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# Domestic Violence as a Contributing Factor to Juvenile Substance Use

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DOMESTIC VIOLENCE AS A CONTRIBUTING FACTOR TO JUVENILE

SUBSTANCE USE

by

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B.S. May 2009, Old Dominion University

A Thesis Submitted to the Faculties of
Old Dominion University and Norfolk State University
in Partial Fulfillment of the Requirement for the Degree
of

MASTER OF ARTS

APPLIED SOCIOLOGY

OLD DOMINION UNIVERSITY AND NORFOLK STATE UNIVERSITY
May 2011


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ABSTRACT

DOMESTIC VIOLENCE AS A CONTRIBUTING FACTOR TO JUVENILE
SUBSTANCE USE

Victoria Felicitas Sophie Danz
Old Dominion University, 2011
Director: Dr. Scott R. Maggard

This study examines the relationship between witnessing violence in the home and juvenile substance use. Data was used from an existing study and variables were re-coded to be of best use for this particular work. This study found that witnessing acts of violence can lead a juvenile into drug use, but other factors are more likely to have influenced this behavior. The study shows that family and peer use of drugs is a major predictor for juvenile substance use and has a bigger influence on the juvenile's life than witnessing violence. No significant impact on drug use was found between socio-economic status or gender when controlling for violence and peer influence. These findings imply that some juvenile substance use can be traced back to witnessing acts of violence and that family factors play a vital role in keeping the juvenile away from drug use.

# ACKNOWLEDGEMENTS

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CHAPTER I

INTRODUCTION

Substance use has been an ongoing historical phenomenon that has been present across all ages and places (Weil 1972). While the media may lead one to believe the drug problem only has evolved recently, the drug scene has been around for some time, while the drug preferences change over time. With the establishment of different laws and acts to control substances, the use of them has been reconstructed from that of a medical problem to a criminal justice issue. Many individuals still take drugs and the question arises what causes drug use. This issue becomes especially interesting when looking at juvenile drug use and its causes. Juveniles are the focus of many studies, including this particular one.

Problem Statement

The goal of this study is to establish whether exposure to violence at home is one of the many causes for juvenile drug use. Witnessing acts of violence in the home has many negative outcomes for children and adolescents including depression, emotional problems, as well as

academic downfall (Osofsky 1999). Most studies that focus on domestic violence do not mention substance abuse as one of the negative effects, but primarily discuss emotional problems and developmental issues. One exception is Widom, Weiler, and Cottler (1999) who state that "substance abuse is assumed to be one of the common coping strategies" (1999:867). Witnessing violence can be a very traumatic event for a child and if there is no parent or other figure of trust the child can confide to, they are left with the need to find their own help. Especially in the case of domestic violence, a parent will be unavailable to support a child and to give them the help they need. Children and juveniles might resort to self-medication through illegal substances as a coping mechanism due to the traumatic event. Different family factors have a great impact on juvenile behaviors and structure and stability within their family is very important in preventing drug use (Widom, Weiler and Cottler 1999).

Many children who witness traumatic events experience the same symptoms as adults who have been diagnosed with Post Traumatic Stress Disorder (Fantuzzo and Mohr 1999). If these symptoms are not diagnosed and treated, it can harm the child in more ways than simply emotional instability.

The child is more likely to perform poorly academically, be aggressive in the classroom, and unable to concentrate. These symptoms can be mistaken for Attention Deficit Disorder and teachers might overlook the real cause for these behaviors which may include domestic violence. If the child receives the appropriate help, not only can the symptoms vanish, but the likelihood for the child to self administer drugs for coping with the issue can be reduced as well.

Purpose of the Study

By establishing that domestic violence is a cause of juvenile drug use, different policy implications could be made that will be discussed in detail later on in this study. The purpose of this study is to establish the presence of a causal relationship between witnessing violence in the home and subsequent drug abuse among juveniles. The literature reviewed for this study often mentioned differences in gender and class, which this specific study will also control for.

R1: Does witnessing acts of violence in the home push a child into self-administration of drugs to cope with the negative experiences?

H1: Presentation of negative stimuli enables juveniles to engage in drug use.

H2: Males are more likely to engage in drug use than females.

H3: Socio-Economic Status is not influential in drug use.

Significance of Study

Few studies have focused specifically on the relationship between domestic violence exposure and juvenile drug use. This study will investigate if there is a relationship among witnessing violence in the home and juvenile drug abuse and will determine if research on a broader level should be conducted to raise awareness of the issue. If this study establishes a causal relationship between the two variables, it will provide a background not only for further research but will also support a change in policies to establish a better network of help for children and juveniles who have been exposed to violence in the home. Specific policy implications will be discussed in the

discussion and conclusion of this study. This study will focus on the relationship between domestic violence and juvenile drug abuse and how it can be explained through Agnew's General Strain Theory. This theory suggests three ways that strain can be produced, one of which is the presentation of a negative stimuli (Agnew 1992). In this study, the presentation of negative stimuli is the exposure to violence in the home.

The next chapter will review the literature which provides a significant background for this study and will help determine different theoretical approaches to the topic and identify which ones will be used here.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

This chapter is designed to provide an overview of the literature associated with the issue of domestic violence and its effects on juvenile drug behavior. Different empirical studies, as well as other journal articles will be reviewed to create a valid overview of the background for this study. The studies will be presented in chronological order to identify changes in approach and findings that developed over time. Many of the studies either focus on drug abuse among juveniles or the effects of domestic violence exposure on children and adolescents. Even though journal articles mention drug abuse in relation to domestic violence, there were very few articles that specifically focused on those two components without discussing other factors.

Having accurate background information on an issue is pertinent to the success of a study. One must know what research has been done and what areas of the specific issue need further investigation. Juvenile delinquency, specifically concerning drug use, has always been an important issue within the Criminal Justice System and many

interests fall under the general premise of juvenile behaviors.

Theoretical Framework

Several theories are discussed in the reviewed literature; however Social Learning Theory as well as Social Control Theory are the most prevalent. Strain theory focuses on negative relations with others and argues that delinquency results from the negative affect caused by those relations, which complements social control and social learning theory (Agnew 1992). Agnew's General Strain theory argues that certain situations create strain, which prompts individuals to break the law. Strain is generated from the actual or anticipated loss of positively valued stimuli, presentation of negative stimuli, or the failure to achieve a goal (Lilly, Cullen, and Ball 2007). In this specific instance, the strains would be caused through the presentation of the negative stimulus of exposure to domestic violence. This strain would cause the child or adolescent to use drugs as their way of breaking the law or they may use the drugs as a coping mechanism. Children and young adolescents might not be able to control their

actions as well as adults and therefore use drugs to cope with the strains they have been exposed to.

Classic Strain theories by Merton, Cohen and Cloward and Ohlin focused on only one of the strains presented in Agnew's Theory. They focused on the failure of achieving a goal, in particular monetary success or middle-class status by the lower class (Agnew 1992). Agnew (1992) argues that not only the failure to achieve a goal can cause a strain but also the "inability to escape legally from painful situations" (Agnew 1992:50). The presentation of a negative stimuli as a cause for strain has been neglected in the field of criminology and only been discussed rarely even though it has great presence in the field of psychology (Agnew 1992). Agnew states that:

> Noxious stimuli may lead to delinquency as the adolescent tries to (1) escape from or avoid the negative stimuli; (2) terminate or alleviate the negative stimuli; (3) seek revenge against the source of the negative stimuli or related targets; and/or (4) manage the resultant negative affect by taking illicit drugs (P. 58).

