

**The Relationship Between Parental Substance Abuse and Child
Maltreatment**

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The Relationship Between Parental Substance Abuse and Child Maltreatment

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This is to certify that the thesis prepared by Medhanit Walelign Aynalem entitled: The Relationship Between Parental Substance Abuse and Child Maltreatment; submitted in partial fulfillment of the requirements for the Degree of Master of Arts (School of Social Work) complies with regulation of the University and meets the accepted standards with respect to the originality and quality.

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List of Symbols

<	Less than
>	Greater than
β	Beta
=	Equal
\bar{X}	Mean average
$\sqrt{\quad}$	Square root
Σ	Sigma
α	Alpha
%	Percent
&	Ampersand
"	Quotation Mark
σ	Variance
χ^2	Chi-square

Acronyms

AAU	Addis Ababa University
ACRWC	African Charter on the Rights and Welfare of the Child
ANOVA	Analysis of Variance
CAST	Child Abuse Screening Tool
CSA	Central Statistics Agency
GTP	Growth and Transformation Plan
IDRE	Institute of Digital Research and Education
M	Mean
MOFED	Ministry of Finance and Economic Development
PSA	Parenting Abuse Scale
SD	Standard Deviation
SES	Socioeconomic Status
SPSS	Statistical Package for Social Science
UNCRC	United Nations Conventions on the Rights of the Child
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Abstract

Understanding the relationship between parental substance abuse and child maltreatment is crucial in providing better assessments of families at risk and creating better intervention and prevention strategies. This study was conducted to examine the relationship between parental substance abuse and child maltreatment in three selected preparatory and secondary schools of Addis Ababa. In addition, this study also sought to examine the relationship that child maltreatment has with family characteristics and some demographic factors (age, gender, year of schooling and type of the school). A total of 382 (Male =160, Female =222) students from the three secondary and preparatory schools (one private and two government), in Addis Ababa were selected conveniently. Parental substance abuse instrument and international child abuse screening tool (ICAST) were used to measure parental substance abuse and child maltreatment, respectively. Univariate, bivariate and multivariate analysis were used to analyze the collected data. Findings showed that parental substance abuse is significant predictor of child maltreatment. More specifically child maltreatment differs by the type of the substance, pattern of the substance abuse, affiliation with the abuser, and length of the starting time. It was also found that there is a statistically significant relationship between all the demographic factors except gender (age, class level, and year of schooling) and child maltreatment. In contrary, the study revealed a significant gender difference in emotional and sexual abuse. Family characteristics were also found to be significant mediator of the relationship of child maltreatment with demographic factors and parental substance abuse. Conclusion was made and the major findings were discussed in relation to other research findings. Finally the implication for social work education, research, practice and policy was discussed.

Keywords: Child maltreatment, family characteristics, substance abuse, parental substance abuse

1. Chapter One: Introduction

1.1 Back Ground of the study

Substance abuse defined inconsistently among different studies. In many writings the criteria for substance abuse is unclear. The differences in the retentiveness of the substance abuse criteria could account for discrepancies in prevalence rates. Substance abuse includes the abuse of legal drugs (e.g., alcohol, prescription drugs, over the counter drugs) as well as the use of illegal drugs (e.g., cocaine, heroin, marijuana, and methamphetamines). Since legal drugs, alcohol in particular, is unfavorable to parental functioning; they are called “illicit” drugs (Hernandez, 1992).

Substance abuse is a pattern of substance use resulting in clinically considerable physical, mental, emotional, or social distress. These include failure to accomplish main role, responsibilities, or experience of interpersonal, social problems and legal problems or physical hazards (National Center on Addiction and Substance Center at Colombia University, 2005). The term substance abuse is generally understood to refer to alcohol, drug or poly drug use, which leads to social, physical and psychological harm. It is less about amount than patterns of use, motivation for use and consequences and encompasses both the licit (alcohol, prescribed drugs, including methadone, and solvents) and illicit (heroin, amphetamines, cocaine, crack, cannabis, ecstasy, etc.). (Kroll & Taylor, 2003).

Children of parents with substance abusing behavior often referred to as COSA (Children of Substance Abusers) are at high risk of vulnerabilities. These vulnerabilities may arise from fatal exposure to alcohol and drug, poor and inconsistent parenting, a chaotic environment and/or financial challenges as a result of parental substance use, increase risk of child maltreatment. Substance abuse by parents has been shown to be associated

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with higher rates of child maltreatment potential because, parents who abuse substances are less likely to be able to function effectively in a parental role. This can be due to: impairments (both physical and mental) that occur while under the influence of the substance; expenditure of often limited household resources on purchasing alcohol or other drugs and time spent seeking and using alcohol or other drugs (Williams, Myers, Degen, Knisely, Elswick, & Schnoll, 1994).

Researches have uncovered a number of factors that appear to increase the likelihood that a child will be maltreated (Haugland, 2003; Harbin & Murphy, 2000; Grekin, Brennan, & Hammen, 2005). Parental depression, low self-esteem, substances abuse, and history of child maltreatment of the parent(s) are some of the socio-emotional factors associated with increased risk of child maltreatment. Family poverty, domestic violence, single parent households, large family size and poor social networks are also correlated with high levels of child maltreatment. At the same time, wide variations regarding the accepted methods of child rearing and disciplinary practices, such as corporal punishment, exist across cultural contexts, and normative methods of child rearing may be misconstrued by the dominant cultural value system as a risk factor for child maltreatment (Gutterman, 2005).

Not all parents who use alcohol or drugs mistreat their children (Harbin & Murphy, 2000). However, research suggests that parental substance abuse can adversely affect attachment (Howe, Brandon, Hinings, & Schofield, 1999 & Flores, 2001), family dynamics, relationships and functioning and significantly increases the risk of violence (Cleaver, Unell, & Aldgate, 1999; Velleman & Orford 1999; Harbin & Mgrurphy, 2000). All of these research findings are based on life experiences of children living with substance abusive parents in western countries but this study examined the relationship between parental substance abuse and child maltreatment from

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the children's perspectives in three selected schools with in Addis Ketema sub-city, Addis Ababa, Ethiopia.

1.2 Statement of the Problem

There is considerable research evidence to suggest that drug abuse is associated with poorer parenting skills. For example, lack of concern as a result of substance abuse may mean parents have difficulty in organizing their lives (Falmalaro, Kinscherff, & Fenton, 1992). In a study of developmental issues in children of substance abusers, McMahon and Luthar (1998) reported that the three main research findings regarding such children are firstly that they have poorer developmental outcomes (physical, intellectual, social and emotional) than other children, secondly, they are at risk of child maltreatment and substance abuse themselves. Other studies have also shown that parents with substance abuse problems are more likely than other parents to maltreat their children (Famularo et al, 1992; Jaudes & Ekwo, 1995 & Kelleher et al, 1994).

Many studies found significant relationships between parental substance abuse and child maltreatment (Leonard & Jacob, 1988; Milner & Chilamkurti, 1991). In one comparison of substance abusing and non-substance abusing parents involved in Massachusetts' court system, they found that parents with documented substance abuse histories were more likely than other parents: (a) to be repeat offenders with regard to child maltreatment; (b) to fail to follow through with court ordered services; and (c) to eventually lose care and custody of their children. Flanzer (1990) highlighted that one of the factors related to child maltreatment and parental substance abuse may be the overall level of functioning within the family itself. Family members of substance abusers often live in constant fear that their fragile environments could collapse. Families affected by substance abuse tend to be characterized by financial difficulties, marital problems, shifting family roles, increased exposure to illness, domestic violence, child

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maltreatment, children's academic problems, inconsistent childcare, social isolation and exposure to crime. All of these factors also increase the risk that children growing up in these families will turn to tobacco, alcohol or drugs. Children who grow up in substance abusing households may never learn how a healthy family functions and may end up perpetuating the intergenerational cycle of addiction and its consequences. Substance abuse research has revealed a variety of problems in the dynamics of families where there is parental substance abuse. These study findings include dysfunctional internal and external boundaries (Goglia, Jurkovic, Burt, & Burge-Callaway, 1992); poor communication skills, low expressiveness, and high family conflict (Petersen-Kelley, 1985); chaotic or rigid interaction patterns (Preli, Protinsky, & Cross, 1990); role distortion (Mucowski & Hayden, 1992); and generally low levels of family competence and adverse family environment (Sheridan & Green, 1993).

Famularo and his colleagues (1992) investigated the type of substance abuse and type of maltreatment of parents engaged in court actions due to child maltreatment. Murphy, Jellinek, Quinn, Smith, Poitras, & Goshko (1991) found that in a sample of parents, who significantly maltreat their children, alcohol abuse was particularly related with physical abuse and cocaine was associated with sexual abuse.

McKeganey, Barnard, and McIntosh (2002) found that material deprivation in the home was an obvious consequence of substance abuse. Poor living conditions were seen as both a cause and effect of parental substance abuse and the strain of finding money for the substance can add to family tensions and leave parents unavailable for their children (Tunnard, 2002).

Other research has found that the substance and other equipment, such as needles, can also cause physical harm for children (Hogan & Higgins, 2001). In addition, there have been cases reported of children dying from ingesting their parent's substance (Centre for Social

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Research on Health and Substance Abuse, 1998; Scotsman, 2006). Studies support the complex nature of child maltreatment in multiple contexts, including parental substance abuse. Family characteristics interact with parental substance abuse to increase the possibility of child maltreatment both within and outside of the family environment. However, those studies findings correspond to small, non-probability samples, which cannot be generalized to other populations. Each model focused on only one variable, either psychosocial or socioeconomic factors; thus, the model provides only a partial explanation of complex dynamics that must be explored further with additional variables, multivariate statistical techniques, and larger and more dissimilar samples.

