premature or low birth weight baby

It is also believed that a premature or low birth weight infant may be a cause of child abuse (Gerbner & Ross 1980; Dercksen 1989; William & Money 1980 and Gil 1970). Research done by Smith (1975:195), substantiates these findings. He discovered that 25 percent of all battered babies were of low birth weight.

Ziegler (Gerbner & Ross 1980:16) postulates that the premature or low-weight infant has characteristics which may be stressful to the parent or parents. This baby usually develops slowly and may provoke abuse by continually crying. Gerbner and Ross (1980:123) corroborate this and postulate that the parent may also experience difficulties understanding the needs of the child. The premature birth of a baby produces stress and anxiety in the family and the mother may feel anxious and worried about caring for such a small baby (Gerbner 1980:16).

Furthermore, Ziegler points out that because the premature baby is separated from the mother immediately after birth to be placed in an incubator, this could impede the bonding process (Gerbner & Ross 1980:16). Research on monkeys done by Meier (Frude 1980:89) confirms this fact. He found that when the babies were separated from the mother after delivery by Caesarean section, these mothers refused to accept their young.

The premature baby's appearance may even illicit abuse because unlike a full term baby, it could be unattractive (Ziegler, Gerbner & Ross 1980:16). Further studies on premature and handicapped babies were carried out by Eibl-Eibesfeldt and Lorenz (Frude 1980:91) in the United States of America. They found that the facial features of a newborn baby were the source of protective responses that inhibited aggression in mothers and they postulate that premature and handicapped babies are often the target of abuse because they lack this cuteness.

These facts discussed above as well as the stress caused by the infant's premature birth may further contribute to abuse. In this study it is difficult to determine which of the children were victims of pre-natal abuse. This form of abuse can result in the premature birth of the baby and may also contribute to the child being difficult as result of withdrawal symptoms. The separation at birth, the infant's appearance, as well as the frequent crying could lead to the child being abused. In case 09, DM's child was born prematurely and suffered from withdrawal symptoms as a result of her drugging. Due to her mother's drug abuse the child was difficult and her abuse could be attributed to this fact.

6.4.8.4 **Mental deficiency**

Literature shows that mental deficiency may also contribute to child abuse (Dercksen 1989; Frude 1980; Williams & Money 1980; Gil 1979; Franklin 1977). However, it is not always known whether the parent abuses the child because he is mentally deficient or if the child is mentally deficient because of brain damaged caused by abuse (Ziegler, Gerbner & Ross 1980:17).

Research by Crosse (Smith 1975:194) showed that 84 percent of the battered children in his study had brain damage, head injuries or low birth weight. Vesterdal (Eekelaar 1978:293) postulates that the mother may reject the child and may feel frustrated and guilty because she did not give birth to a normal infant. In this study methodological problems, with files which did not always reflect data on the children (see section 1.5), made it difficult for the researcher to determine the validity of this point. As far as could be ascertained, none of the respondents children were mentally handicapped.

6.5 OTHER CONTRIBUTORY CHARACTERISTICS

6.5.1 The child

Characteristics in the child which may make it more vulnerable or more likely to be abused are the child's age, gender and scapegoating (Gil 1979:56; Steele & Pollock 1978; Thorman 1980; Ziegler, Gerbner et. al. 1980). According to Ziegler (Gerbner et. al. 1980:18), young children are more often abused than older children. It is probably the helplessness of the young child which makes him/her more vulnerable (Solnit, Gerbner et. al. 1980:135). According to Gelles (Gerbner et. al. 1980:90), children from three to five years of age are the most vulnerable because their abuse is less likely to be detected than in older children. Gil (1970:105) however, postulates that physical abuse is not limited to age and occurs in all age groups.

The following table depicts the age of the abused child in the researcher's findings.

Table 6.1 **Age of the abused child**

Under 5	6 - 7	8 - 9	10 - 11	12 and over	Total
14	2	0	1	0	17
82%	12%	0%	6%	0%	100%

In Table 6.1 the researcher shows that 14 (82 percent) of the abused children in the study were under five years of age.

Findings from this research on drug related child abuse indicated that 14 (82 percent) children were under the age of five, two children (12 percent) were between six or seven years of age and one child (six percent) was between ten and eleven years of age. The findings in this research are thus substantiate by Gelles's (Gerbner et. al. 1980:90) statement that children under five years of age are the most susceptible to abuse. Brocker (Helfer & Kempe 1968:84) also found that most abused children were under three years of age. A younger child is more vulnerable to abuse (Wales 1985; James 1975; and William and Money 1980) because he/she is unable to escape the abuse as can an older child as the younger child's mobility is limited. Furthermore, the younger child's level of communication makes it difficult for him/her to report the abuse which takes place in the home.

Fontana and Besharov (1979:28) postulate that factors such as the gender of the child can also increase the risk of abuse. Brocker (1977:87) however, found that gender was not a significant factor. His findings substantiate the researcher's findings that children are abused regardless of what gender they are. In this study, nine (53 percent) children were male and eight female (47 percent).