This statement suggests that domestic violence, as the presentation of a negative stimulus, could cause a juvenile to use illicit drugs as a coping mechanism. It is important to include the magnitude, recency, duration, and clustering of the events.

Often groups are only divided in strained and non-strained groups; however, the magnitude of the actual strain should be measured and included as well. Someone experiencing a 1/10 strain might react different than someone experiencing a 10/10 strain. Recency is also important in measuring the strain. Recent events can be more consequential than older the events, and some events are so old they have very little effect (Agnew 1992).

Chronic stressors (long duration of strain) might have a greater impact on the juvenile than shorter events. Events that are clustered together closer have a larger effect on negative outcomes as well (Agnew 1992). There are different coping strategies, including cognitive coping, behavioral coping, and emotional coping. Emotional coping would include illicit drug use as a mechanism to overcome the strain, where the focus is on alleviating negative emotions rather than reinterpreting them (cognitive coping) or behaviorally altering the situation (Agnew 1992). Even though there are plenty of non-delinquent coping mechanisms, there are some that are delinquent and those can be explained

through General Strain Theory. Whether a juvenile

will use delinquent or non-delinquent coping

mechanisms will depend on influencing factors

including the following: goals/values/identities of

the individual, individual coping resources,

conventional social support, and constraints to

delinquent coping (Agnew 1992).


Drug Abuse

Brook, Whiteman, and Gordon (1983) discuss and explore

the interrelationship of sets of personality, peer, and

family factors and ordered stages of drug use and how those

domains interrelate to influence stages of drug use. The

researchers focused on 4 main issues: (1) The extent to

which measures of personality, peer, and family factors are

associated with stages of drug use; (2) How one's own

personality and types of family or peer reinforcement and

punishment interact in relation to stages of drug use; (3)

How peer and family modeling and socialization interact in

association with stages of drug use; and (4) How the

domains of personality, peer, and family factors

interrelate in their association with the adolescent's

stage of drug use (Brook, Whiteman, and Gordon 1983).

Stages of drug use are part of a proposed model of drug use that identifies the following stages: nonuse, use of legal drugs (alcohol and tobacco), use of marijuana, and use of illicit drugs other than marijuana (Brook, Whiteman, and Gordon 1983).

The research design was established by handing out a written questionnaire in small group sessions that included closed-ended items, which assessed various personality, family, and peer dimensions that were grouped into scales. The questionnaire took about one hour to complete. The sample consisted of 403 black (202 male, 201 female) and 529 white (257 male, 272 female) freshman or sophomore high school students who attended a middle-class urban public schools in Connecticut, Kansas, New Jersey, New York, Ohio, and South Carolina. The researchers chose these locations to ensure similar socio-economic statuses for the black and white students. In this study, the dependent variable was stage of drug use. It was defined as no drug use, legal drug use only (tobacco, alcohol), marijuana use, and other illicit drug use. For this particular variable, questions were designed to build a scale that if a higher level was achieved, it was assumed the other level had been passed through as well (Brook, Whiteman, Gordon 1983).

The independent variables in this study include domain of adolescent personality measures, domain of family measures, and domain of peer measures. Adolescent personality measures was operationalized by using scales that include Tolerance of Deviance/Risk Taking, achievement orientation, orientation to work, depression, and Self-Deviance scales. Domain for family is measured by paternal warmth, paternal permissiveness, father's expectations for his son, maternal warmth, maternal negative rejecting behavior, maternal control, maternal and paternal identification, parental harmony, family expectations, parent vs. peer, parental use of cigarettes, alcohol, and marijuana, and prescribed use of amphetamines, barbiturates, and tranquilizers, as well as sibling drug use.

Parent vs. peer is described as measuring whether a juvenile is more likely to listen to their parents and follow their lead rather than their peers or the other way around. The domain for peers was measured with warmth and negative rejecting behavior, deviance, time spent with friends, identification with peers, number of achievement oriented friends, peer marijuana use, peer legal drug use, and peer illegal drug use other than marijuana. Rather than

using control variables, the authors used an independent model to prove that all independent variables caused the dependent variable in absence of each other and only give a prognosis for drug use. Domains of personality, peer, and family play an important role in differentiating between the different stages of drug use. Also drug use by family and peers interacts with the socialization techniques of family and peers and with the personality attributes of the adolescent (Brook, Whiteman, Gordon 1983).

A third finding was that family and peer positive and negative reinforcement are differentially affective, depending on the adolescents' personality attributes. The data also supported an independent model which states that all three domains influence the stage of drug use without the others presence, which means they are not all necessary to be present. No differences based on race or gender were found to be evident.

Dembo and his colleagues (1988) attempted to replicate a previous study which found that detained youth's physical and sexual abuse experiences were related significantly and positively to their use of illicit drugs (Dembo et al 1988). The researchers interviewed and collected voluntary urine specimens from Florida resident detainees upon

entering the juvenile detention center who were not transferred from another facility. This was usually conducted within 48 hours after being admitted to the center.

The sample was comprised of 399 individuals, 288 male and 111 female with a median age of 16 years. 203 participants were white, 166 black, 23 Hispanic, and 7 other. The dependent variable was drug use and was split in nine different categories. They were marijuana, inhalants, hallucinogens, cocaine, heroin, nonmedical use of stimulants, nonmedical use of sedatives, nonmedical use of tranquilizers, and nonmedical use of analgesics. The independent variables include physical abuse, which is described as been beaten or really hurt by being hit; been beaten or hit with a whip, strap, or belt; been beaten or hit with something hard like a club or stick; been shot with a gun, injured with a knife, or had some other weapon used against you; been hurt badly enough to require a doctor or bandages or other medical treatment; spent time in a hospital because you were physically injured; and claiming 3 or more physical abuse experiences.

Another independent variable was sexual abuse and victimization. Findings indicate that older white juveniles

are more likely to be engaged in illicit drug use than any other group of the detainees. Also sexual victimization and physical abuse experiences relate significantly to the youths' substance abuse even after their demographic characteristics are controlled. Therefore child abuse is positively related to high rates of illicit drug use.

McCarthy and Anglin studied the effects of family risk factors on the timing of onset of emancipation and drug use, educational attainment, and pre-addiction incarcerations (McCarthy and Anglin 1990). Interviews were conducted and the interview questions obtained information on demographic characteristics, family history, personal drug use history, employment and criminal behavior, and legal status. Legal status and criminal behavior were crosschecked with Criminal Justice System records.

The sample consisted of 949 male heroin users from a previous study and was reduced to 756 respondents due to serious illness and death of other participants. This study utilized two dependent variables. The first dependent variable, grade level, was measured on a scale of 1-8 with 1 representing less than grammar school education and 8 representing high school education. The second dependent variable, drug use measures, utilized self-reported age of

onset of first regular use of cigarettes, drinking alcohol for the first time, regular use of marijuana, first narcotic use, and age of first regular narcotic use. The primary independent variable in this study was family-related risk factors, which included larger family size, higher birth order, lower father socioeconomic status, family history of drug use, parental history of alcoholism, parental absence, and family history of incarceration.

According to the authors, larger family size, higher birth order, parental alcoholism and parental absence have a cumulatively negative effect on how young the respondents were when they first left home and used particular drugs regularly, on level of tested academic achievement, and on probability of juvenile detention.

McCord (1991) focused on particular features of child rearing that may influence criminal outcomes. Additionally she asks whether the general home atmosphere of childhood accounts for the relationship between socialization and crime, committed by males, and if similar influences operate to increase criminality at different ages. The sample was comprised of 232 boys between the ages of ten and sixteen who had been randomly selected to participate in a treatment program designed to prevent delinquency;

however it included both delinquents and non delinquents, who all lived in congested, urban areas near Boston, Massachusetts. Counselors visited the boys twice a month for a period of five years and the transcripts from these visits provided all of the data for this study.