Different studies indicates the strong connection between substance abuse and child maltreatment, others explained that substance abuse as one of the number of serious problems parents faced. Many study findings underline the association between parental substance abuse and child maltreatment but failed to control for the parent's personal and social problems. The studies also can't able to determine whether perpetrators were intoxicated at the time the maltreatment occurred and to recognize the true impact of substance abuse by controlling for a number of social and emotional problems among perpetrators.

Findings from studies on a possible link between parental substance abuse and child maltreatment vary but clearly demonstrate their strong relationship. Any conclusive statements about causality between parental substance abuse and child maltreatment are not possible. Some of the researches relied on secondary data and were influenced by self-report bias. Most of the studies did not investigate for the effects of substance abuse related problems in the general population on child maltreatment report. Poverty was persistent among studies. These factors might be the actual cause of child maltreatment, with substance abuse as a co-occurring effect

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caused by the same underlying factors. However, although substance abuse may be only one of many problems in these families, it is one that is clearly identified. Absence of standardized screening tool both for parental substance abuse and child maltreatment will also contribute not to generalize based on these studies. And also almost all of the studies have done before 2006 GC. Moreover all these studies are based on the experiences of children of substance abusing parents in western countries, so that we can't generalize for our country, which have different socioeconomic and political contexts. So, this paper examined the relationship between parental substance abuse and child maltreatment in Addis Ketema sub-city, Addis Ababa within three selected secondary and preparatory schools.

1.3 Rationale and Significance of the study

The International Federation of Social Workers defines the purpose of social work as including the promotion of social change and the empowerment and liberation of people to enhance well-being (IFSSW, 2000). According to The National Association of Social Workers (NASW), “the primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty” (NASW, 1999). In social work, children are considered as one of social groups that are vulnerable to various forms of disadvantages because they have not reached their full physical, psychological and mental levels of maturity that would serve to protect them. So children are one of research interest areas in social work.

On the other hand there are two main reasons why we should be concerned about substance abuse. One is the effect that abuse of substances has upon the individual. Substance abuse can alter the abusers lives everlastingly, destroying their productivity, affecting their

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health, and relationships with others. The other reason is the effect that widespread use of substances has on people around the abuser, and on the society in which they live. Children of substance abusing parents are considered to be at risk of pre and postnatal biological and physiological factors. The literature repeatedly identifies risk factors relating to emotional, developmental, psychological, and educational problematic outcomes (Choi & Ryan, 2006)

As a social worker the researcher choose to conduct a research on children, since the birth of a child sets expected responsibilities for the parents, for other family members and relatives, and even the society, because all at some future time will be expected to provide in various ways for this needy and growing new life. They are the new generations; today's situations of their life and life changing events may bring them serious difficulties later on. According to Webb (2003, p: 17),

Social work education made a commitment to address the needs of people of color and of all sexual orientations across the life cycle. This commendable goal implicitly includes children issues for social workers trying to help children in desperate situations, such as those growing up in chemically dependent families or those who have been orphaned by war or traumatized by terrorism.

In addition to reasons stated above personal relations with children of substance abusing parents make the researcher interested to this study. Therefore, this research examined the relationship between parental substance abuse and child maltreatment focusing on the nurturance to children in that family environment Addis Ketema sub city, Addis Ababa in three selected secondary and preparatory schools.

It could be clearly seen that the situation of children with substance abusive family in Ethiopia hasn't been well studied. Hence, literature about the relationship between child

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maltreatment and substance abuse in Ethiopia has been hard to find. The population in Ethiopia is generally characterized by a very young structure, with children below age 18 years accounting to 52% of the national population. And children below age 15 represent 44% of the national population. The figure of children living in difficult situation is noted to be important due to social, economic, political as well as cultural factors (MOLSA, 2005). Since significant numbers of Ethiopian population are below age 18 years, this kind of researches, which are related, with the life experience of children will have paramount significance. It is, therefore, very important to examine and understand the relationship between parental substance abuse and child maltreatment at this time where every nation particularly Ethiopia is striving to ensure child rights for the overall development of the country. The study has been believed to generate a comprehensive set of empirical information on the relationship between parental substance abuse and child maltreatment in Addis Ketema sub city, in particular and in the whole of Ethiopia in general. It can be used as good insight to parents, social work practitioners, teachers, researchers, policy makers and other GOs and NGOs working with children.

1.4 Conceptual Framework

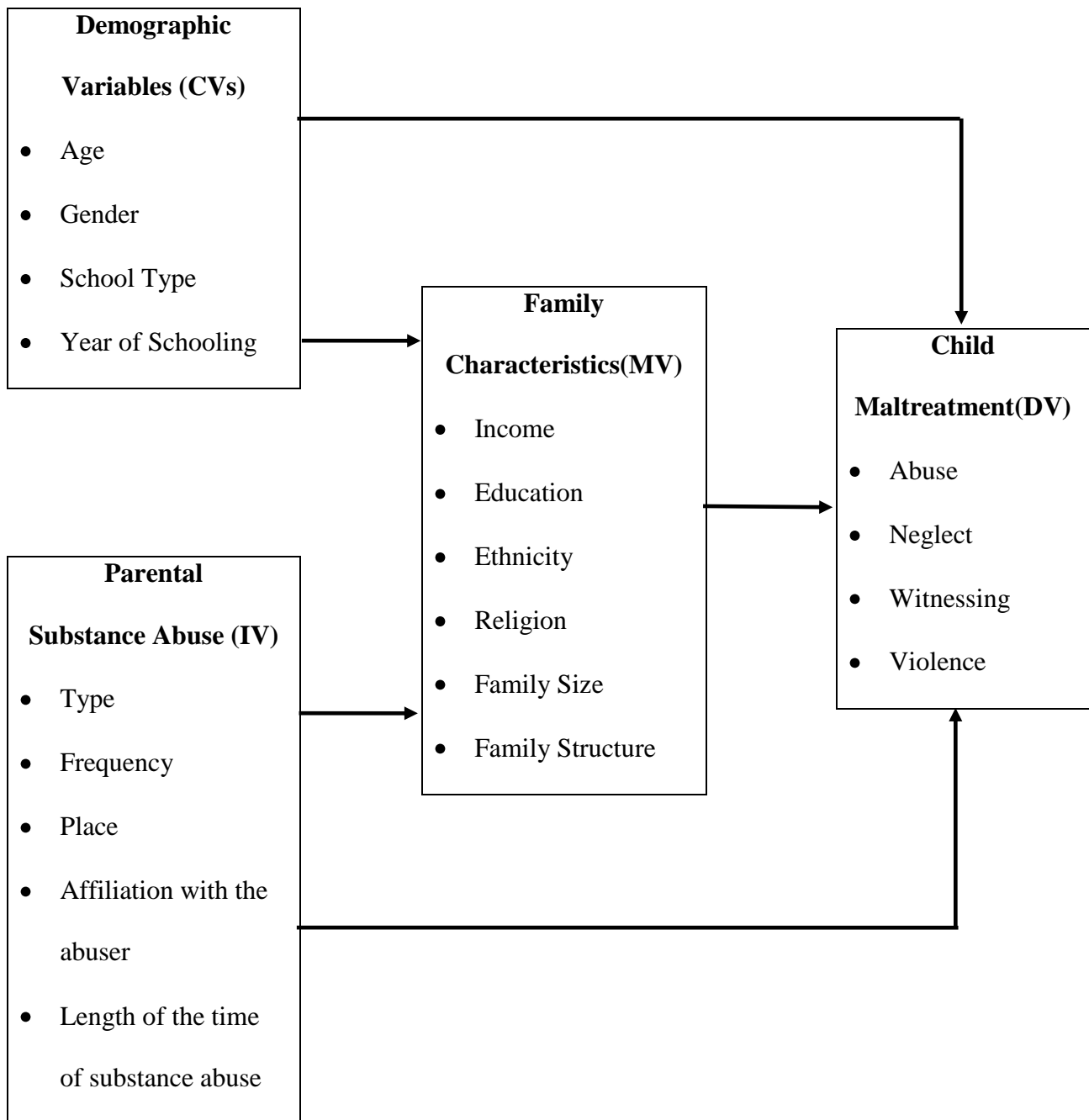


Figure 1. Predictors of child maltreatment

1.5 Conceptual Definition of Terms

- Euphoric state. The situation in which substance abusers get overjoyed or excited.
- Experience. Children experiences of parents' involvement in fulfilling their best interest, for survival and development of the child, and the substance abuser parents' treatment of the child regarding discrimination.
- Government school. It is a second level high school (grade 9 and 10) and preparatory school(grade 11 and 12), owned by the government, and requires no or relatively low amount of schooling fee than the private high school.
- Parental Substance Abuse. It is an addition to alcohol and/or other drugs that interferes with appropriate parenting practices and increases the risk of child maltreatment (Choi & Ryan, 2006).
- Private school. It is a second level high school (grade 9 and 10) and preparatory school (grade 11 and 12), which is privately owned and requires relatively high amount of schooling fee than the government school.
- Substance will be defined as any natural or artificial substances (aside from food) that by their chemical nature alter the functioning of the body (Inciardi & Mc Elrath, 2001).
- Substance Abuse. It is persistent and repeated use of substances over a 12 month period resulting in adverse consequences in an individual's life such as, failure to meet obligations at work, school, or home; using substances in a physically hazardous situation (driving under the influence); legal problems; and social or interpersonal problems (American Psychiatric Association, 2000).