Scapegoating may also contribute to child abuse. According to Williams & Money (1980:188), scapegoating takes place when one child receives all the blame for whatever goes wrong in the family. One child in the family is made a target for abuse and neglect, whilst the other children may even be over protected. The targeted child is used as a symbol for the parents expression of hostility (Fontana and Besharov 1979:27). In this study all the children became scapegoats of their parent's inadequacies and were the target for the parent's inability to cope, and frustration, aggression and sense of failure were projected onto the child.

The child's vulnerability makes him/her an easy target. Solnit (Eekelaar 1978:243) uses a psycho-analytical theory to explain that

the child's helplessness is a magnet for nurture, attention and action and is therefore, a magnet for attack. This implies that the helpless child reminds the parent of his/her own vulnerability which results in the abusive parent reacting violently towards the child.

6.5.2 Divorce or separation

Divorce or separation may also cause great stress in the family (Dercksen 1989; Franklin 1977; Williams & Money 1980). In this study two parents (11,8 percent) were single, nine parents (52,9 percent) were married, four parents (23,5 percent) were divorced and two (11,8 percent) were separated from their spouse. The researcher is of the opinion that divorce can contribute to economic stress and that the single parent may not be able to cope with the child on his/her own.

6.5.3 Stress and aggression

Another aspect which may contribute to child abuse is stress in the family system which can cause aggression in the parent (see section 3.2.1.5). Research indicates that there is a direct relationship between aggression and child abuse (Main, Frude 1980; Ebeling & Hill 1975; Fontana 1973). According to Frude (1980:19) aggression may be caused biologically, situationally or may even be the result of a learned response pattern.

In the biological category, genetic factors, hormones, cortical stimulation and the physical constitution can play a role. The temperament of the abusive parent can be considered. Child abuse can also be seen as the result of a serious personality defect, for example, immaturity, and even schizophrenia (Dercksen 1989:9)(see section 6.2).

Child abuse as a learned response is characterised by the abused child who grows up to become an abusive parent (Ainsworth, Gerbner & Ross 1980:56; Gil 1970)(see section 6.2.1). Justice and Calvert (1985:362) agree on this when they postulate that both violence and abuse are socially learned responses to stress.

Frude (1980:146) believes that aggression alone cannot explain abuse. Child abuse, he postulates, is the result of different patterns leading to the deed. Research shows that abusive parents have a low tolerance for frustration (Ebeling & Hill 1975:18). They are more inclined to react aggressively to frustration which in turn leads to the parent striking out at the child (Fontana & Besharov 1979:65). Ainsworth (Frude 1980:50) however differs in his view and states that frustration does not necessarily end up in aggression. He believes that it depends on how the individual interprets frustration. In the case of the abusive parent, the motivation for the aggressive behaviour is the infliction of pain and injury rather than the removal of frustration by a socially acceptable means like sport. Ainsworth (Frude 1980:50) further postulates that the child abuser feels morally justified in physically abusing the child because he/she is convinced that the child is the cause of his/her frustration. He may regret some of the more serious physical harm, but not the pain inflicted (Gerbner & Ross 1980:59). The parent may also react with impulsive aggression (Frude 1980:183) for example, where the parent is awakened at night by the consistent crying of the baby. In the case of FV (section 4.6) he abuses his son when he wets his bed and in frustration he strikes out at the child. According to Rogers (Meyer et. al. 1989:383) anxiety leads to aggression and this in turn contributes to abuse. Frude (1980:146) believes that aggression alone cannot explain abuse, but that it is rather the result of different patterns leading to the attack. So idiosyncratic problems (see section 6.4.8) faced by the family could contribute to child abuse as a way of adaptation to stress.

6.5.4 **Parenting**

To be a parent is a role most people will fulfill. Yet many people are not prepared for this demanding task. According to Goodman (Schecter et. al. 1978:740), it is a myth that parenting is a natural function. He sees it as a function that must be learned. The only source of guidance one has, is one's own parents and people are thus influenced by the way in which they were brought up. The role parenting plays in child abuse will be examined by paying attention to what

parenting is, and differentiating between positive and negative parenting.

Parenting is "...the effort to rear a healthy child to maturity and independence, to help a child to cope effectively with his/her world, to develop his/her intellectual powers to the greatest extent possible and to experience a satisfying relationship with his/her parents" (Goodman, Schecter et. al. 1978:740). Goodman further states that parenting is a "...care-orientated relationship which revolves around the needs of a growing child".

However, in the case of the child abuser, the parent lacks parenting skills (Ziegler, Gerbner et. al. 1980:22 and Frude 1980:182) This may be due to the influence which society (system) has on the family (sub system). Because the abusing parent has a "closed" family system, be this due to a need to keep the abuse secret or because of the family's isolation from extended family and friends, it does not receive input namely how to cope with demands of being a parent or receiving support. The parent's own upbringing may also play a role in child abuse. Williams and Money (1980:120) postulate that the parent may be emotionally crippled by his/her own childhood experiences. Authors such as Fontana (1973) and Kempe et. al. (1972) agree that the childhood experiences influence the abused child as a parent. Guthrie (Ebeling & Hill 1975:24) defines child abuse as a "...multi--generationally determined family disease". Therefore, it is passed from one abusing generation to the next. These authors substantiate the researcher's findings. In cases 02, 03, 04, 05, 06, 10, 12, and 13, their childhoods had contributed to the way in which they related to their own children.