The author measured family relationships and their effects on delinquency, with the dependent variables being juvenile delinquency and adult criminality, which were measured by looking up court records in a follow-up study between 1975 and1980. The original transcripts were generated in the 1940's. The juvenile records were obtained in 1948 and the adult criminal records were obtained in 1979. Even though these records only measure those crimes which were officially reported, it still shows the criminality of a person (McCord 1991). This study included the following fourteen independent variables mother's self-confidence, mother's discipline, mother's attitude to son, mother's leadership, father's attitude to son, father's esteem for mother, mother's esteem for father, father's aggressiveness, family conflict, boy's supervision, demands for boy, mother's restrictiveness, mother's aggressiveness, and father's discipline. The author incorporated families that had similar socio-economic statuses; therefore the

effects of poverty, social disorganization, and blighted urban conditions were controlled for and would not affect the results of the study (McCord 1991).

Based on the data, a mother's competence and family expectations influenced the likelihood that a son became a juvenile delinquent (McCord 1991). McCord noted that even in deteriorated neighborhoods, a boy would be less likely to commit delinquent acts if his mother had high levels of competence and insulated the child from those outside influences. High family expectations and maternal competence both reduced the probability that boys became juvenile delinquents and also impacted adult criminality by reducing the amount of juvenile delinquent acts (McCord 1991). The study also shows that causes for juvenile delinquency are different from adult criminality which defies the belief that criminality is attributed to a single cause and represents a single underlying tendency.

Bahr et al (1998) focused on how mother-adolescent bonding, father-adolescent bonding, parental monitoring, family aggression, family drug problems, and religiosity were associated with adolescent drug use (Bahr, Maughan, Marcos and Li 1998). A questionnaire was administered on a random sample of 13,250 adolescents. These individuals were

students in grades 7-12 who resided in Utah in 1994. The sample is representative of the demographic characteristics of the state and was collected through multistage, cluster sampling.

The survey was administered to all students attending class the day of the questionnaire, with an equal number of males and females. The dependent variable in this study was drug use, which was divided into three different types of drug use: alcohol, marijuana, and amphetamines and depressants. Questions were asked for each drug including recent use and frequency of use as well as the amount consumed. The key independent variable in this study was religiosity, which was measured by asking how often the respondent attended religious services at church and how important religion is in their life. Other measures included educational commitment, peer drug use and family bonding. Educational commitment was measured by asking whether the participants tried hard in school, importance of grades, desire to go to college, and if grades are above or below average. Peer drug use was measured by asking how many close friends engage in the use of the aforementioned drugs.

Family bonding was measured by asking about closeness of family, time spent together, sharing thoughts with parents, and the desire to be liked by their parents (Bahr, Maughan, Marcos and Li 1998). The researchers found that both boys and girls had similar levels of family bonding. Also all independent variables were tested against each other through structural equation modeling. Peer drug use has a strong positive association with drug use. Religiosity has a moderate negative association with drug use, while mother-adolescent bonding and family drug problems have modest indirect effects on adolescent drug use. Father-adolescent bonding, parental monitoring, and family aggression had a relatively weak affect on adolescent drug use.

Prichard and Payne (2005) attempted to confirm that juvenile offenders, just like adult offenders, have a diverse and complex offending and drug use history. The authors argue that certain risk factors influence this drug and offending problem. These risk factors include abuse, neglect and family drug use early in a child's life. The study's last part is addressing public policies to provide effective programs which address issues including drug use, housing needs, skills development, individual and family

support for chronic young offenders (Prichard and Payne 2005). Data was based on face-to-face interviews in which the participants were asked two questions about eleven different offense types.

The sample was comprised of 371 participants who were sentenced to detention in 2004 and the average age was 16. The sample consisted of 346 males and 25 females, which was a comparable sample to the most recent Australian census of juveniles in detention (Prichard and Payne 2005). The dependent variable was drug use, which was measured as regularly using drugs over the past six months. The participant had to self-define regular use. The independent variable was the committing of offenses, which was measured in the interview. The questions were whether a juvenile had ever committed the offense (regardless of being caught) and if they had committed the offense regularly (which was defined by the participant itself).

The offense types were breaking and entering, buying illegal drugs, stealing without breaking in, vandalism, motor vehicle theft, traded in stolen goods, physical assault, robbery, swapped or sold illegal drugs, and fraud or forgery. The juveniles were also asked about family risk factors. The researchers compared this data with another

Australian National data set that asked similar questions to non-incarcerated youth and therefore controlled for crime. Juveniles in detention report significant offending profiles, engaging in between five and seven different offense types on a regular basis. This means that only a small number specialize in one field of crime. The juveniles who had already served detention before were more likely to commit more serious offenses than those who were sentenced for the first time.

Almost all participants reported having used alcohol and cannabis before and about 50% reported having used amphetamines before. The majority of juveniles did not commence drug use until after their first offense; however, the majority of juveniles reported that drug use had a definite impact on their lifetime criminal offending behavior and that two thirds reported being intoxicated while committing the offense they were currently detained for (Prichard and Payne 2005). Even though this study originated in Australia, it is very insightful. The data in Australia might be different from the data in the United States; however, the results show similarities between the countries which demonstrates that causes of juvenile delinquency are not necessarily based on location but

rather relationships a child has as well as witnessing behaviors in their family.

Another study which was conducted outside the United States by Miura, Jujiki, Shibata, and Ishikawa (2006) in Japan, investigated the prevalence and risk factors of methamphetamine use in adolescents at a juvenile classification home. The authors interviewed 1362 juveniles (1172 males and 190 females) who were split into two groups, methamphetamine users and non meth users. Demographic information was gathered through police reports and interviews. The dependent variable was methamphetamine use and was measured through self-report and police report as well as urine samples. The independent variables were demographic information as well as risk factors including gender, age, number of admissions, violence, history of psychiatric treatment, family history of crime, drug use and alcohol-related disorders, and experience of being abused by their parents or individuals raising them.

The sample was split into users and nonusers to determine a correlation between the drug use and delinquency. By controlling for use, it can be determined whether the drug use attributed to the delinquency or if other risk factors were influential. The study found that

gender, age, number of admissions, violence, history of psychiatric treatment, and family history of drug misuse were all significantly associated with methamphetamine use (Miura, Fujiki, Shibata and Ishikawa 2006). Just like the study from Australia, this study from Japan shows that results are similar across the globe, with family being one of the most important factors influencing juvenile drug abuse. This study also found that family history of drug misuse is related to juvenile drug use and misuse.

Pires and Jenkins (2006) attempt to establish that parental rejection and warmth are critical to the development of adolescent drug use, and investigates a model that also considers children's vulnerability and deviant peer affiliations. This study used several methods to collect data including questionnaires and interviewing. Each household selected an adult that was most knowledgeable about the child, most often the mother, who would complete either a face-to-face or telephone interview addressing a variety of questions. If the child was 10 years or older, they would complete a self-report survey and if parents gave permission they would fill out a survey that the parents did not see, to ensure truthful answers.

The sample consisted of children from a NLSCY study cycle 1, 2, 3, and 4 from Canada.

The researchers had a total of 2194 participants, 50.5% female and 49.5% male. The dependent variable was drug use and was measured by how many times the questioned youths have used a specific drug in the past year, month, week, and day. The drugs were split into marijuana, glue, and other in the first three cycles and marijuana, glue, hallucinogens, crack, and heroin in the last cycle. For the longitudinal effects of the study, the last cycle was incorporated to measure crack, heroin, and hallucinogens in one category. The independent variables in this study were affect in parenting (warmth and rejection), ADHD symptomatology, and deviant peer affiliation.