1.6 Operational Definition of Terms

- Age. It refers to the number of years that a child lived during the data collection time as responded by the child. It is a continuous variable measured at a ratio level and is limited from 12 to 18 (including) for this study purpose.
- Family characteristics. It contains the family size, family income, family structure, education, religion, and ethnicity.
- Gender. It is the biological difference of children, which is categorized as male and female as responded by the participants. It is measured at nominal level.
- School type. There are many types of schools, but for this study purpose it refers to only private and government high schools. It is a categorical variable divided into two and measured at nominal level.

1.7 Research Questions and Hypotheses

1. Is there a significant relationship between the demographic factors (age, gender, school type and year of schooling) and child maltreatment?

Hypothesis 1: There is significant relationship between the demographic factors (age, gender, school type and year of schooling) and child maltreatment.

2. Does specific type of child maltreatment experience differ by the child's gender?

Hypothesis 2: The specific type of child maltreatment experience differs by the child's gender

3. Does specific type of child maltreatment experience differ by the child's age?

Hypothesis 3: The specific type of child maltreatment experience differs by the child's age.

4. Does parental substance abuse significantly predict child maltreatment?

Hypothesis 4: Controlling the demographic factors, parental substance abuse significantly predicts child maltreatment.

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5. Does child maltreatment differ by type of the substance, pattern of the substance abuse , the place where the substance is abused affiliation with the abuser, and length of the starting time?

Hypothesis 5: Child maltreatment differs by the type of the substance, frequency of the substance abuse, the place where the substance is abused, affiliation with the abuser, and length of the starting time.

6. Do family characteristics mediate the relationship between demographic factors and child maltreatment?

Hypothesis 6: Family characteristics mediate the relationship between demographic factors and child maltreatment?

7. Do family characteristics mediate the relationship between parental substance abuse and child maltreatment?

Hypothesis 7: Family characteristics mediate the relationship between parental substance abuse and child maltreatment?

Since one of the data collection instrument, ICAST, is new to the Ethiopian context, the finding of the study cannot be directly compared to other previous studies. As cross-sectional design, the findings could not be used to argue causality. Consistency might be found in the findings; however, consistency would not mean causality. Finally, the study is also limited to tell about the influence of parental substance abuse on the child but not on parents independently.

1.8 Summary of the Chapter

Researches divided the impact of parental substance abuse in to two as prenatal and postnatal. Children of parents with substance abusing behavior are at high risk of vulnerabilities. Many studies suggest that there is strong relationship between parental substance abuse and child maltreatment. Situation of children with substance abusive parents in Ethiopia haven't studied yet. Prior researches concentrated more on outcomes of drug abuse on the abuser in relation with

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its biological, psychological, economical as well as social impacts. Particularly, coming to our country Ethiopia this segment of population hasn't been studied as well. Almost all the previous studies were based on the experience of children in western countries and they were made before ten years. The purpose of this study is to offer some insight into the relationship between parental substance abuse and child maltreatment.

2. Chapter Two: Review of Related Literature

2.1 What is Child Maltreatment?

Child maltreatment is the broad term used to express the various forms of child abuse and neglect of children under age 18. "It includes all types of physical abuse, emotional abuse, sexual abuse, and neglect. Exposure to intimate partner violence is also sometimes included as a form of child maltreatment"(Gutterman, 2005, p.15). There is no single definition of child maltreatment, as the understanding of what constitutes abuse varies with the child's age, culture and context. However, the experience of significant harm and suffering appears to be at the core of most definitions. For example, the World Health Organization (2006) defines child abuse as:

“all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.”

According to Gutterman (2005) child maltreatment can be divided into two main categories: abuse and neglect. Abuse occurs because of an act of commission by an adult. However, neglect occurs because of an act of omission by an adult. If a caregiver does something to a child, which has or may have harmful outcomes, it is considered as abuse. However, when a caregiver fails to do something for a child that causes or may cause harmful effects, it is considered as neglect. Gutterman (2005) further divided abuse into three categories: physical abuse, sexual abuse and emotional abuse.

- a. Physical abuse is generally defined as the use of physical force against a child, which includes a range of violent behaviors such as burning, scalding, hitting, shaking, beating, suffocating , strangling, kicking, biting, and poisoning and. It is also child abuse if a

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career results in symptoms of, or intentionally induces illness in a child (Gutterman, 2005).

- b. Emotional abuse is the persistent emotional maltreatment of a child that may severely impair the child's psychological development, such as: devaluing the child, making him/her feel worthless, unwanted or unloved, valuing the child only insofar that he or she fulfills the needs of others, placing unrealistic or age inappropriate expectations upon the child, overprotecting and/or isolating the child from others, or bullying the child, causing him/her to feel frightened or endangered. Emotional abuse is typically involved in all types of maltreatment, although it also frequently occurs on its own (Gutterman, 2005 & Glaser, 2002).
- c. Sexual abuse involves forcing or enticing a child to take part in sexual activities (including prostitution), whether or not he or she is aware that the activity is abusive. It includes both physical (including penetrative acts such as rape, anal or oral sex) and non-physical acts, such as exposing one's sexual parts to a child (flashing), forcing children to look at sexual imagery (e.g. pornography), encouraging a child to behave in other sexually inappropriate ways or permit them to watch pornography (Gutterman, 2005 & Department of Health, 2006).
- d. Neglect is the persistent failure to meet a child's basic needs in a manner that is likely to seriously impair his or her health or development. Neglect constitutes physical neglect, supervisory neglect, and emotional neglect. Physical neglect include lack of adequate food, lack of adequate shelter, lack of adequate clothing, failure to provide adequate hygiene, failure to provide adequate physical health care, failure to provide adequate mental health care, and failure to respond to the child's life threatening condition.

Supervisory neglect involves abandonment, child left alone for a period of time, child not supervised closely enough, child left with a caretaker without adequate planning, and child left with a caretaker who is not qualified or dangerous. Finally psychological/emotional neglect can be defined as a failure to fulfill basic emotional needs of a child for normal development (Gutterman, 2005 & Glaser, 2002). However neglect as a type of maltreatment is emphasized in this study.

- e. Witnessing domestic violence. In some literatures, it is defined as supervisory neglect (Markward, 1997; Wolfe, Jaffe, Wilson & Zak, 1985). Witnessing domestic violence is often defined as one type of maltreatment, because it has been shown that children who are exposed to domestic violence are at risk of developmental problems (Cummings, 1998) and the negative effects of conflict and violence between parents on children are well documented (Jouriles, Norwood, McDonald, Vincent & Mahoney, 1996). Domestic violence can be defined as a physical assault on a partner's body (Coohey, 2003a). Witnessing domestic violence includes seeing, hearing or being in some way exposed to domestic violence, cause him/her to feel frightened or endangered (Cummings, 1998) . Although many of the definitions above are from the U.S. literature, most of them are consistent with Ethiopian law and seem applicable in Ethiopia. They are also main components to define child maltreatment. In this study, child maltreatment includes witnessing violence, physical abuse, sexual abuse, emotional abuse and all types of neglect in one.

2.2 Theoretical Perspectives of Child Maltreatment

Social workers are best equipped with numerous theories and their corresponding intervention strategies, because each child and family is unique. Joan(2010) reviewed and presented theories that are particularly useful in explaining child maltreatment: biological, neurobiological, attachment and cognitive behavioral theories. All of these theories can be used for understanding, early identification and treatment of child maltreatment.

Biologically based theories. Among all children who experience different types of maltreatment, infants and toddlers are most often abused. In both sexes, children less than 1 year of age have a victimization rate of 22.2 and 21.5 per 1,000, respectively. For boys and girls of age 1, that rate decline to 13.2 and 12.7, respectively. The rates continue to decline every increasing year of age. Biological theorists suggest the reason for this higher rate may be the total dependence of very young children on their parents and the demands they make on them. Youngsters up to age 3 are totally dependent upon their parents, guardians or caretakers; mostly, they are unable to communicate verbally; and their world revolves around them and their parents, guardians or caregivers. Out of annoyance with their responsibilities, parents may maltreat them. The more choosy and erratic the child, the more it tends to be maltreated(Joan, 2010).

Neurobiological theories. These theorists focus on children's brain development as influenced by traumatic events, particularly child maltreatment. Children's brains hold 100 billion neurons, each releasing neurotransmitters, such as dopamine, and serotonin, which are, transferred from one neuron to another through the synapse gaps. Everything children see, hears, think, and touch transfers into an electrical activity that is stored into these synapses. The plasticity (malleability) of the brain provides certain windows of opportunity during children's

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cognitive development; these are specific times during which they are best able to learn certain tasks. The trauma of maltreatment results in “rewiring” of their brains and interferes with their normal cognitive, emotional, and social development (Joan, 2010).

Attachment theory. These theorists stress the importance of bonding between children and their parental figures. Numerous problematic behaviors of children and adults are attributed to inadequate or inappropriate attachment during their childhood. Among these problems are the inability to feel empathy and to cope with life stressors as well as the development of dissociation and related disorders. Left unresolved, disorganized attached behaviors can result in intergenerational transmission of violence; thus the child victim becomes the adult abuser (Joan,2010).