The parenting skills can be affected by the way in which the individual is reared and the society in which he/she resides. According to Goodman (Schecter et. al. 1978:740), the policies, values and attitudes of political and social institutions affect parenting. Prior to the Industrial Revolution the patriarchal society gave the father so much authority that he was allowed to put a child to death if he felt it was undermining or threatening his authority. After the

discovery of the abuse of Mary Allen, laws were introduced to protect the child (Gil 1979:ix). Therefore, society influences our parenting methods or skills.

Fontana and Besharov (1979:27) and Steele and Pollock (1978:191) state that the battering parent of today was the battered child of yesterday. The reason for this is that the parent, due to lack of mature adult models, identifies with and develops the same behaviour as that of his/her abusive parents. Fontana and Besharov (1979:110) postulate that violence breeds violence. Solnit (Eekelaar 1978:250) discusses the "delayed virus infection theory". He mentions that the parents who were abused as children, carry a hidden virus. The abusive behaviour is learned as a response to stress and frustration. When they have their own children, this results in a pathogenic virus and they abuse their own children.

Fontana and Besharov (1979:64) substantiate the researcher's findings that most child abusers are brought up in homes which have produced their distorted personalities and attitudes. This further results in an unpreparedness for parenthood as seen in this study. Ziegler (Gerbner et. al. 1980:14) believes that the view that the abused child becomes the abusing parent is unsubstantiated. He feels that just as many abused children do not become abusing parents. Children growing up in adverse conditions do not invariably turn out badly and abuse their children. Korbin (1986:336), postulates that if an abusive upbringing is compounded by a preponderance of risk factors and a lack of support systems, abuse is likely.

6.5.5 Discipline and child abuse

Fontana and Besharov (1979:63) postulate that the child abuser is generally immature, and the birth of the child forces the parent to assume the role of an adult and which ties him/her down. According to Williams and Money (1980:250) child abuse and neglect usually recurs and are not a single event and the child is exposed to ongoing trauma. Child abuse and neglect are pathological patterns of child-rearing. Studies have also found that an important cause of child abuse is when

an adult imposes corporal punishment in order to discipline the child (Gelles, Gil 1979:54). Such parents are inclined to transfer their discontent to the child and in times of crisis they lose control and the child becomes a victim (Vesterdal 1983:34). The abusive parent's discipline may also be influenced, not so much by the child's behaviour as by events. For example, if the parent has had a stressful day he/she can be prone to abusive behaviour (Burgess 1985:74). This together with the lack of knowledge about the vulnerability of children, can lead to serious emotional and physical damage.

Inconsistent discipline also plays a role in child abuse. According to Ziegler (Gerbner et. al. 1980:20) if one parent has excessive authority, or if parental authority is shifted frequently, it can lead to abuse. The distribution of decision-making in the family can also play a role in child abuse. Gelles (Gerbner et. al. 1980:101) found that when decision making is shared, child abuse is half the rate of that when power is in the hands of one parent only.

Kempe and Helfer (1972:4) conclude that abusive parents were raised in a similar system. They were expected to perform well as children, and had to gratify their parent's needs early in life. Van Stolk (1972:20), sees unrealistic parenting as a major contribution to child abuse. Van Stolk explains that the parent may see the crying child as a sign that the child is trying to upset him/her deliberately, as seen in case 05 (see section 4.6).

These findings substantiate the **research expectation** as it is set out in section 3.8.3 which reads: **social processes contribute to drug related child abuse.**

6.6. DRUG DEPENDENCY AND CHILD ABUSE

Drug dependence of one or both parents may also cause stress in the family and contribute to child abuse (Kempe & Helfer 1972; Ziegler, Gerbner & Ross 1980; Franklin 1977). The family of a drug dependent parent faces economic problems, instability, and a lack of physical and emotional care. Abuse can be reflected in two different

ways. On the one hand the drug can cause the parent to ill-treat the child because he/she is under the influence and not responsible for his/her actions. On the other hand the child can become a victim of habitual dependence or overdoses of depressant drugs administered in order to keep him/her docile and tranquillised (Western, Helfer & Kempe 1972:61). Case 15 is a good example of this situation. She tranquillised her children when she felt she could not cope with them.