Affect in parenting was measured on a scale where children rated their parents. Different sentences were presented to the child (such as do your parents praise you, do your parents hit or threaten to hit you, etc.) and he or she would rate it on a Likert-scale of 1-4 (never-very often). The ADHD symptomatology was rated on a scale where children were asked questions about behavior that would support a diagnosis of ADHD and rated these on a Likert-scale of 1-3 (never-often). Deviant peer affiliation was

measured by asking the child questions about the delinquency of their peers and they answered yes or no (have your friends ever taken drugs, etc…). The study used multi-level regression to control each variable through the absence of the others. Parental rejection was positively related to drug use. Parental warmth was generally associated with lower drug use; unless the child was younger then parental warmth was associated with higher drug use contrary to the authors' hypotheses. These effects were strongest when ADHD symptoms were in the model. As a conclusion, parenting affect is an important predictor of adolescent drug use, consistent with findings that drug users have less satisfactory relationships with their parents than nonusers (Pires and Jenkins 2006).

Alemagno, Stephens, Shaffer-King and Teasdale (2009) examined the correlates of prescription drug abuse in adolescents in an urban juvenile detention center. An anonymous questionnaire was distributed through a talking computer, which read 100 yes or no questions to the participant.

The sample comprised 359 female and 1,425 male adolescents in a detention facility in an urban area in Ohio. Prescription Drug Abuse was the dependent variable in

this study and is operationalized by asking whether a participant has every tried prescription drugs to get high and if they ever tried downers such as Valiums, Libriums, Xanax, barbs, and barbiturates. The independent variables were trauma, problems with alcohol use, drug use, problems with substance abuse, substance abuse treatment, depression, mental health history, family support, risky sexual behavior, response to anger and use of violence, physical health problems, and medical health care (Alemagno et al 2009). Females were more likely than males to abuse prescription drugs. Youths who abuse prescription drugs tend to also have other drug problems as well as show signs of alcohol abuse. They are also more likely to engage in risky sexual behavior and are also afraid of their parents due to the juvenile's drug abuse.

A suggested intervention was to concentrate drug abuse treatments more on prescription drugs rather than illicit drugs and to have future research concentrate more on the impact of gender. This study focused mostly on the dangers of prescription drugs and warns that these drugs are easily accessible by juveniles and should be considered more alarming than illicit drugs.

Domestic Violence

Joy Osofsky (1999) argues that a strong relationship with a caring adult is the most important resource to protect a child from negative effects of violence. This is an important factor since most families that experience domestic violence are not able to provide the child with a caring, positive, and competent adult since the parents themselves experience strain frequently. This article mentions that the bonds between children and parents are important in the development of the child and how they internalize the effects of violence.

As stated by Osofsky "more than 3.3 million children witness physical and verbal spousal abuse each year" (1999:34). This article discussed different effects of domestic violence on children and investigates mediating factors such as age, role of parents, and community support. Research has shown that bonds help children cope with violence better; however, parental bonds are often unavailable due to the nature of domestic violence. In those instances, community support becomes important since the community can supply the child or adolescent with the needed support. This support can be presented through schools, community centers, and churches. These community

safe havens provide a child with the opportunity to not only talk freely about their experiences, but can also find solutions for problems and can offer other programs such as tutoring or simply spending time with the child.

Osofsky (1999) concludes that a child can gain enough support from outlets other than parents in order to overcome the harmful effects of domestic violence, as long as the right programs are available and the child is able to use them as necessary. However, future research is still needed to explore the needs for children who were or currently are exposed to violence. According to Osofsky (1999) little research has focused on long-term effects, measures need to be adjusted to have greater reliability and validity, and studies need to focus on the difference between witnessing and experiencing violence (Osofsky 1999).

One of the studies that focused on childhood victimization and its relationship to drug abuse defined victimization as being the victim of direct violence and did not focus on witnessing violence or indirect violence. Widom, Weiler, and Cottler (1999) state that "substance abuse is assumed to be one the common coping strategies" (1999:867). The substance abuse can serve different

functions during the coping mechanism such as escape, self-medication, self-enhancement, or even self-destructive behavior (Widom et al 1999).

This study matched victimized children with non-victimized children of the same age and followed them into adulthood to explore the differences between the study group and the control group. The authors split the group into prospective, retrospective, and combined findings (Widom et al 1999). The findings suggest, "The relationship between childhood victimization and subsequent drug problems may be significantly more complex than originally anticipated" (Widom et al 1999:876). The results showed that childhood victimization in general was linked to adolescent and adult drug abuse; however, it was unclear if the victimization itself was the cause for the abuse or if the victimization caused other life strains, which then caused the drug abuse. Other possibilities include that some individuals simply use drugs because they want to and there is no need for a cause to use drugs.

Fantuzzo and Mohr (1999) state that childhood exposure to domestic violence has many different negative effects on the child, including aggressive behavior, emotional problems, and poor academic functioning. One of the major

issues with witnessing domestic violence is the different definition associated with it. Not only do the different acts of domestic violence need to be defined, but also what exactly witnessing these acts means.

According to the authors, witnessing can range anywhere from hearing or seeing the actual act to being part of the violence and experiencing the aftermath such as seeing bruises (Fantuzzo and Mohr 1999). Therefore it is difficult to specify domestic violence as well as whether a child was present during the violence since there are differences between the actual violence and the aftermath.

Children exposed to domestic violence had tendencies to be more aggressive and show problematic behaviors in school than children from non-violent homes (Fantuzzo and Mohr 1999:27). Another big issue that the authors mention is the co-occurrence of domestic violence and child abuse. They note that "between 45% and 70% of children exposed to domestic violence are also victims of physical abuse, and as many as 40% of child victims of physical abuse are exposed to domestic violence" (Fantuzzo and Mohr 1999:27). This fact makes it difficult to assess whether the differences in behavior stem from the domestic violence or the child abuse.

In future research, this would have to be controlled for to show the actual cause for the behaviors. The authors conclude that future research needs to be established to have child victims of domestic violence benefit from current service agencies (Fantuzzo and Mohr 1999). Many children still go unidentified as victims since they are not actively involved in the violence. This needs to change in order to give children the appropriate assistance that they require.

According to Groves (1999) exposure to domestic violence has many serious effects on children such as social, emotional, and academic functioning (Groves 1999: 122). The author mentions that mental health services for children exposed to domestic violence are rare and should be increased in order to lessen the negative effects of the domestic violence exposure enabling the child to learn good coping mechanisms rather than creating their own, such as drugs.

One of the reasons there are so few programs for children exposed to domestic violence is the issue of secrecy. Women are often uncomfortable talking about or acknowledging their victimization (Groves 1999). Groves (1999) mentions, "The costs to children and to society of

children's exposure to domestic violence are enormous"
(1999:129). The identification of child victims of domestic
violence needs to be improved in order to decrease the
number of children who suffer from domestic violence.
Groves (1999) states that both the public and the private
sector need to create more services aimed at assisting
affected children.

"Between 3.3 million and 10 million children in the
United States are exposed to domestic violence each year"
(Carter, Weithorn, and Behrman 1999: 4). One of the main
problems with domestic violence is that battered women
batter their children (Carter et al 1999). Another
reoccurring issue is the identification of the child victim
since definitions of domestic violence and witnessing of it
differ across the board.