Cognitive behavioral theories. These theorists often attribute child maltreatment to parents imitating the order they received as children. These theories also relate to the intergenerational transmission of maltreatment, where one generation teaches the next inappropriate behaviors. These theories focus on thoughts and behaviors learned from social experiences resulting in irrational thinking and behaviors (Joan,2010).

2.3 Child Maltreatment and Family Characteristics

In this study family characteristics defined as a containing family income, family structure, family size, education, religion, and ethnicity.

Family Structure has been related to risk of child maltreatment. Children of single parents have been found to be more likely to be maltreated than children in other types of families (Brown et al., 1998). However, children who have stepfathers (especially girls) are more likely to be sexually abused than other children (Finkelhor, et al., 1986; Miller-Perrin & Perrin, 1999). Child maltreatment has been also related to number of children in the family (Miller-Perrin

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& Perrin, 1999) especially if they are closely spaced together (DePanfilis & Zuravin, 1999b). It has also been argued that if parents and children spend more time together in the home, there is an increased risk of child maltreatment, especially when other risk factors exist that can increase stress, such as unemployment and poverty (Newman & Grauerholz, 2002).

Socioeconomic status SES is a construct that reflects one's access to collectively desired resources, they might include power, money, material goods, social networks, healthcare, leisure time, or educational opportunities (Sheridan, 1995). Socioeconomic status (SES) is often measured as a sum of education, income, and career. It is usually conceptualized as the social standing or class of a person or group (McVell, 2007). When viewed through a social class lens, privilege, power, and control are emphasized. Research indicates that SES is a key factor that influences quality of life for children, because it affects human functioning in different ways, including development across the life span, physical, and psychological health (Oakes and Rossi, 2003).

Research also indicates that socioeconomic status affects family stability, including parenting practices and resulting developmental outcomes for children (Sedlak, Mettenburg, Basena, Petta, McPherson, & Greene, 2010). Families deemed to have low socioeconomic status were five times more likely to experience child maltreatment than families of higher socioeconomic status (Sedlak et al., 2010). For example, poverty is a reliable predictor of child maltreatment. Researchers have long recognized that children living in families with limited economic resources are at higher risk for maltreatment than children from higher economic strata (Gil, 1970; Pelton, 1981; Wolock & Horowitz, 1979). Garbarino and Kostelny (1992) tested differences that exist in poor neighborhoods that contribute to child maltreatment. Their study found that child maltreatment rates were far higher in the neighborhoods that were marked by

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poor housing, poverty, and violence. For those families who live, work, and go to school in communities that are characterized by a general lack of societal support, exposure to violence, and neglect, child maltreatment is an increasingly frequent occurrence (Rishters & Martinex, 1993). Kotch and Thomas (1986) focused on family and social factors associated with child maltreatment reports. They found that the rate of substantiation is highly related to a parent's SES. Among low income families, those with family exposure to substance use exhibit the highest rates of child abuse and neglect (Ondersma, 2002). Ernst (2001) found that child maltreatment rates were statistically significant for the factors related to economic disadvantage, and substance abuse is highly related to poverty.

In addition to the above the socioeconomic factors ethnicity and religion are also included in this study as one aspect of family characteristics. The American Psychological Association's 1999 Annual Convention documented that understanding cultural difference is crucial because a large number of child maltreatment cases involve allegations against minorities (Murray, 1999). There is no single definition of child maltreatment, as the understanding of what constitutes abuse varies with the child's age, culture and context. The ethnicity and religion of parents as part of the cultural context have a significant effect on how a child and child maltreatment defined and on the expected responsibilities of the parent and the roles of the child (Levine & Levine, 1992).

The criteria that parents apply to and define as maltreatment, as compared to child discipline or other child rearing practices also differ with ethnicity (Giovannoni & Becerra, 1979; Rose & Meezan, 1995). Different cultures consider childrearing and the value of children differently. This is an important consideration in defining child maltreatment. Culture reflects the way of life practices of particular groups of people. Iverson & Segal (1990) see culture as a

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source of definitional bias. Research on cultural/ethnic differences in attitudes towards or use of child maltreatment is inconclusive and largely contradictory (Smith, 2005). Findings of studies on variations in attitudes to child maltreatment across different nations suggest a strong association between approval and practice of coercive discipline strategies in these countries. In Barbados and Korea, for example, where support for corporal punishment is very strong, rates of severe punishment are very high. The NIS studies have found no race differences in maltreatment rate. However, many other studies have found that children from low-income families are more likely to be reported as abused and neglected, reflecting the impact of the stress of living in poverty. Since ethnic minor families are more likely to be poor, their children are over represented in the maltreated population.

2.4 The Impact of Parental Substance Abuse on the Child

Researches divided the impact of parental substance abuse in to two as prenatal and postnatal (Preuss, Schuckit, Smith, Barnow, & Danko, 2002; Loukas, Zucker, Fitzgerald & Krull, 2003; Leonard & Eiden, 2002). Shulman (2000) have tried to assess the direct risks to children exposed to drugs in uterus have found it difficult to dissociate the negative effects of the actual drug exposure from the negative effects of other variables, including poor prenatal care, poor prenatal nutrition, prematurity, and an adverse postnatal environment. Pregnant women who are substance abusers are at far greater risk than other pregnant women for a range of medical problems. Jester, Jacobson, Sokol, Tuttle, & Jacobson, (2000) on their study, illustrated the influence of maternal drinking and drug use on the fetuses. The potential effects of maternal substance abuse on the fetus and infant depend greatly on the substance being used, the frequency of abuse, the length of abuse, and the amount the substance. Jaudes, & Ekwo, (1997) demonstrated the outcomes for infants exposed in uterus to illicit drugs. Neonatal complications

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of maternal substance abuse include decreased birth weight, body length, and head circumference; possible impairment of brain development; intrauterine growth retardation; fetal distress; immune deficiency; hyperbilirubinemia; hypoglycemia; intracranial hemorrhage; neonatal abstinence syndrome; pneumonia; infections; intrauterine death; and increased risk for death from sudden infant death syndrome (Shulman, 2000).

Risk to children of exposure to drugs extends beyond the prenatal period. The combined stresses of substance abuse and the demands for the routine care of infants and children can create a unstable or otherwise vulnerable environment in which child maltreatment can occur (Nordberg, Rydelius, & Zetterstrom, 1993). Klee, Wright, & Rothwell, (1998) in their work titled "Drug Using Parents and Their Children" demonstrated that parent or caregiver who abuses substances has impaired judgment and priorities and is unable to provide the constant care, management, and leadership that children need. Additionally, these homes are often plagued with other problems, including physical or mental illness; poor parenting skills; domestic violence; involvement of caregivers with drugs, alcohol, and criminal activity; and lack of such resources as money, time, energy, and emotional support for the children. Finally, many substance of abuse make parents violent, paranoid, and annoyed, creating a condition where the parents are more prone to injure or neglect their children (Bays, 2001).

Kelleher, Chaffin and Hollenberg (2004) highlighted that homes where illegal drugs are being used or alcohol is being abused present many environmental risks for children. Children may come up in to direct contact with the substance. For example, they may breathe air containing the substance, or they may find the substance itself and swallow them. Additionally, these environments may be chaotic and expose the child to physical injuries, such as insecure

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and dirty conditions, family violence, pornography, and illegal activity, including use of firearm. More importantly, these children are at risk of direct physical abuse and overt neglect.

Research has confirmed a strong connection between substance abuse and child maltreatment. In one research that controlled for several variables, children of substance abusers found to be 2.7 times more likely to be abused and 4.2 times more likely to be neglected than other children whose parents were not substance abusers (Haugland, 2003). Children of substance abusers may have difficulty with the various changes in their parents' temperament or behavior when abusing substances. Children also can experience shame and humiliation through public exposure of their parents' substance abuse (Straussner & Fewell, 2006). For some children, it is a fact that they may be parentified early in life by having to take care of a sick parent that deprives them of a 'normal' path developmental and consequent psychological and behavioral reactions. According to Hooper, Marotta and Lanthier (2008) define parentification as a role reversal where a child becomes responsible for a parent's and/or other family member's emotional or behavioral needs. Parentified children at times are accountable with helping the parent's day to day functioning which can include grocery shopping, cooking, housekeeping and performance of duties related to the care of siblings or parents.

Substance abuse contributes to maladaptive parenting in three ways. First, there is the direct effect of the substance(s) used on parents' behavior. Different types of controlled and illicit drugs have different pharmacological effects on the organism. These effects may result in distortions of performance that intensely impact the individual's capacity to function as a parent. Competent parenting requires sensitivity to the social, emotional, and physical needs of the dependent child and consistency in responding to those requests. Mind-altering and mood-

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altering chemicals deeply impact the individual's cognitive and emotional functioning in ways that severely inhibit the capacity for sensitive and consistent parenting (Turner, 2007).

The second way parental substance abuse leads to maladaptive parenting is its effect on the environment in which parenting takes place. The friends parents chooses, the physical environment in which a family resides, and the social interactions of a parent with the world outside the family, all contribute to the context for childrearing. A parent whose friends relationships rotate around substance abuse, whose addiction robs the family of necessary financial resources, and whose social network is severely truncated due to others' rejection of his or her substance abusing behavior, creates a childrearing environment that has significant potential for child maltreatment. For example, recent studies show a genetically unrelated adult male in the household such as a stepfather or mother's paramour is the most likely perpetrator of fatal child abuse (Daly & Wilson, 1994; Sedlak & Broadhurst, 1996). As substance abusing women are more likely than men who are substance involved to have a partner who also abuses drugs or alcohol and these partnerships are frequently sequential relationships, the likelihood of having an unrelated adult male in a household where the mother is actively using is quite high.