Fontana and Besharov (1979:109) postulate "...drug dependent parents are not capable of looking after themselves". Thus the children cannot expect care from a parent who cannot even provide for him/herself. Case 07 illustrates this point. HK was pregnant at the time of her referral to Phoenix House and doctors recommended that she terminate the pregnancy because of her drugging and because she was not capable of taking care of herself. Fontana et. al. (1979:71) sees alcoholism as a "...lubricating agent in the inner machinery that produces abuse". It also affects family relationships and causes a distortion of attitudes. He believes that drugs are even more detrimental to the baby as they could have a negative effect on the fetus during the mother's pregnancy. The infant may for example suffer from withdrawal symptoms such as seen in case 09. At birth this baby had extreme withdrawal symptoms and if the mother had not been a patient at Phoenix House, and her drugging history not made known to the gynaeologist and pediatrician, they may not have been able to save the baby's life. De Miranda (1987) expressed concern regarding drug dependent mothers giving birth and the doctor being unaware of her drug abuse. If the baby's withdrawal is not timeously diagnosed, he/she might die.

The family life of the child in the drug dependent household is characterised by an absence of money and a situation of continual neglect. Cases 01, 08 and 11 are good examples of families which were not capable of supporting children and which contributed to them being physically neglected. This situation can lead to death by starvation, disease or physical abuse. However, in cases 01, 08 and 11, this was prevented by the authorities who intervened and removed the children from situations of neglect and deprivation.

The researcher is of the opinion that child abuse by drug dependents may take place on **three levels**. Firstly, the **fetus** may be damaged by the mother's drug dependence as seen in case 09, where the infant was born with withdrawal symptoms. Secondly, the child may also later be abused **indirectly** through the parent's inability to care for him/her for example, emotional abuse and neglect, as illustrated in cases 01, 08 and 11. In all these cases the neglect was severe and the children were removed by Child Welfare and placed in foster homes. Thirdly, children can be abused **directly** on a **physical level**. Case 05 is a good example of how a child can be emotionally deprived and physically scarred by a parent who is irresponsible. FV was the dominant parent in the family who had a serious drugging problem which contributed to his abusive behaviour towards his children. His son suffered from enuresis (bed-wetting), a reaction to his emotional deprivation. The daughter withdrew herself and appeared autistic.

Authors believe that the connection between substance abuse and child abuse remains vague and calls for more research (Erasmus 1988; Wales 1985; McKendrick & Hofmann 1990).

6.6.1 Types of abuse

The forms of abuse in which the drug dependent parents in this study were involved are the **physical**, **sexual**, **emotional** and **pre-natal** abuse and the **neglect** of their children.

According to Fontana (1973:109), the child of a drug dependent parent is vulnerable to starvation, disease, physical abuse and neglect.

In Table 6.2 an elaboration is given on the forms of abuse which took place in the research group, as well as the percentages thereof.

Table 6.2 **Forms of abuse**

Physical abuse	Neglect	Emotional Abuse	Incest	Pre-natal
12	12	4	1	2
71%	71%	24%	6%	12%

* Table 6.2 does not total up to 100 percent. This is because it includes all forms of abuse which took place in the group and reflects that some children were abused in more than one way for example a child could be physically and emotionally abused and neglected.

In many cases more than one type of abuse is prevalent. However, physical abuse and neglect are the most common, (71 percent) followed by emotional abuse (24 percent). Only one case of incest and two of pre-natal abuse were present.

6.6.1.1 Physical abuse

Table 6.3 depicts the number of children who were physically abused in the research group.

Table 6.3 **Physical abuse**

Physical abuse	No physical abuse	Total
12	5	17
71 %	29 %	100 %

In 12 (71 percent) of the cases, the child was physically abused by the drug dependent parent.

Table 6.4 goes a step further than Table 6.3 and shows the substances abused by the parents who physically abuse their children.

Table 6.4 **Prevalent substances involved in physical abuse**

Hallucinogens	Alcohol	Barbiturates
8	6	6
47%	35%	35%

* Table 6.4 does not total up to 100 percent. This table only reflects the 12 cases who physically abuse their children.

Due to the multi-drug abuse (the use of more than one drug at a time) of the parents, it is difficult to determine or ascertain which substance is most prevalent in physical abuse. In the study under discussion, hallucinogens such as dagga and LSD are the substances most frequently abused by parents who physically abused their child. Eight (47 percent) of the parents abused these hallucinogens. Alcohol was abused by six parents (35 percent) and barbiturates were used by a further six parents (35 percent).

In Mylant's (1984:54) study it was found that 65 percent of those parents identified as physical child abusers were alcoholics.

6.6.1.2 **Neglect**

The neglect of a child is also prominent in drug dependent parents and as Fontana (1973:109) postulates, they are not capable of looking after themselves and thus even less capable of looking after a child.

Table 6.5 illustrates the extent of neglect in the research group.

Table 6.5 **Neglect**

Neglect		Total
Yes	No	
12	5	17
71%	29%	100%

In 12 (71 percent) of the cases of drug related child abuse the child was neglected. Barbiturates were used in six cases and again multi-drug abuse was prominent except in one case where only alcohol was abused. Of the eight parents in the study who abused alcohol, five neglected their children. Black (Mylant 1984:59) proposes that all children of alcoholics are affected by their parent's dependency.

6.6.1.3 Emotional Abuse

Table 6.6 reflects the extent of emotional abuse which took place in the research group.