Secrecy, as discussed above, is still a major concern
among women in the middle class and upper middle class who
may refuse to openly admit that they are victims of
domestic violence (Carter et al 1999: 4). The potential
effects from exposure to domestic violence are substantial,
and public and private service agencies need to reach those
children better and provide help to those in need (Carter
et al 1999).

Feerick, Haugaard, and Hien (2002) examined the association between child maltreatment and adult violence in a high-risk sample of women with and without a history of cocaine abuse, as well as the contribution of working models of childhood attachment relationships in understanding this association (Feerick, Haugaard and Hien 2002). The researchers collected data by having a 3-hour face-to-face interview with the voluntary participants. The sample included 115 women who were receiving substance abuse treatment for cocaine abuse (n=59) or OB-GYN services at a public hospital (n=56) who had low-income and part of minority population.

The women from the hospital were not allowed to have a history of any type of drug abuse. The dependent variable in this study was adult violence, which was measured through a Conflict Tactics Scale (CTS). CTS is a structured interview intended to evaluate history of partner-to-partner violence in adults (Feerick, Haugaard and Hien 2002). Independent variables in this study were demographic and family background information, childhood abuse, and childhood attachment perceptions. Demographic information was gathered by asking age, ethnicity, education, employment, and income as well as family medical history.

Childhood abuse was assessed through the Childhood Sexual
Abuse Interview and childhood attachment perceptions were
measured through a modified version of the Experiences in
Close Relationships Scale (Feerick et al. 2002).

This study controlled for cocaine abuse within the
sample of women. The women chosen from the public hospital
were used as the control group since they didn't have a
history of cocaine abuse. Childhood physical abuse was
associated with adult victimization for cocaine-abusing
women, but sexual abuse was associated with partner
violence victimization and perpetration for women without
cocaine-abusing history. Drug abuse was more likely to
occur if a higher percentage of abuse took place in the
childhood of the participant. This study was not very
helpful in determining whether witnessing drug use behavior
would push a juvenile into delinquency but rather states
that childhood violence is a predictor for delinquency,
criminal activity, and drug abuse.

More recent studies change their focus of drugs on
more accessible drugs, such as prescription drugs, and also
consider medical conditions such as ADHD as underlying
factors in delinquency. This development in medicine needs
to be considered in the study of juvenile delinquency since

it can affect an adolescent, not only in their regular
behavior, but also potential criminal behavior.

It is also important to see what types of drugs are
available for children and juveniles to see how they can
access it and how they chose their drugs. Most literature
included relevant control variables; however, more focus
needs to be put on gender differences. Many studies in
other fields suggest that females and males have different
learning capacities including absorbing information. If
males and females attribute different meanings to
behaviors, they will evaluate these in different ways as
well. This also plays a factor in experiencing and
evaluating domestic violence and how females absorb the
strains from this type of violence different than males.

Another point that could improve is controlling for
socio-economic status. Family background such as occupation
of the parents, income, and prestige can also influence a
juvenile's behavior. This needs to be controlled to test
that family violence causes the drug abuse and not socio-
economic standing.

The current study focuses on the need to differentiate
between male and female juveniles, as well as control for
socio-economic status to make my study a significant

contribution to the literature. The study explores the causal relationship between exposure to violence in the home and juvenile drug abuse. My study will fall in line with other studies relevant to this specific research interest and will continue research where others have stopped. Few studies concentrate on domestic violence, as a cause for juvenile drug abuse and this topic needs to be explored further. Domestic violence affects children and adolescents differently depending on other factors such as age and their personal definitions of domestic violence. As mentioned before, family factors play an important role in preventing juvenile substance use. Stability and structure of the family can reduce a juvenile's drug behavior as presented in the literature. Negative family factors include drug use in the family, violence in the home, and poor structure. All of these can increase a juvenile's drug behavior. This study will focus on violence in the home as the primary negative family factor.

The purpose of this study is to establish the presence of a causal relationship between witnessing violence in the home and drug abuse among juveniles. By reviewing the above-presented literature, it is clear that there is some correlation between these two behaviors.

R1: Does witnessing acts of violence in the home push a child into self-administration of drugs to cope with the negative experiences?

H1: Males are more likely to engage in drug use after witnessing acts of violence in the home than females.

H2: Presentation of negative stimuli enables juveniles to engage in drug use.

H3: Socio-Economic Status is not influential in drug use after witnessing acts of violence in the home.

The next chapter will discuss the research methods of this study. The measurements of dependent and independent variables will be explained as well as data source, sample, coding, and data analysis procedures.

CHAPTER III

METHODOLOGY

This chapter discusses the research methods that were used for this study on domestic violence and its effects on juvenile drug use. Included in this section are the following: the data source, sample, variable descriptions, and data analysis procedures.

Data Sources and Samples

This study uses secondary data from the 1995 National Survey of Adolescents in the United States, which is a national survey collected through phone interviews. The total sample size included 4,023 juveniles and their parents or guardians aged 12-17 in the United States. The sample consisted of two subsamples, a national probability household sample of 3,161 adolescents and a probability oversample of 862 adolescents residing in central city areas of the Unites States. The data was collected between January and June of 1995 (Nofziger 1995).

Variables

*Dependent Variable:*

The dependent variable for this study is juvenile drug use, which is separated into three categories to measure the different types of drugs used. The categories are as follows: alcohol and nicotine abuse, marijuana abuse, and abuse of hard drugs including prescription drugs. Individuals who report they have never used any of the those drug types are coded "0" and will be used as the reference category of "never used".

Alcohol and Nicotine abuse is measured by the following questions:

- Have you every smoked cigarettes regularly, that is, at least one cigarette every day for 30 days? Yes=1, No=0
- During the past twelve months have you ever had a drink of beer, wine, liquor, or any kind of alcoholic beverage? Yes=1, No=0

Use of marijuana is measured by the following questions:

- Have you ever used marijuana? Yes=1, No=0

Abuse of cocaine, heroin, and other hard drugs including prescription drugs is asked by the following questions:

- Have you ever used cocaine or crack? Yes=1,no=0

- Have you ever used angel dust or PCP? Yes=1,no=0

- Have you ever used LSD or other hallucinogenics, like peote, psilocybin, or mushrooms? Yes=1,no=0

- Have you ever used heroin or methadone? Yes=1,no=0

- Have you ever used Inhalants, like glue, nitrous oxide, amyl nitrate, paint or gasoline? Yes=1,no=0

- Have you ever taken tranquilizers, like Valium, Librium, or xanax? Yes=1, No=0

- Have you ever taken sleeping medicines or sedatives, like barbiturates, seconal, halcyon, or Quaaludes? Yes=1, No=0

- Have you ever taken pain medicine, like codeine, Darvon, Percodan, Demerol, morphine, methadone, or Dilaudid? Yes=1, No=0

If the respondent answered yes to either smoking or drinking alcohol this measure was coded "1", if they answered yes to having used marijuana, it was coded "2", and if they answered yes to any of the harder drug questions, it was coded "3". These answers were mutually exclusive and coded in the most serious offense. An individual can only be in one category and it is assumed that a person will fall into the later categories as they have passed through the minor drug uses first (Bahr et al 1998).

*Independent Variable:*

The key independent variable for this study is exposure to violence. Witnessing violence is measured by the following questions:

Some young people tell us they have seen one person violently attack another person. By seeing a violent attack, we mean when you have actually seen someone beat up, rob, sexually assault, cut or stab with a knife, shoot at, actually shoot, or even kill another person. The people involved in the attack may have been strangers, friends, neighbors, or even family members. We would like to find out about any violent attacks you have actually seen, whether it happened at school, in your neighborhood, somewhere else, or even in your home. We mean seeing violent attacks in real life, not on TV or in movies. All items were questioned separately and if a respondent answered yes to any of them it was coded as "1" and if they responded no to any of them it was coded as "0".