Finally, a parent's own early history of maltreatment, which studies have shown to be associated with substance abuse in adolescence and adulthood, autonomously contributes to maladaptive parenting. Increasingly, research is showing the long-term effects of maltreatment in childhood on adult functioning, beginning with its effects on the individual's ability to form permanent emotional attachments to others (Bryer, Nelson, Miller, & Krol, 1987; Chu & Dill, 1990). Recent study on physical and sexual trauma in childhood has found evidence of a biochemical effect that, depending on the severity of the trauma and the sensitivity of the individual, results in symptoms of Post-Traumatic Stress Disorder (PTSD) (Barnow, 2002). One

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of the characteristic sequel of traumatic stress and a symptom of PTSD is emotional numbing and interference with cognitive problem solving functions, both of which have been found to be linked with child maltreatment.

In many cases, children suffer polyvictimization, which means they have experienced more than one type of maltreatment; thus, their chances of suffering adverse consequences are increased (Finkelhor, Ormrod, & Turner, 2007). Substance abuse is of course closely associated with poverty, but it also appears to have a strong independent association with child maltreatment. This may be because many substance-abusing parents give priority to acquiring and abusing the substance; or they may have low self-esteem, low tolerance levels, and what is chillingly called 'disinhibition of aggressive impulses'.

Children with substance abusive families are at high risk to be substance abusers because chemical dependency is a hereditary disease. According to some researches children with a family history of alcoholism are four times more likely to develop alcoholism or chemical dependency. Parenting is undoubtedly one of the most challenging roles in one's lifetime. It is beyond being responsive to the child need. Parents need to be a model to their children's behavior as well as a monitor of their child's behavior and environment, to prevent problems along the way (National Institute of Child Health and Human Development, 2001). In this regard in addition to the hereditary factor the home environment will contribute for the child of substance abusive parents to be substance abuser by themselves (Goodwin et.al, 2003).

2.5 Factors influencing the impact of parental substance abuse on children

Recent research indicates that the impacts of parental substance abuse on children and families appear to be influenced by the severity of substance abuse, the length of time the parents have been abusing substance, the patterns of abusing, the number of family members who abuse

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the substance and, most importantly, the other risk and protective factors present. It is the aggregation of risk factors that is most influential in determining outcomes for children. The key factors examined in different research to influence the impact of parental substance abuse are demographic factors such as gender of the parent, gender of the child, length of time of substance abuse, family history of substance abuse, and socioeconomic status; parental mental health problems; family functioning and marital/relationship conflict and parent child interactions and parenting practices.

2.5.1 Gender of the child and Gender of the Parent

Disruptive behavior, such as mental health problems, hyperactivity and, aggressiveness are particularly apparent in sons of parents who abuse substance (Loukas, Zucker, Fitzgerald & Krull, 2003). Daughters of parents who abuse substance have also been found to exhibit more behavioral problems when compared to control populations. In general, however, girls tend to display more internalizing problems, such as poor self-concept, eating disorders, anxiety and depression. In one study of children social competence, Hussong et al. (2005) found that girls rather than boys from families with parental substance abuse indicated shortcomings in social competence in early childhood. In contrast to these findings, analysis by Lynskey et al. (1994) did not produce evidence to support the hypothesis that parental substance abuse is related to child gender. The investigators found that gender differences were not important, and concluded that gender does not play a significant role in moderating responses to parental substance abuse problems.

Regarding gender of the parent, most studies examining outcomes for children of parents who abuse substance have focused on paternal substance abuse or have not distinguished between paternal or maternal substance abuse (Keller, Cummings & Davies, 2005). This may be

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due to the fact that women are less likely to engage in substance abuse. Consequently, in studies where there are more males than females with substance abuse, there may be insufficient statistical power to detect the impact of maternal drinking. To date, there is no clear evidence that maternal substance abuse has a greater or lesser impact on children than paternal substance abuse (Ohannessian et al., 2004; Grekin et al., 2005). Studies linking paternal substance abuse with parenting behaviors have indicated that fathers who abuse substance have more negative parent child interactions during preschool years (Eiden & Leonard, 1996) and adolescence (Jacob, Harber, Leonard & Rushe, 2000).

Further, paternal substance abuse has been found to have the greater impact on substance abuse in older children (Chassin, Curran, Hussong & Colder, 1996) and the development of mental health problems in adolescence (Ohannessian et al., 2004). Similarly one longitudinal study found paternal but not maternal substance abuse disorders predicted delinquency (both violent and non-violent) in children (Grekin et al., 2005). Other researchers argue that maternal substance abuse can pose significant risks to children's development, particularly in the presence of other risk factors such as family conflict and depression (El-Sheikh & Flanagan, 2001; Connors, Bradley, Mansell, Liu, Roberts, Burgdorf & Herrell, 2004; Ohannessian et al., 2004).

El-Sheikh and Flanagan (2001) suggest that there are multidirectional effects operating between substance abuse, family conflict, and parental depression and child maltreatment. For example, paternal substance abuse may exert its negative effects through mechanisms such as violence, while maternal substance abuse may exert negative effects through emotional unavailability to the child (El-Sheikh & Flanagan, 2001). Christensen and Bilenberg (2000) also indicate that the outcomes for the children may vary: if the father is the problem substance

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abuser the child tends to exhibit antisocial or conduct related behavior, and if the mother is the problem substance abuser the child tends to have emotional difficulties.

2.5.2 Length of Time of Substance Abuse

The effects of parental substance abuse on aspects of child appear to be cumulative: the longer the child has been exposed to parental substance abuse, the greater the impact may be. For example, differences were found between a group of such children and a control group in relation to measured child maltreatment experience (Leonard & Eiden, 2002).

Studies have established strong evidence of intergenerational transmission of substance abuse disorder. While not all children of parents who abuse substance develop substance abuse disorders or other forms of psychopathology, these children are estimated to be between four to nine times more likely to develop substance abuse disorder than children of parents who do not abuse substance (Johnson, 2001).

Richter and Richter (2001) argue, however, that while genetic factors may contribute to the transmission of substance abuse problems from one generation to another, there is strong consistent evidence that environmental factors also play an important role in the development of substance abuse behavior, and parents need to be aware that they can reduce environmental risks even when a genetic component is present. The association between genetic factors and substance abuse has been studied through genetic, adoption and twin studies. Results have so far consistently indicated that genetic factors play a role in substance abuse for men, but the evidence for this link in women remains inconsistent (Leonard & Eiden, 2002).

Studies that demonstrate a relationship between the number of immediate and extended family members who abuse substance and the adverse outcomes on children supports the intergenerational transmission of substance abuse (Corral et al., 1996, cited in Nixon & Tivis,

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1997). Corral et al. (1996) found that children from families with a high density (for example a father who misuses alcohol and two or more additional relatives who also do so) of substance abuse performed poorly on tests of visual spatial functioning and attention compared to those with no such family history.

2.5.3 Socioeconomic Status

There is minimal evidence of a direct causal link between socioeconomic status, parental substance abuse and negative outcomes for children. Rates of substance abuse in one study were found to be significantly higher in families with lower socioeconomic status compared with those families from higher socioeconomic status (Ellis, et al., 1997). However, in families where there is parental substance abuse, children may not have their basic needs met because severe or continuous problem of the substance abuse is generally associated with missed days off work, career loss, substance related medical costs, failure to pay bills and costs to purchase the substance, and as a consequence, lower economic safety (Tunnard, 2002).

2.5.4 Parental mental health problems

Based on the type of the substance, the frequency and the length time of the substance abuse, parental substance abuse may results in parental mental health problems. Increasingly, research is examining the impact that the co-occurrence of parental substance abuse and mental health problems has on child development and wellbeing. This is referred to as 'dual diagnosis'. Anti-social personality disorder (ASPD) and mood disorders are associated most strongly with substance abuse by parents. The coexistence of ASPD in families increases the risk for children as these families are characterized by poor functioning, high rates of deviant and hostile behaviors, and frequent episodes of violence (Haugland, 2003).

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Studies in this area have demonstrated that children of parents with dual diagnosis, particularly substance abuse and ASPD, are more likely to be maltreated and develop externalizing behaviors and oppositional defiant disorder than children of parents who abuse children but do not have a mental health problem (Loukas et al., 2003). It also seems that these children display the poorest intellectual functioning and have the highest risk for academic difficulties (leading to repeating grades or dropping out of school) when compared to non-anti-social problem substance abuser and control groups. Research also indicates that children of parents who abuse substance and have a mental health problem are more likely themselves to develop mental health or substance use problem in adolescence (Ohannessian et al. 2004). In one study, a family history of mental health problems has been demonstrated to have high contribution for child maltreatment than parental substance abuse (Preuss, Schuckit, Smith, Barnow & Danko, 2002).

2.5.5 Family functioning and marital/relationship conflict

The consensus in the literature is that parental substance abuse brings disruption to family functioning. In general, where there is parental substance abuse, families are more troubled and dysfunctional, perceive their environment to be less cohesive and lack ritual and routines. They have higher levels of unsettled conflict, fighting, blaming and arguing. They have also lower levels of physical and verbal expression of positive feelings, warmth and caring, and (Jester et al., 2000 & Richter & Richter, 2001). Kelly, Halford and Young (2002) found that, in the context of substance abuse, couples demonstrate poor communication practices; they interrupt each other, do not listen, and are unable to speak effectively. In relationships where the male partner abuse substance, both partners have been found to engage in more verbal aggression (O'Farrell, Murphy, Neavins & Van Hutton, 2000) and physical violence (Leonard & Roberts, 1998).