Table 6.6 **Emotional abuse**

Emotional abuse	No emotional abuse	Total
4	13	17
24 %	76 %	100%

Four children (24 percent) were emotionally abused. Multi-drug abuse is also prevalent and narcotics were abused by all four parents. Three parents abused tranquillisers and barbiturates as well.

6.6.1.4 Sexual Abuse/Incest

Table 6.7 illustrates the extent of sexual abuse which took place in the research group.

Table 6.7 **Sexual abuse**

Incest	No Incest	Total
1	16	17

In the researcher's study one case of incest was identified. In this case 12 (see section 4.13) PA sexually abused his four year old daughter. More cases of incest may have occurred, but they could not be identified from the files.

6.6.1.5 Pre-Natal Abuse

Another facet in parental drug dependency and child abuse is pre-natal abuse. This may occur as a result of the effect of the substance used by the mother on the child, or the lack of self care by the pregnant

drug dependent. Throughout history, society has prohibited or discouraged pregnant women from drinking in order to protect the unborn child (Greenblatt & Schuckitt 1976:253).

Yet according to Plant (1985:98) the number of birth abnormalities and prenatal difficulties associated with alcohol consumption, are still high. She found that the risk of producing damaged babies increases in heavy drinkers and notes that drugs most accountable for the greatest regressions, are tobacco and illegal drugs.

Furthermore, drugs play a significant role in the risk of spontaneous abortion, fetal death and neo-natal death. Alcohol abuse can cause a smaller sized infant (birth weight, length and head circumference) lower agpar scores, poorer neonatal habituation, decreased sucking pressure, low birth weight and microcephally (an abnormally small head)(Streissguth et. al. 1981:223; Wachsman, Schuetz, Chan & Wingert 1989).

The features of the offspring of the drug dependent parent, may also make them more vulnerable to be abused (Lawson et al 1983; Williams and Money 1980; Pelton 1981) (see section 6.4.8).

Another facet of pre-natal abuse is exposed when the pregnant drug dependent does not take care of herself. According to Mayer and Black (1977:86) many children of female drug dependents do not receive appropriate pre-natal care as was seen in case 09 (see section 4.10) in this study.

Table 6.8 reflects the measure of pre-natal abuse in the researcher's findings.

Table 6.8 Pre-natal abuse

Pre-natal abuse determined	Pre-natal abuse not determined	Total
1	16	17
6%	94%	100%

One parent was responsible for pre-natal abuse. Due to the method of this research it could not be determined if the other mothers had also been responsible for pre-natal abuse as this was not reflected in the other files.

Doctors had suggested to this drug dependent mother to terminate her pregnancy at 20 weeks. This request was due to her multi-drug (hallucinogenics, barbiturate, narcotic, cocaine and alcohol) abuse. However, she refused and the child was born with withdrawal symptoms.

6.7 CONCLUSION

The role of the family in child abuse has been examined. The characteristics of a potentially abusive parent and a potential victim (the child) have been identified. Furthermore, circumstances or social processes which may disrupt family harmony and functioning have been discussed. Aspects of the family structure such as boundaries, communication and relationships have also been examined in relation to child abuse.

The unique nature and structure of a family as a system, makes it possible for child abuse to take place. The parent has complete control and authority over a child. If that parent is a potential abuser and circumstances in the family are stressful, if the parent is isolated, and the child has further problematic characteristics, the chances of child abuse are very great.

CHAPTER 7

CONCLUSION AND RECOMMENDATIONS

7.1 GENERAL

In this study emphasis has been placed on the role of drugs in child abuse. By means of an exploratory study, recommendations and conclusions can be made with regard to drug related child abuse. But before doing so the aims of the investigation as determined in 1.3 must be answered.

7.2 CONCLUSIONS

The following aims as set in Chapter 1.3 regarding drug related child abuse, will now be answered:

7.2.1 Theoretical explanation of drug related child abuse

In Section 1.3 the investigative aim states that possible explanations, by means of a **multidimensional model**, will be sought for drug related child abuse. No theory alone can explain the multidimensional nature of the phenomenon of drug related child abuse. However, the construction of the multidimensional model made this possible. A systems approach together with the **personality** theories, **social structural** and **social process** theories explain the intricate nature of drug related child abuse.

The systems approach looks at the **family system** and how it contributes to child abuse. The unique nature of the family together with the parent's drug abuse, increases the chances of the child's victimisation.

The personality theory examines how the parent's **personality** structure makes him/her vulnerable to drug abuse and consequently to child abuse. It comes to light that poor self-esteem is a common characteristic in both drug dependents and child abusers. In terms of Freud's

theory, one could also postulate that these drug dependent parent's have a strong death drive which manifests itself in two ways. Firstly, inwardly in the form of self destructive behaviour (drug abuse) and secondly, outwardly in the form of child abuse.