"Where did this happen" will be used as a series of dummy variables. Responses indicating at home violence will be coded as "1" and others will be coded as "0". The dummy variable will then be recoded to measure violence in school as "1" and all others will be coded as "0", the third one

will reflect violence in the neighborhood as "1" and all others as "0", and the final string will code violence somewhere else as "1" and all others as "0".

*Control Variables:*

Based on the findings of prior literature, three relevant control variables are included in this study. The control variables are sex, race, and family income. Sex is measured as a dummy variable with male=1 and female=0 where female is the reference group. Race is measured as a series of dummy variables. The first is white=1 and all other races=0, the second reflects African American=1 and all other races=0, and the third one reflects minorities other than African American=1 and all other races=0, where white will function as the reference group. Family income is measured as follows: $0-$5k=1, $5k-$10k=2, $10k-$20k=3, $20k-$30k=4, $30k-$40k=5, $40k-$50k=6, $50k-$60k=7, $75k-$100k=8, >$100k=9.

The study also controls for outside violence as indicated in the series of dummy variables for the independent variable as well as concepts from Differential Association/Social Learning Theory. Social Learning Theory

variables are indicated by family and peer drug use measured as follows:

- Have your friends ever used alcohol? Yes=1, no=0.

- Have your friends ever smoked marijuana? Yes=1, no=0.

- Have your friends ever misused prescription drugs? Yes=1, no=0.

- Do any of your family members have a drinking problem? Yes=1, no=0.

- Is there a problem with drug use in your family? Yes=1, no=0.

By controlling for outside violence, the study is able to explain substance abuse better through witnessing violence in the home rather than violence in general. Social Learning Theory is controlled to test that General Strain Theory can explain the substance use of juveniles above and beyond what Social Learning Theory may account for.

Data Analysis

Several statistical approaches are used in this study. A descriptive analysis is conducted on all variables first to determine the frequency of the variables. This Study then utilizes multinomial logistic regression to determine

the relationship between witnessing violence and the
different types of drug use while controlling for all other
influences.


Summary

This chapter presented the research methodology for
this specific study. The source of the data, how and when
it was collected, variables, and data analysis were
provided. The operationalization of the variables was
provided to explain what they mean and how they measure it.
The data analysis section showed which types of analysis
will be used and why they are relevant to this study.

The next chapter will provide the results of the
descriptive analysis and the multinomial logistic
regression exploring the relationship between witnessing
violence and juvenile drug use.

CHAPTER IV

RESULTS

This chapter discusses the results of the descriptive analysis as well as multinomial logistic regression exploring the relationship between witnessing violence in the home and juvenile substance use.

Sample Description

Table 1 shows the results of a basic descriptive analysis of the dependent variable as well as independent variable and control variables. The total sample size is 4023. The sample is about 50% male and is compromised of approximately 70% Whites, 14% Blacks, and 16% identified themselves as "other". The mean income of the juveniles' household is between $30,000 and $40,000. All juveniles are between the ages of 12 and 17 with a mean age of 14.5.

Of the sample, 52.6% (n= 2117) never used any types of alcohol or drugs, 27.0% (n= 1086) have smoked regularly or

Table 1.  Descriptive Analysis

|  | Frequency | M | SD | Range |
|---|---|---|---|---|
| Dependent Variable |  |  |  |  |
| Drug Use | 4022 | .78 | .99 | 0-3 |
| None | 2117 |  |  |  |
| Smoked Cigarettes/Drank Alcohol | 1086 |  |  |  |
| Smoked Marijuana | 407 |  |  |  |
| Used Harder Drugs | 412 |  |  |  |
| Independent Variable |  |  |  |  |
| Witnessing violence at home | 101 | .03 | .18 | 0-1 |
| Witnessing violence at school | 1970 | .67 | .47 | 0-1 |
| Witnessing violence in neighborhood | 981 | .33 | .47 | 0-1 |
| Witnessing violence somewhere else | 866 | .29 | .46 | 0-1 |
| Control Variables |  |  |  |  |
| Age | 4017 | 14.51 | 1.64 | 12-17 |
| Sex | 4023 | .50 | .50 | 0-1 |
| Female | 2005 |  |  |  |
| Male | 2018 |  |  |  |
| Income | 3770 | 5.42 | 1.96 | 0-8 |
| White | 2746 | .69 | .46 | 0-1 |
| Black | 572 | .14 | .35 | 0-1 |
| Other | 632 | .16 | .37 | 0-1 |
| Friends smoking Marijuana | 1619 | .41 | .49 | 0-1 |
| Friends drinking alcohol | 2196 | .56 | .49 | 0-1 |
| Friends misusing prescription drugs | 273 | .07 | .26 | 0-1 |
| Family members drink | 562 | .14 | .35 | 0-1 |
| Family members use drugs | 401 | .10 | .30 | 0-1 |

drank in the past year, 10.1% (n= 407) have ever smoked marijuana, and 10.2% (n=412) have ever used harder drugs. Ten percent of the sample state that there is a drug use problem in the family and 14.0% say there is a drinking problem within their family. About 40% of the youth state that their friends have smoked marijuana before, 54.6% say that their friends have drank alcohol before, and 6.8% admit that their friends have misused prescription drugs.

Witnessing violence in the home was reported by 2.5% (n=101) of the sample, violence in the school was mentioned by 49.0% (n= 1970) of participants, witnessing violence in the neighborhood was experienced by 24.4% (n= 981), and witnessing violence somewhere else was reported by 21.5% (n= 866) of the sample.

Multinomial Logistic Regression

Model 1 (Table 2) shows the multinomial logistic regression results for the dependent variable drug use and the control variables of income, age, race, and gender. It shows that blacks are significantly less likely than whites

Table 2.  Multinomial Logistic Regression, Effects of
          Independent Variables on Juvenile Drug Use, Model
          1 (coefficients are odds ratios)

| Variable | Drink/Smoke versus no drug use | Smoked Marijuana versus no drug use | Used Hard drugs versus no drug use |
|---|---|---|---|
| Age | 1.560*** | 2.043*** | 1.817*** |
| Sex(male=1) | .967 | 1.098 | .814 |
| Black | .678*** | 1.024 | .447*** |
| Other | .814 | 1.430** | .958 |
| Income | 1.018 | 1.017 | .963 |
| Intercept | −7.065 | −12.368 | −9.887 |
| Model $\chi^2$ | 675.110 | | |
| Model *df* | 15 | | |
| Pseudo R2 | .185 | | |

Note: **p< .05.  ***p< .01.

to have smoked regularly or drank in the past year compared to not having used any drugs. It also shows that age is a significant predictor of drug use for all categories. The younger a respondent is the less likely he or she is to have used any type of drug or drank alcohol. Other races are also significantly more likely than whites to have ever smoked marijuana compared to not having used any drugs. Blacks on the other hand are significantly less likely than whites to have ever used hard drugs compared to not having used any drugs. There is no significant relationship for income or gender.