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Keller et al. (2005) examined whether substance abuse within a community sample, rather than a clinical sample, affected children through both increased marital conflict and less effective parenting. In this study, marital or partner conflict did not have a direct effect on child. Instead relationship conflict was related to ineffective parenting, specifically inconsistent discipline. This parenting behavior was associated with child maltreatment (Keller et al., 2005). A large body of literature indicates links between family stress, conflict and child externalizing and internalizing behaviors (Cummings, Davies & Campbell, 2000). There is also evidence that the children who have the most difficulties are those with two parents who abuse substance (Hussong et al., 2005).

2.5.6 Domestic Violence

Substance abuse, by male partners in particular has the potential to not only impair partner and family relations but to contribute to physical abuse of partners and children (Lipsky, Caetano, Field & Larkin, 2005a). Several studies have found that substance abuse increases aggression (Finney, 2004). However, there is debate in the literature about the contribution that substance abuse makes to domestic violence. Evidence shows that those who abstain from substance abuse are still represented in programs for perpetrators of domestic violence. In addition, One study investigating the link between spouse or partner abuse and substance abuse have found that, while substance abuse is associated with domestic violence, attitudes approving violence against women and control over partners are more closely associated with domestic violence than substance abuse (Johnson, 2000). There is also a relationship between domestic violence and substance abuse by the person experiencing the violence (Lipsky et al, 2005a). Lipsky et al. (2005a) also reported, however, that it is unclear whether substance use precedes or follows domestic violence.

2.5.7 Parent Child Relationship and Parenting Practices

Keller et al. (2005) describe how the relationship between couples may affect the child through parenting attitudes and practices. Research has indicated an association between relationship difficulties and poor parenting. Parental substance abuse directly associated with poor parenting practices, particularly in families where there is severe substance (Whipple, Fitzgerald, & Zucker, 1995). Research also suggests that substance abuse problems in general are associated with excessively authoritarian or permissive parenting styles and with unrealistic expectations of children's abilities (Steinberg, 1994). Parents who have authoritarian parenting style are high in demandingness but low in warmth and responsiveness. This pattern contains the following elements: parents place a high value on obedience and conformity. They tend to favor more punitive, absolute, and forceful disciplinary measures. Verbal give and take is not common in this family, because the underlying belief of authoritarian parents is that the child should accept without question the rules and standards established by the parents. They tend not to encourage independent behavior and instead, place a good deal of importance on restricting the child's autonomy, and reserve decision making for them only. Parents in this category do not balance their demands for mature behavior with an acceptance of the child's needs.

Parental substance abuse can also influence the amount of supervision provided to children. In a comparative study, Vitaro, Dobkin, Carbonneau and Tremblay (1996) found parenting behaviors to be one of the factors that accounted for differences in behavior of sons of alcohol dependent fathers and sons of non-alcohol dependent fathers. At age 10 and 12, boys without problem behavior reported more parental supervision than boys in problem groups. At 14 they also reported less punishment by their parents.

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The impact of poor parental modeling and supervision may also impact on peer relationships that children develop. Carle and Chassin (2004), for example, observed that children whose parents abuse substance tended to engage in significantly more deviant behavior and belong to more deviant peer groups. The parent child relationship has also been shown to mediate the association between parental substance abuse and behavior problems (Velleman & Templeton, 2003). El-Sheikh and Buckhalt (2003), for example, found that children's negative perceptions of attachments to parents who abuse substance consistently predicted behavioral, social and cognitive problems. Positively perceived attachment was found to buffer the relationship between substance abuse and child functioning.

2.6 Children's Rights in Different Policy Frameworks

Legally, children have the right to be loved, not to be hurt, free expression, health and the right to choose what they like. Hence, different international, regional and local instruments and policies that give clear picture about situation of the child to be and others obligations for the well-being and development of the child has been ratified. These include United Nation Convention on the Rights of the Child (UNCRC), African Charter on the Rights and Welfare of Child (ACRWC), the constitution of the federal government of Ethiopia, the revised family code and the national Ethiopian child policy. As it is stipulated in all of these documents, parents are expected to build a nurturing family environment for children upraising or it mean explicitly children have the right to be provided with affection, emotional, psychological, material support as well as be free from neglect, abuse, and any mistreatment.

2.6.1 United Nation Convention on the Rights of the Child (UNCRC)

The UNCRC is the most widely ratified convention that recognizes every child's right to a standard of living conducive to physical, mental, spiritual, moral, and social development. The

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Convention on the Rights of the Child has persuasive power. It can be a useful reference tool for measuring where Ethiopia stands in relation to its treatment of children compared to an acceptable standard recognized by most countries in the world. The Convention on the Rights of the Child spells out the basic human rights that children everywhere, without discrimination, have the right: to survival, to develop to the fullest, to protection from harmful influences, abuse and exploitation and to participate fully in family, cultural and social life.

Generally those can be categorized under major four pillars: best interest of the child, survival and development, non-discrimination, and child participation. Best Interests of the child means that all actions concerning children undertaken by parents should center first for the benefit of the child to advance his/her life and it need to be a primary consideration. Non-discrimination is favoritism as well as ignorance by substance abusive parents that might happen by having a form of stratification within the family in different circumstances. Survival and development is the responsibility of parents to involve in the life of the child and play all roles on the nurturance and development of the child via emotional and psychological supports as well as a protection from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment. Child participation includes the rights of the child to be aware of any matter, which concern him/her. Specifically seeing the articles as it is clearly summarized by Ochaíta and Espinosa (2002) articles 2, 3, 4, 6,18, 19, 21,24, 27, 32, 33and 39 of the Convention are of particular importance to the rights of children affected by parental substance abuse use and maltreated.

Article 3 of the Convention on the Rights of the Child requires signatories to include the best interests of the child as a primary consideration in all actions concerning children, including those by public or private welfare institutions, courts of law, administrative authorities or

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legislative bodies. Additionally, the article requires signatory parties to ensure the protection and care of children, taking all appropriate legislative and administrative measures necessary for the welfare of children.

Article 4 of the Convention requires signatories to undertake all appropriate legislative, administrative and other measures for the implementation of the rights recognized in the Convention. Policies and strategies need to be implemented at a federal, state and local government level in relation to the rights of children affected by parental substance abuse and child maltreatment.

Article 6 recognizes the primary condition of health, the right to life, and to survival and development of all children. Articles 2 and 3, which guarantee, respectively, the right of nondiscrimination and the principle of the best interests of the child, are related to the general protection of the rights to physical health and autonomy. Subsequently, Articles 24 to 27 deal more specifically about the rights related to health satisfiers due consideration of pollution risks and education for health.

Articles 19 to 21 refer to protection from physical and psychological risks deriving from the non-existence or poor functioning of the family system. Specifically, Article 19 deals with the right of the child. Article 33 requires states to take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances.

Articles 32 to 39 refer to protection from physical risks related to health; they also deal with protection from psychological risks, economic/labor exploitation, and other different forms exploitation. It is also explained in the Ochaíta and Espinosa (2002) article that, the Convention makes it clear from the outset that it considers the family as an important natural context of

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growth for the child, devoting several of its articles to the child's rights to a family life, as well as to the fact that children's rights should be respected within the family. In relation to it, Article 5 sets down the right of the child to be given appropriate direction and guidance from parents or other family members as provided for by local custom. Finally, Article 18 refers to the need and the corresponding right of children to be properly reared by their parents, in accordance with the principle that both parents have common responsibilities for the upbringing and development of the child.

2.6.2 African Charter on the Rights and Welfare of Child (ACRWC)

The African Charter on the Rights and Welfare of the Child, which came into force in 1999, is the first regional treaty on the rights of the child. It is framework to protect the rights and welfare of African children, which was born out of the UNCRC in order to give an African context to Convention taking into consideration African cultural values, experiences and practices. The Charter does not negate the Convention. It has been contended that the Charter was born out of the feeling by African member states that the Convention missed important socio-cultural and economic realities of the African experience. The point of difference between the Convention and the Charter is the focus whereas the Convention generally makes it clear that children are independent subjects and have rights, the Charter stresses the need to include African cultural values and experience in considering issues pertaining to the rights of the child in Africa.

The African Children's Charter doesn't ascribe rights to minority and indigenous children, despite the fact that a number of countries in the region have significant populations of minorities and indigenous groups. There is some confusion regarding Article 31 that deals with children's responsibilities. Children are required to respect parents, superiors and elders at all

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times which could conflict with the child's right to participate in decisions that affect them. And also it didn't consider the situation where parents may have disgusting behavior such as substance abuse. When dealing with criminal activities, it didn't consider parental substance abuse. Article 20 can be also construed as supporting physical punishment by parents as it is unclear regarding the meaning of "domestic discipline"

2.6.3 The Constitution of the Federal Democratic Republic of Ethiopia

In the constitution that has come in to full force and effect as of the 21st of August 1995, it is clearly stated that all international agreements ratified by Ethiopia are an integral part of the law of the land (article 9:4). Here in the constitution, children have many rights, which should be secured and protected by the government. Article 36, the Rights of the Child (1) Every child has the right: "...a) life "...d) Not to be subject to exploitative practices, neither to be required nor permitted to perform work which may be hazardous or harmful to his or her education, health or well-being; ... " (2) In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration".