The child's vulnerability also plays a contributory role in child abuse as it is a further reminder of the parents' own vulnerability. This results in the parent striking out at the child. Drugs can also unleash violence in the parent. After the violent episode, the parent usually experiences guilt and in order to cope with this guilt, the parent may become violent again. Drug dependent parents were also found to be inwardly self-destructive. Forty seven percent of the parents had attempted suicide and all 17 parents had a negative self concept.

The learning approach also examines the causality of both child abuse and drug abuse. It shows that child abuse is behaviour which is learned in a small intimate group and in this study drug abuse was learned or initiated by friends as well as family. The family unit is thus an ideal situation for the learning of abusive behaviour. Sutherland for example, explains the learning of criminal behaviour (child abuse) through close contact. The researcher found that learned behaviour played a large role in child abuse. In this study 53 percent of the parents had been abused as children and their own upbringing was the setting in which they adopted the abusive behaviour from their parents.

This study shows that drugs were further found to impair the bonding process as well as impede the parent's self control. This can result in violence being released on the child. The multidimensional model shows that anomie results as a lack of means and an inability in the parent to achieve goals. The parent's drugging leads to unemployment which results in economic problems. Thus the parent is unable to provide for the child physically or emotionally. Escape from responsibility comes in the form of drug abuse. By abusing drugs the parent does not have to face failure as a caregiver. The structure of society can therefore, also contribute to stress in the family system.

The individual or **personality** approach explains the parents' behaviour within the family system, whilst sociological theories explain the **social processes** and **social structures** which influence the family.

The researcher is of the opinion that she met the aim (see section 2.3.1) which states: **to explain drug related child abuse theoretically by utilizing existing crime explanation theories regarding child abuse by means of abstracts from theories utilised in a multidimensional approach.**

7.2.2 The deviant or dysfunctional family system as contributory to child abuse

The second aim of the study was to show that the crime of child abuse and the occurrence of drug dependency do appear together in the dysfunctional family system. Chapter 6 examines this aspect.

The unique nature and structure of the dysfunctional family made it possible for child abuse to take place. The parent as head of the family system, had complete control and authority over the child and if his/her judgement was impaired by drug abuse, child abuse was even more likely. The family had boundaries which were impaired by the parent's drug abuse. This resulted in poor communication between family members as well as those outside the family system. This led to isolation and a lack of communication. The parent may also have had unrealistic expectations of the child, together with a lack of empathy. The family could have difficulty adapting to stressful situations such as divorce, separation and the birth of an unwanted child. All these stresses further contributed to aggression which resulted in child abuse.

The researcher believes that the second aim (see section 1.3.2) to; **establish whether the crime of drug related child abuse takes place within a deviant or dysfunctional family system**, has also been met.

7.2.3 A profile of the drug dependent parent

The third aim of the study was to draw up a profile of the drug dependent and child abusing parent. The 17 parents in the study were immature, dependant, demanding, rigid, compulsive, suffered from depression and aggression, were moody and had a low self-esteem. These characteristics were also found in drug dependant child abusers. These parents lack parenting skills, their method of disciplining is inadequate and they have unrealistic expectations of the child.

The researcher is of the opinion that the third requirement as set in 1.3.3 which aims to: **draw up a profile of the drug dependent and child abusing parent** has been met.

7.2.4 The effect of the psycho-active substances on the parent

The forth aim was: **to examine the effect of drugs on the parent and his/her parenting skills. The psycho-active substances were seen to have the following effect on the user:**

7.2.4.1 Alcohol

Alcohol abuse resulted in the impaired social, interpersonal and economic functioning of the parent as well as his/her mental and physical deterioration.

7.2.4.2 Narcotics

Narcotics resulted in a loss of interest in the parent and feelings such as rage and shame were experienced.

7.2.4.3 Hypnotics

Hypnotics remove sexual inhibitions and if taken in large amounts may result in aggression.

7.2.4.4 Tranquillisers and barbiturates

Tranquillisers could lead to depression whilst chronic abuse of barbiturates cause personality changes, a general apathy and mood swings.

7.2.4.5 Stimulants

The use of cocaine leaves the parent with a feeling of irritability, paranoid delusions, aggression and homicidal behaviour.

All of the above pycho-active substances facilitated child abuse as they affected the parent in the following manner:

The drug dependent parent had a low self-esteem and was unable to cope with stress or crisis. When drugs were abused characteristics such as age, sex, education and income played a minor role (unlike child abuse where drugs are not involved). In the study of drug related child abuse the drug(s) had a unique effect on the individual and the least likely parent (middle-aged, well educated, highly paid) who started abusing drugs, abused his/her child. The abuse of drugs impaired the parent's behaviour, functioning and appearance, and resulted in a mental or personality breakdown and/or other deviant behaviour besides child abuse. The more general effect of depressants was that they slowed down the body's functions which led to drowsiness, diminished reflexes, impaired coordination. Severe withdrawal from depressants led to delirium and mental confusion. Stimulants on the other hand, speed up all the body's systems creating extra alertness, insomnia and restlessness. Withdrawal from stimulants resulted in severe depression and psychotic episodes characterised by hallucinations. The third category of psycho-active substances incorporated into this study were the hallucinogens which caused a general perceptual disturbance in the user which resulted in visual, auditory and tactile hallucinations. The substances above impaired the parent's parenting skills as well. These parents were a danger to society and their families as they were unable to function normally and at times were physically violent.