Model 2 (Table 3) shows the multinomial logistic regression results for drug use and the control variables of income, race, gender, age, family drug use and drug use of friends. It shows that blacks and other races are significantly less likely than whites to have smoked regularly or drank in the past year compared to not using any drugs. It also shows that for all drug use categories, age was significant. Younger respondents were less likely to have engaged in any type of drug use compared to not using. Respondents who stated that their friends drank alcohol or smoked marijuana are significantly more likely to have smoked regularly or drank in the past year compared

Table 3.  Multinomial Logistic Regression, Effects of
          Independent Variables on Juvenile Drug Use, Model
          2 (coefficients are odds ratios)

| Variable | Drink/Smoke versus no drug use | Smoked Marijuana versus no drug use | Used Hard drugs versus no drug use |
|---|---|---|---|
| Age | 1.290*** | 1.502*** | 1.308*** |
| Sex(male=1) | 1.067 | 1.196 | 1.076 |
| Black | .673*** | .969 | .468*** |
| Other | .693*** | 1.133 | .767 |
| Income | 1.013 | .984 | .956 |
| Family Drug Use | 1.094 | 1.804*** | 2.592*** |
| Family Drinks | 1.358** | 1.817*** | 2.456*** |
| Friends misuse Prescriptions | .753 | 1.020 | 3.540*** |
| Friends drink | 4.014*** | 2.798*** | 3.641*** |
| Friends smoke Marijuana | 1.601*** | 16.931*** | 5.591*** |
| Intercept | −5.229 | −10.133 | −7.286 |
| Model χ2 | 1.753E3 | | |
| Model df | 30 | | |
| Pseudo R2 | .441 | | |

Note: **p< .05.  ***p< .01.

to not having used any drugs. Individuals who reported that their families have a drinking problem are significantly more likely to have ever smoked marijuana compared to not using drugs. It also shows that individuals who state that their friends drink alcohol and smoke marijuana are also significantly more likely to have smoked marijuana compared to not using drugs. Respondents who report family drinking problems as well as drug problems are significantly more likely to have smoked marijuana compared to not using drugs.

Blacks are significantly less likely than whites to have used hard drugs compared to not using drugs. Individuals who report drug use in the family are significantly more likely to ever have used hard drugs compared to not using any drugs. The same is true for individuals who report alcohol use in the family: They are more likely to have used hard drugs compared to not having used any drugs. Individuals whose friends misused prescription drugs, drank alcohol, and smoked marijuana were significantly more likely to have used hard drugs compared to not having used any drugs at all. There is no significant relationship for income or gender. Model 3 shows the multinomial logistic regression results for drugs

use in correlation to witnessing violence with the control
variables age, sex, race, and income.

Model 3 (Table 4) shows the results of Multinomial
Logistic Regression of drug use with control variables age,
income, gender and race as well as witnessing violence. Age
is significant for all types of drug use. The younger the
respondent is, the less likely he or she is to have used
any types of drugs compared to no drug use at all. Males
are significantly less likely than females to smoke
cigarettes or drink alcohol compared to not using any
drugs. Blacks are significantly less likely than whites to
have smoked or drank compared to not using drugs. Income
plays a significant role: The higher the income, the more
likely an individual is to have smoked cigarettes or drank
alcohol compared to not using drugs.

Individuals who reported witnessing violence in
school, in the neighborhood, and somewhere else are
significantly more likely to have smoked or drank compared
to not using any drugs. Blacks are significantly less
likely than whites to have smoked marijuana compared to not
using any drugs. Individuals who witnessed violence in the
school, in the neighborhood, and somewhere else are
significantly more likely to have smoked marijuana compared

Table 4.  Multinomial Logistic Regression, Effects of
          Independent Variables on Juvenile Drug Use, Model
          3 (coefficients are odds ratios)

| Variable | Drink/Smoke versus no drug use | Smoked Marijuana versus no drug use | Used Hard drugs versus no drug use |
|---|---|---|---|
| Age | 1.454*** | 1.875*** | 1.696*** |
| Sex(male=1) | .825** | .876 | .604*** |
| Black | .577*** | .641** | .239*** |
| Other | .807 | 1.163 | .818 |
| Income | 1.058** | 1.054 | 1.014 |
| Violence at home | .968 | 1.645 | 2.343** |
| Violence in school | 1.581*** | 1.715*** | 2.371*** |
| Violence in neighborhood | 1.879*** | 3.149*** | 3.717*** |
| Violence somewhere else | 2.117*** | 3.086*** | 5.035*** |
| Intercept | -6.620 | -11.824 | -10.126 |
| Model $\chi^2$ | 642.348 | | |
| Model *df* | 27 | | |
| Pseudo R2 | .229 | | |

Note: **p< .05. ***p< .01.

to not using drugs. Males are significantly less likely to have used harder drugs than females compared to not having used any drugs. Blacks are significantly less likely than whites to have used harder drugs compared to not using any drugs at all. Individuals reporting witnessing violence at the home, as well as witnessing violence in the neighborhood, school, and somewhere else are significantly more likely to have used harder drugs compared to not using any drugs.

Model 4 (Table 5) shows the complete multinomial logistic regression results for drug use, all control variables, as well as the independent variable of witnessing violence. It shows that blacks are significantly less likely than whites to have smoked regularly and drank in the past year compared to not using any drugs. Other races are also significantly less likely than whites to have smoked regularly and drank in the past year compared to not using any drugs. Age is also a significant factor in drug use.

Across all categories, younger respondents are less likely to have engaged in drug use compared to not using drugs. Individuals who reported that their friends drank

Table 5.  Multinomial Logistic Regression, Effects of
Independent Variables on Juvenile Drug Use, Model
4 (coefficients are odds ratios)

| Variable | Drink/Smoke versus no drug use | Smoked Marijuana versus no drug use | Used Hard drugs versus no drug use |
|---|---|---|---|
| Age | 1.235*** | 1.421*** | 1.254*** |
| Sex(male=1) | .922 | .990 | .846 |
| Black | .594*** | .751 | .317*** |
| Other | .676*** | .970 | .727 |
| Income | 1.039 | 1.002 | .982 |
| Family Drug Use | .829 | 1.360 | 1.941*** |
| Family Drinks | 1.228 | 1.553** | 1.969*** |
| Friends misuse Prescriptions | .662 | .954 | 3.096*** |
| Friends drink | 3.866*** | 2.394*** | 3.244*** |
| Friends smoke Marijuana | 1.340** | 12.086*** | 4.348*** |
| Violence at home | .772 | 1.086 | 1.420 |
| Violence in school | 1.247 | 1.243 | 1.644*** |
| Violence in neighborhood | 1.459*** | 1.914*** | 2.187*** |
| Violence somewhere else | 1.768*** | 2.167*** | 3.227*** |
| Intercept | -4.791 | -9.252 | -7.116 |
| Model $\chi^2$ | 1.255E3 | | |
| Model *df* | 42 | | |
| Pseudo R2 | .427 | | |

Note: **p< .05. ***p< .01.

alcohol are significantly more likely than those who did not report alcohol use of their friends to have smoked regularly and drank in the past year compared to not having used any drugs. It also shows that individuals who report that their friends smoke marijuana are significantly more likely than those who did not report marijuana use of their friends to have smoked regularly and drank in the past year compared to not using any drugs. Juveniles who report witnessing violence in the neighborhood and in school are significantly more likely to have smoked cigarettes or drank alcohol compared to not using drugs. Individuals who report drinking in their family are significantly more likely than those who did not report drinking in their family to have ever smoked marijuana compared to not having used any drugs.

Similarly, individuals who reported their friends using alcohol are significantly more likely than those whose friends did not drink alcohol to have ever smoked marijuana compared to not having used any drugs. Also individuals who report their friends smoking marijuana are significantly more likely than those whose friends do not smoke marijuana to have ever smoked marijuana compared to not using any drugs.