2.6.4 The Revised Ethiopian Family Code

The RFC defines a minor/child/ as a person who has not attained the full age of 18 (Art. 215) and who shall not perform juridical acts except in the cases provided by law (Art.216 (3)). Different issues regarding the right of the child and responsibilities of the guardians or parents are elaborated in the revised Ethiopian family code. These include children's rights during the lifetime of marriage/irregular union, Children's rights and Divorce/separation, Children's rights and, ascertainment of affiliation, children's right to get maintenance, and child right and maintenance. The Revised Family Code can be generalized as protecting the well being of

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children as it declares at its preamble though there are places where the concern and participation of children is forgotten. One place to mention is administration of family matters which is left to the spouses only. The code defines what is guardian but didn't include a criteria what a person has to fulfill to be the guarding of a child. Here it comes the question that parents or guardians who have maladaptive parenting practice as a result of their substance abusive behavior can be guardian? Article 258 speaking about the upbringing of the child proclaimed as the guardian shall direct the upbringing of the child and may take the necessary disciplinary measures for the purpose of ensuring his upbringing. Here comes also the question of what constitute "necessary disciplinary measures"?

2.6.5 National Child Policy of Ethiopia

In the national child policy of Ethiopia under chapter three has a section, which deals with civil rights and freedoms of children. It include; protect children from any forms of discrimination, protect children from any forms of sexual, physical and psychological abuses, and make sure the respect of the right to life and development of children. It recognize the expansion of different kinds of drugs, "*Chat*"¹ and Shush smoking houses, brothels, pornographic pictures and videos which are posted on the internet, cybersex trade, child trafficking for sex and the like is negatively affecting the development of children. But in the lists of children who are more vulnerable in different circumstances, it didn't consider children of substance abusers?

2.7 Gaps in the Literature

An extensive investigation of the relevant literature on this subject was performed. The literature is well documented focusing on child maltreatment and parental substance abuse as to

¹Chat is chewable green leaf, which contain addictive and stimulant substance.

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the effects of parental substance abuse on children and families and the barriers that children face with parental substance abuse. In reviewing this literature, the researcher discovered much of the information was based on national data and surveys agencies. The researcher also found that the variation of child welfare practices, from state to state and even from county to county, creates different results when working with children struggling with parental substance abuse.

The researcher discovered each study findings remain slightly accurate with the assumptions that are proposed in this study; yet demographics and reporting practices difference occurred within each study. The researcher also found the majority of the studies used their own screening tool for child maltreatment, which is not standardized and make the comparison between research findings difficult. More over most of the studies were done before 5 years. And almost all the research findings are based on the life experience of children in developed countries so that; we can't generalize in developing countries like Ethiopia.

2.8 Summary of the Chapter

This literature review was organized in seven sections. The first section includes the impact of parental substance abuse while the second section examined factors influencing the impact of parental substance abuse on children. The key factors examined in different research to influence the impact of parental substance abuse are demographic factors such as gender of the parent, gender of the child, length of time of substance abuse , family history of substance abuse, and socioeconomic status; parental mental health problems; family functioning and marital/ relationship conflict and parent-child interactions and parenting practices.

The third section described the child maltreatment and parental substance abuse. Child maltreatment is the general term used to describe the various forms of child abuse of children under 18 years of age and there are four types of child maltreatment namely physical abuse,

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sexual abuse, emotional abuse and neglect. The fourth section includes the relationship between family socioeconomic status and child maltreatment while the fifth section showed parenting styles and the attributes of competent parenting. The sixth section describes Children's Rights in Different Instruments (Policy Frameworks). The final section describes the gaps in the literature.

3. Chapter Three: Research Methods

This chapter presents the methodology that guided and transformed the overall research questions to generate empirical data. In this section, I discuss the research design, the sample selection plan and procedures, including the selection criteria, the study setting, instrumentation for this study respondents selected, the procedures of data collection, and data cleaning and management were explained. In addition, this chapter presents about the data collapsing and data analysis. Reliability and validity tests for quantitative data are also discussed. Finally, the chapter presents the procedures used to protect human subjects.

3.1 Research Design

The study used quantitative cross sectional research design, with descriptive, explanatory and predictive function. It is descriptive because presents a picture of the specific details of the situation which has been highly developed in previous works; explanatory, it answers why things are the way they are; and predictive because it forecasts outcomes. The selected independent variable is parental substance abuse and the mediating variable is family characteristics; family size, family income, family structure, religion, educational level, and ethnicity. The control or demographic variables are age, school type, year of schooling and gender. The dependent variable is the child maltreatment. As Kultar (2007) explained "Quantitative method provides the opportunity for presenting a greater variety of divergent views in a comparative way." From such point of view quantitative method is more preferable than qualitative method in measuring the variables under the study, testing the research hypotheses and in addressing the objective of the study. In addition, the dependent variable is continuous and can be measured at interval level of measurement. Selection of the quantitative method also helps the findings to be free from the researcher bias.

3.2 Sampling Design

The units of analysis of the study are children students who are attending their preparatory and high school education at the selected schools. One preparatory school, one high school and one high and preparatory school were conveniently (familiarity with the school personnel) selected from 'Addis Ketema' sub city; 'Addis Ketema' preparatory school, 'Yekatit 23' Secondary School and Radical Academy Elementary, Secondary and preparatory school, respectively where the former two are governmental and the later one is private school.

The population parameter (the total number of students) is known, it made practical to get the list of all active students, and draw random samples. In selecting the representative sample size of the students probability sampling technique were employed. Of the probability sampling techniques, stratified sampling technique was used with the principle of the proportional allocation. The justification to use stratified sampling as Crossman(2010, p.34) describes it is that, “Stratified sample is a probability sampling technique in which the researcher divides the entire target population into different subgroups, or strata, and then randomly selects the final subjects proportionally from the different strata.” Moreover, the author expands his logical extension why researchers use stratified sampling as follow:

It is helpful when the researcher wants to highlight a specific subgroup within the population. Stratified sampling is good for this because it ensures the presence of key subgroups within the sample. It is also important to observe relationships between two or more subgroups. With this type of sampling, the researcher is guaranteed subjects from each subgroup are included in the final sample (Crossman, 2010, p. 10).

The students in the selected schools were stratified in terms of year of schooling (grade 9,10,11 and 12) and gender (male and female) Grade 9, 10, 11and 12selected to regulate the

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respondent's age to be within the range of 12 to 18. That means there is eight strata: grade 9-male, grade 9-female, grade 10-male, grade 10-female, grade 11-male, grade 11-female and grade 12-male, grade 12-female. The researcher select age 12 as the lower age limit because, children below age 12 are unable to analyze and express their experience and age 18 as upper age limit because those above age 18 are relatively matured and can't be considered as a child since they pass the legal age range to be a child. Hence, firstly the sample size has to be determined. Using this principle, participants were allocated within their respective strata proportion to their number in the population parameter. As a result, the following formula was used to determine how many respondents could be taken from population parameter:

$$\text{Sample Size} = \frac{x^2 NP (1-P)}{d^2 (N-1) + x^2 P (1-P)}$$

Where; x^2 = Table value of chi-square @ $df=1$ for desired confidence level (.05=3.84)

d = Degree of accuracy (expressed as a proportion)

N = Total population size

P = Population proportion (assumed to be .50)

Source: Robert, V. K, & Daryle, W. M. (1970). *Educational and Psychological Measurement: Determining Sample Size for Research Activities*.

Accordingly, the three schools are consisting of 5395 students in the selected years of Schooling, therefore using the above formula 359 respondents were selected from the population and distributed to each strata proportional to their size in the population parameter and selected using lottery method. Furthermore 40 students, 5 from each strata were added to the above sample size in order to compensate questioners which might not be filled properly or filled by students who don't full fill the eligibility criteria. Children's age "12-18" (10 respondents with

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greater age than 18 are excluded from the study and only correctly completed questionnaires are included (5 incorrectly filled questionnaires were excluded). Two students also leave the hall in Addis Ketema preparatory school just because they were not willing to fill the questioner. Totally, 15 questionnaires, which were already completed, are intentionally excluded from being part of the data analysis because they did not fit in to the above inclusion criteria. Finally, samples of 382 adolescents in the eight strata were made ready for the data analysis (see Table 1).

Table 1. Number of Study Participants by School Type, Year of Schooling, and Gender (N=382)

Type of the school	Year of Schooling	Sex of Respondents		
		Female	Male	Total
Private	9	7	7	14
	10	7	7	14
	11	2	14	16
	12	7	3	10
Government	9	37	37	74
	10	52	30	82
	11	39	19	58
	12	71	43	114
		222	160	382

3.3 Measurement and Data Collection Instrument

To explain and describe the relationship between parental substance abuse and child maltreatment, both primary sources and document analysis were used. Annual reports, previous researches, and other relevant literature were analyzed. The primary data was collected from, 382

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respondents filling the survey questionnaires. In addition to the demographic information, two standardized instruments were employed to measure children perceived child maltreatment.

Child abuse screening Test (ICAST). The ICAST-C has been developed through a series of meetings and reviews conducted by the International Society of the Prevention of child Abuse and Neglect (ISPCAN). This work has been conducted in conjunction with the UN Secretary General's Study on Violence against Children. More than 130 experts from 43 countries have participated in the development and review process. ISPCAN leadership and researchers from Queensland University of Technology, Australia and the University of North Carolina at Chapel Hill, USA, have coordinated the process for the development of all the three ICAST instruments.