The researcher is of the opinion that the fourth aim (see section 1.3.4) to: **examine the effect of the drugs or psycho-active substances on the parent and his/her parenting skills**, has been met.

7.2.5 The extent of drug related child abuse

The fifth aim of the study is to determine the extent of child abuse in the sample. In the research group all 17 drug dependent parents abused their children. A research recommendation would be to extend the research sample to include a larger research group of drug dependants.

The researcher is therefore of the opinion that the aim as set out in section 1.3.5, which reads: **to determine the extent of drug related child abuse within the research group**, has been met.

7.2.6 Relevance of the study

Another aim of the study is to show the relevance of an empirical study of drug related child abuse from a criminological perspective (see section 1.2.2). As the researcher postulated in Chapter 1, no known research concerning drug related child abuse has been concluded in the Republic of South Africa. McKendrick and Hofmann (1990) in their study on violence in South Africa postulate that drug and alcohol abuse does lead to familial violence and they recommended further study of the problem. The most relevant study done on the topic in another country is that concluded by Potter-Efron and Potter-Efron (1990) and Schecter, Akne and Kaufman (1978). Both studies emphasise that drug related child abuse does occur more frequently than is expected by authorities.

This study of drug related child abuse reflects that child abuse does occur within families of a drug dependent parent. It is therefore a relevant criminological study in that it shows that a drug dependent parent can also be a child abuser. The prevention of child abuse can thus be achieved by treatment on a familial level. An understanding

of the family dynamics which are affected by the drug abuse can also assist in the prevention of child abuse. The researcher is of the opinion that this objective has been met.

7.3 RECOMMENDATIONS FOR FURTHER RESEARCH

Another aim of this research is to make applicable recommendations based on the findings obtained. One of these being the recommendation that further research to be undertaken on the **effect** of the abuse on the child and the **actual extent** of drug related child abuse in society. The effect of drug abuse on the **unborn child** must also be examined as a form of child abuse.

7.3.1 Effect of abuse on the child

Although the parent as a drug dependant and a 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. Because a study was done on the parent's files, and little information was recorded concerning the child (besides age and sex), and the therapists involved concentrated mainly on therapy with the parent, the effect of the abuse on the child could not be included. This problem highlights a further field of study, namely the **frequency, duration and intensity** of abuse which occurs in relation to the specific drug which is abused. The study must examine the effect of the various categories of drugs or psycho-active substances, i.e. central nervous system depressants, stimulants and hallucinogens on the parent and the subsequent abuse that takes place.

A comprehensive study on the children of drug dependant parents is necessary to complete the issue of drug related child abuse. The child's role in the victimization process must be fully examined, their **characteristics** and predisposing features which contribute to their abuse, the **frequency of the abuse** and the **effect of drug related abuse** on the child must be incorporated.

7.3.2 Extent of the problem in our society

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.

7.3.3 Pre-natal drug abuse

Another aspect which would contribute to a deeper understanding of drug related child abuse would be the in-depth study of pre-natal drug abuse by the drug dependant mother. The issue here is concerned with whether the problem of pre-natal drug abuse is analyzed deterministically or indeterministically. Questions which can arise are: can the drug dependant mother be held criminally responsible for the harm which her drug abuse has on her unborn child? According to Snyman (1990) of the Department of Criminal and Procedural law at the University of South Africa, the law does not consider the abuse of drugs during pregnancy as a crime. The drug dependant mother is only held criminally responsible if she commits a crime such as drug dealing (other than child abuse) while she is pregnant. If she does commit a crime her pregnancy becomes an aggravating factor.

In an article by Maher (1990:111), she postulates that the increase in fetal harm as a result of "...perinatal exposure to drugs" and lack of adequate prenatal care is of growing concern to authorities in the United States of America.

In the view of Warmer (1992), an American counsellor and therapist who works specifically with child abusers, any drug dependent is a potential child abuser. She states that child abuse by these drug dependent mothers, can be prevented through the early detection thereof. The doctors treating these mothers during their pregnancy should see the following as signs of a potential child abuser:

- a lack of pre-natal care when the pregnant mother only reports to a doctor for pre-natal care at a late stage in the pregnancy;

- where the pregnant mother neglects her own health and appearance, and;

- where the pregnant mother abuses drugs or alcohol.

7.4 RECOMMENDATIONS FOR SOCIETY

Recommendations to society based on the findings of this research are as follows:

7.4.1 Recommendations to medical practitioners

Doctors must be aware that the drug dependent is a potential child abuser. If direct or physical abuse does not take place, it may occur as emotional abuse or neglect. This level of abuse is more difficult to detect, and the parent may even attempt to hide it. The pregnant drug dependent must receive special medical care and the consequences of her drugging on the fetus must be explained to her. She should be referred for help to assist with parenting and child rearing skills.