Individuals who report witnessing violence in the neighborhood or somewhere else are significantly more likely than those who never witnessed violence to have ever smoked marijuana compared to not using any drugs at all. Blacks are significantly less likely than whites to have ever used hard drugs compared to not having used any drugs. Individuals who report drinking in their family are significantly more likely than those not reporting drinking within the family to have ever used hard drugs compared to not having used any drugs. Individuals who report drug use in their family are significantly more likely than those not reporting drug uses within the family to have ever used hard drugs compared to not having used any drugs.

Those individuals who report their friends misusing prescription drugs are significantly more likely than those not reporting their friends' drug use to ever have used hard drugs compared to not using any drugs. Those individuals who report their friends drinking alcohol are significantly more likely than those not reporting their friends' alcohol use to ever have used hard drugs compared to not using any drugs. Those individuals who report their friends smoking marijuana are significantly more likely than those not reporting their friends' marijuana use to

ever have used hard drugs compared to not using any drugs. Individuals who report witnessing violence in the neighborhood, at school, and somewhere else are significantly more likely to have ever used hard drugs compared to not having used any drugs. No significant relationship was found with income or gender.

The next chapter will focus on the discussion of the results of this study and how they reflect the hypotheses. It will also present a conclusion of the study and applicable policy implications.

CHAPTER V

DISCUSSION AND CONCLUSION


This chapter is discusses the results from the previous chapter and interpret them. It will also present a conclusion of the results as well as policy implications pertinent to juvenile substance abuse in relation to witnessing acts of violence.


Discussion

Hypothesis 1 states that presentation of negative stimuli enables juveniles to engage in drug use. In Model 4, when controlling for all other influences, juveniles were 45% more likely to have smoked cigarettes and drank alcohol as well as 91% more likely to have smoked marijuana, and 18% more likely to have used harder drugs if they witnessed violence in the neighborhood. These results are significant at a .01 level. Juveniles who witness violence somewhere else were 76% more likely to have smoked cigarettes and drank alcohol, 216% more likely to have smoked marijuana, and 322% more likely to have used harder drugs. All are significant at a .01 level. Juveniles who

reported witnessing violence in the school were also 64%
more likely to have used harder drugs, significant at a .01
level. In Model 3, juveniles were more likely to have
smoked cigarettes or drank alcohol when witnessing violence
in the school (58%), in the neighborhood (87%), and
somewhere else (211%). All are significant at a .01 level.
Juveniles were also more likely to have smoked marijuana
after witnessing violence in the school (71%), in the
neighborhood (314%), or somewhere else (308%). All these
results were also significant at a .01 level. Juveniles
were also more likely to have used harder drugs when
witnessing violence at home (234%), in school (237%), in
the neighborhood (371%), and somewhere else (503%). Results
for school, neighborhood and violence witnessed somewhere
else are all significant at a .01 level. Witnessing
violence in the home is significant at a .05 level.
Therefore Hypothesis 1 is partially supported by this
study, although this support wanes after introducing peer
and family drug use, which suggests they play a more vital
role than witnessing violence.

Hypothesis 2 states that males are more likely to
engage in drug use than females. Gender was only
significant in Model 3 for smoking cigarettes and drinking

alcohol, as well as using harder drugs. In those results, males were less likely to have used those drugs than females. Therefore Hypothesis 2 was not supported by the results of this study.

Hypothesis 3 states that Socio-Economic Status, measured by income, is not influential in drug use. None of these results for income were significant either at a .01 or at a .05 levels in Models 1,2, and 4. Income was significant at a .05 level in Model 3 for smoking cigarettes and drinking alcohol. Individuals with a higher income are more likely to drink alcohol and smoke cigarettes. Therefore Hypothesis 3 was partially supported by the results.

The results of this study show more support for Differential Association/Social Learning Theory, as previous research also revealed. Respondents were more likely to have engaged in any type of drug use when friends and family were also drinking alcohol or using drugs. These results show that the influence of valued individuals in a juvenile's life is greater than experiencing strain from violence exposure or any other negative stimuli. The data set did have several limitations and therefore the results might be coincidental and not reproducible in another

study. Further investigation would show whether these results are reliable or if General Strain Theory can explain juvenile drug use and the limitations of this dataset just restricted the results. When looking at violence only and not controlling for drug behavior of friends and family (Model 3) it clearly showed that the negative stimuli are related to drug use. Another option would be that these negative stimuli also cause juveniles to associate with individuals who experienced the same issues of witnessing violence and therefore now engage in drug use. It seems that all variables (independent and control) in this study were closely related and correlated with drug use. These could all be conditional effects of violence on other things such as choosing friends and then engaging in the drug use.

Conclusion

The focus of this study was to find a relationship between witnessing violence at home and juvenile substance use. It was expected that the findings would support the components of General Strain Theory; specifically that exposure to a negative stimuli (violence at home) would cause the juvenile to self-medicate in the form of abusing

substances. Three hypotheses were tested, predicting that males were more likely to engage in drug use after exposure to violence in the home, the presentation of negative stimuli would enable juveniles to engage in drug use, and that socio-economic status is not influential in drug use after witnessing violence at home.

Multinomial Logistic Regression was used to test the hypotheses and one hypothesis was partially supported, one was supported and one was not supported. Consistent with Hypothesis 1, most juveniles were more likely to engage in drug use after witnessing violence. Even though these results were only applicable for some types of witnessing violence, this is also consistent with General Strain theory since witnessing violence anywhere is negative stimuli and the juveniles exposed to such violence were more likely to engage in drug use compared to not using drugs at all.

Additionally it was found that family and peer influence plays a major role in juvenile drug use since respondents who experienced drug use within their family and among their friends were more likely to also use drugs. These findings support Differential Association/Social Learning Theory. The data was collected from the juveniles

over the phone and it seems unlikely that 40.2% (n=1619) report their friends smoked marijuana and 54.6% (n=2196) of their friends smoked alcohol compared to only 10.1% (=407) and 27.0% (n=1086) admit to smoking marijuana and drinking alcohol or having smoked cigarettes before, respectively.

The limitations to the dataset were very influential to the results of this particular study and further reproduction of the data should be considered to ensure accuracy. One limitation was number of responses for drug use. Only very few answered the questions concerning harder drug use and therefore all responses for harder drugs were put in one category. For future research it would be desirable to be able to split harder drugs into more categories to measure them independently.

Future research should focus more on specific differences in the violence such as the circumstances of witnessing the violence. Also a timeline between witnessing violence and using drugs would be important to see which occurred first to establish a correct correlation or even causal relationship.

Policy Implications

Previous research has indicated that exposure to violence, regardless of at home or somewhere else has a negative effect on children and juveniles. This study supports this claim and therefore changes in current policies need to be addressed to better serve these individuals in a time of need. School counselors should focus more on the signs of Post Traumatic Stress Disorder and offer help those children. In the case of witnessing violence at home, therapy should be offered to children and juveniles who have been exposed to violence at home and battered women shelters should also include sessions for children and teens. Many shelters don't allow teenage boys to be present, which should also be changed. Shelters could add a new focus point to their treatments and go beyond helping kids with their homework.

With a stronger support system the child victims can have a more successful outcome of a bad situation. If the children and juveniles can be helped early on, the risk of using drugs and drug dependency could be reduced. Even though peer influence also has a big effect on juvenile drug behavior, reducing these other factors can only be beneficial.

Recently there has been an increase in attention to bullying which could explain some of the violence present in schools. Also bullying could explain violence witnessed in the neighborhood. Another explanation for violence in the neighborhood could be from gang activity. Juveniles are more likely to be exposed to gang activity and bullying behaviors when they are outside of their home. More attention should be paid to reducing bullying behavior in and outside of schools, which could reduce strains on juveniles.

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