7.4.2 Day-care centres

Care-givers can assist in the prevention of child abuse. Warning signs of neglect and abuse must be taken seriously and reported to the proper authorities. Society must become involved and be prepared to contact either Child Welfare or the Child Protection Units run by the police.

7.4.3 Professionals working with child abuse and drug abuse

Therapists working with both drug and alcohol dependence and child abuse must be aware that the drug dependent is a potential child abuser. The drug dependent's family must therefore also be incorporated in the abuser's treatment programme and the family as a unit must receive therapy.

7.5 THE PREVENTION OF DRUG RELATED CHILD ABUSE

The prevention of child abuse is of great concern to society at present. The researcher postulates that by acknowledging that drug abuse and child abuse are correlated, child abuse may be prevented. It is necessary to look at cases where child abuse occurs and to determine whether drug abuse is a contributory factor. If it is so, besides the usual therapy given to drug dependents, additional treatment is needed. The drug dependent parent must receive therapy and advice on parenting and communication skills. The family as a whole must become involved in therapy.

On the other hand, if a drug dependent parent receives therapy it must be determined whether child abuse occurs, and the abovementioned measures must also be taken.

7.6 CONCLUSION

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

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ANNEXURE

STRUCTURED SCHEDULE ON DRUG RELATED CHILD ABUSE

A. Personality of the parent

1. Case number

2. Sex of abusing parent

Male	Female	
1	2	

3. Race of abusing parent

White	Black	Asian	Chinese	Other	
1	2	3	4	5	

4. Age of abusing parent

< 18	19-21	22-24	25-27	28-30	31 >	
1	2	3	4	5	6	

5. Educational level of abusing parent

Std 6	Std 7	Std 8	Std 9	Std 10	Dip.	Other	
1	2	3	4	5	6	7	

6. Type of employment of the abusing parent

Skilled	Unskilled	Professional	
1	2	3	

7. Type of drug used

Alcohol	Tranqui-lizers	Barbitu-rates	Narcotics	Halluci-nogenics	Other	
1	2	3	4	5	6	

8. Self concept of the abusing parent

Positive	Negative	
1	2	

9. The offender is impulsive

Yes	No	
1	2	

10. The offender has inadequate emotional control

Yes	No	
1	2	

11. The offender has aggressive acting-out tendencies

Yes	No	
1	2	

12. The offender withdraws from other people

Yes	No	
1	2	

13. The offender is emotionally unstable

Yes	No	
1	2	

14. The offender is evasive in his/her communication

Yes	No	
1	2	

15. The abusive parent has little control over his/her emotions

Yes	No	
1	2	

B. Social Structure

16. Current marital status of abusing parent

Single	Married	Divorced	Separated	Other	
1	2	3	4	5	

17. Employment record of the abusing person

Full-time	Part-time	Unemployed	
1	2	3	

18. Income of family per month

R1 000+	R2 000+	R3 000+	No income	
1	2	3	4	

19. Socio-economic area of residence

High	Middle	Low	
1	2	3	

20. Was the abusing parent abused as a child?

Yes	No	Unknown	
1	2	3	

21. Introduced to drugs by

Friends	Family	Work mates	Spouse	Self	
1	2	3	4	5	

22. Number of children in the family

One	Two	Three	More than 3	
1	2	3	4	

23. Sex of the abused child

Male	Female	
1	2	

24. Age of the abused child

< 5 yrs	6-7 yrs	8-9 yrs	10-11 yrs	12 > yrs	
1	2	3	4	5	

C. Social Process

25. Type of abuse

Physical	Sexual	Emotional	Pre-natal	
1	2	3	4	

26. Abusing parent is the

Father	Mother	Step F	Step M	Other	
1	2	3	4	5	

27. Method of referral

Self	Court order	Family member	Employer	
1	2	3	4	

28. Pattern of drug intake

Occasional	Regular	Habitual	
1	2	3	

29. Reason for drug abuse

Individual human factors	Social milieu factors	
1	2	

30. Effects of drugs on the abusing parent

Aggres-sive	Depres-sive	Neat	Untidy Other	
1	2	3	4	

31. Social effects of drugs on abusing parent

Suicide attempts	Employment disruption	Family dis-ruption	Marriage disruption	
1	2	3	4	

32. Level of family involvement

Intricately	Involved	Disengaged	
1	2	3	

33. Factors which contribute to child abuse (input)

Drugs	Personality	
1	2	

34. Result of drug dependence (output)

Deviance	Child abuse	
1	2	

35. Level of communication in the family

Good	Limited	Distorted	
1	2	3	

36. Level of emotional bonding

To loose	To close	
1	2	

37. Level of enmeshment

Highly disengaged	Disenga-ged	Normal	Engaged	Highly engaged	
1	2	3	4	5	

38. Alienation

Family	Friends	Community	
1	2	3	

39. The members of the family of the offender are disengaged

Yes	No	
1	2	

40. The abusive parent experienced his/her own upbringing as abusive

Positive	Negative	
1	2	