The ICAST-C ("child") tool is designed for use with children aged 12–17 years, and asks about their own experiences of victimization, over their lifetime and during the past year by ISPCAN. There are 82 questions altogether, but investigators may choose to ask only those questions relevant to violence experienced in a particular setting, such as the home or school. Questions cover various types of verbal, physical and sexual violence as well as experiences of neglect. The instrument for child maltreatment is not publicly available and direct permission was required. The instrument, ISPCAN Child abuse screening Test (ICAST) were translated into Amharic and then back translated into English by different linguistic personnel (MA in Journalism and Communication, and BA in English Language and Literature) so as to ensure its validity in the Ethiopian context.

Out of the 82 questions, there are 34 questions altogether, relevant to violence experienced in a home setting. The items required the respondents students to rate their child maltreatment experience in terms of the five child maltreatment dimensions namely, witnessing

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violence (4 items), emotional abuse(8 items),neglect(6 items), physical abuse(9 items), and sexual abuse (7 items). Items were scored on a four-point scale; '1' for “never”, '2' for “Not in the past year but this has happened ”, '3' for “ sometimes”, and '4' for “many times” for positive items and the reverse score for negative items.

Parental Substance Abuse Questioner It is adapted from the National Council on Alcoholism’s self-test can shed some light on the question. Some questions were added to collect data with regarding to the type of the substance, pattern of the substance abuse, length of the time of abuse, affiliation with the abuser and the place where the substance is abused. This questionnaire contains 10 questions and it was also helpful to draw a conclusion about the relationship between parental substance abuse and child maltreatment.

3.4 Data Quality assurance

Content validity or inter judge validity was conducted to find out if the questions were representing what they were intended to measure in a proportional way and to see their appropriateness in Ethiopian context. In doing so, the variables questions were given to five raters, three of them were staffs in Addis Ababa University department of Social Work and the remaining in the department of Social Anthropology. As a result based on the agreement of the raters, all of the questions were used.

Reliability of the questionnaire was checked using Cronbach Alpha, (α) and test-retest methods. It was done two times with one-week interval before the actual dissemination (two weeks) of the questionnaire to the targeted group. The reliability of the survey questionnaires in the pilot was $\alpha = .76$, which indicates a stronger consistency. The reliability of this instrument during the actual study slightly increased from $\alpha = .76$ (N=16) to $\alpha = .89$ (N=382).

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The reliability in the pilot study was checked by the following formula:

$$\alpha = (K/K-1)(1-\sum si^2/ Sti^2)$$

Where;

$\sum si^2$ = the sum of the variance of each item

Sti^2 = variance total item response

K = each item

1 = constant number

α = Greek small letter alpha

\sum = sigma

Source: Joseph & Rosemary. (2003) Calculating, interpreting, and reporting Cronbach's alpha reliability coefficient for Likert-type scales

3.5 Data Collection Procedure

After the schools are conveniently selected, certain procedures had to be followed. Accordingly, the researcher submitted the official letters of collaboration from the School of Social work to the schools officials. The schools officials were cooperative so that they give the list of students for each year of schooling and they also take the responsibility to coordinate the process. The next day, the population parameter (the total number of students) was known, and it made practical to get the list of all active students, draw random samples and ask them to respond.

The data was collected as per the general plan of data collection procedure. The school personnel then arranged suitable time to administer the questionnaire in such a way that the teaching and learning process being not affected. As a result, 30 minutes prior to first period were used to administer the questionnaire in the three selected schools. In the three schools the

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library hall were used. There were two data collectors along with the researcher who distributed and collected the questionnaires. By the help of the school unit leaders, students were gathered in the hall and received short briefing about the study. Those who were willing to participate stayed in the hall and two students who are not left the hall. Assistance was given to the participants as per their request. The minimum time to complete the questionnaire was 17 minutes and the maximum was 35 minutes.

3.6 Data Cleaning and Management

Data was entered using Statistical Package for Social Science (SPSS) Version 20 computer application program, and then cleaned using Broeck, Cunningham, Gackels & Herbst (2005) data cleaning procedure. These experts define data cleaning as one of the process of quality assurance in research and suggested a three stage data cleaning in clinical epidemiological research which involves repeated cycle of screening, diagnosing, and treatment (editing of suspected data abnormalities). Errors can occur due to outliers; data values falling outside the expected range or missing data.

Screening phase. It involves distinguishing the four basic types of oddities (possible sources of errors): lack or excess of data; outliers, including inconsistencies; strange patterns in distributions; unexpected analysis results and other types of inferences and abstractions (Broeck et al., 2005). In this study the researcher used some of the screening methods suggested by Broeck et al., (2005). These include checking of questionnaires using fixed algorithms, validated data entry and double data entry, browsing of data tables after sorting, printouts of variables not passing range checks and of records not passing consistency checks, plots of repeated measurements on the same individuals, frequency distributions and cross tabulations, summary statistics and statistical outliers direction.

Diagnosis Phase. The purpose of this phase is to clarify the true nature of worrisome data points, patterns and statistics. And the possible diagnosis for each data points are erroneous, true extreme, true normal or idiopathic (Broeck et al., 2005). There were missing data diagnosed at this level. Five respondents didn't answer four questions and other three students didn't answer two questions on the child maltreatment scale. Some 18 respondents were not able to complete the perceived income of the family. There were also two extremes in the perceived family income data (100 and 100,000).The researcher also looked for information, which confirm the true extremes of the outlier data points. For example there were two respondents who gave similar answer for their age and year of schooling.

Treatment Phase. At this phase the researcher decided what to do with problematic observations. The options are limited to correcting, deleting or leaving unchanged and there are some general rules for which options to choose (Broeck et al., 2005).I entered the average of the specific data set for the randomly missing data and the median for the income. Since, there was large difference between the minimum and maximum income, substituting the average creates greater difference. The outliers were also substituted by the closest income. The error on the respondent's age and year of schooling was corrected by cross checking the data entered on the computer and the raw demographic data on the questioner.

3.7 Data Collapsing

Sometimes we might have data files that need to be collapsed to be useful. Data-collapse is a way of establishing scaling and extracting associated exponents in problems showing self-similar or self-affine characteristics. The rule of collapsing says that if variables in a model partitioned into three exclusive subsets, A, B, and C, such that B separates A and C; thus, B have very smaller count (percentage), it should be added either on A or to C based on relative

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similarity (Institute for Digital Research and Education, 2014). In this study there were one respondent who came from Afar ethnic father and mother. It was collapsed to Tigray ethnic based on regional nearness. In a similar fashion the two respondents who have PhD degree mothers collapsed to MA/MSc holder mothers.

3.8 Data Analysis

3.8.1 Univariate Analysis

Since the data collected was quantitative, it was analyzed using univariate, bivariate and multivariate data analysis. Data was analyzed using Statistical Package for Social Science (SPSS) Version 20 computer application program. At the univariate level, descriptive statistical analysis was conducted to obtain demographic profile of the study participants. Descriptive frequency tables were used to observe the patterns of study respondents' response to each of the study variables. Descriptive statistics helps to know the frequency, character of the distribution of the data, and how extensively the responses are dispersed around the central value (Huck, 2008). Nominal level variables such as gender, ethnicity, religion, school type, family structure and educational level were analyzed in percentages and frequency distribution. The significance of the number of respondents who came from substance abuser family were checked by chi square test of distribution. For interval level variables such as income and year of schooling the results were analyzed and reported in, measures of central tendency (mean, median and mode), as well as measures of dispersion (standard deviation and range).

3.8.2 Bivariate Analysis

Bivariate analysis is one of the simplest forms of the quantitative analysis. It involves the analysis of two variables (often denoted as X , Y), for the purpose of determining the empirical relationship between them. The independent-samples t test compares the average values of a

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characteristic measured on a continuous scale between two subgroups of a categorical variable. It is used to analyze child maltreatment with gender, school type and presence of substance abuse. Analysis of variance (ANOVA) compares the average values of a characteristic measured on a continuous scale for more than two subgroups of a categorical variable. It is used to analyze child maltreatment with family structure, education, religion, and ethnicity. Simple regression uses to see if variable changes in a certain way, by how much will another variable change. It gives insight if single response measurement Y is related to a single predictor (covariate, regressor) X for each observation. In this research, it is used to see if child's age, family size, family income and year of schooling significantly predict child maltreatment.

3.8.3 Multivariate Analysis

If we are interested in the effect of two or more variables on other variable, the appropriate analysis is called multivariate analysis. Simple and hierarchical multiple regression were used to measure the relative level of prediction of the independent variables, as well as to measure the contribution of the independent variables in explaining the variation in the dependent variable. The hierarchical linear modeling (HLM) which deals with observations at more than one level in terms of unit of analysis were used to make model summary. Recoding categorical variables like gender into a new variable containing the gender categories as different variables allows these variables to be analyzed with continuous variables.

Statistical tests rely upon certain assumptions about the variables used in an analysis (Osborne & Waters, 2002). Prior to performing data analysis using regression models, a test was conducted to determine if assumptions of linear regression (linearity, homoscedasticity, independence, normality, and multicollinearity) were met. Residual plots were examined to determine linearity. The data showed a linear relationship between the independent and

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dependent variables. Homoscedasticity were checked by using scatter plots, the residuals formed pattern less cloud dots (indicating homoscedasticity). To check whether the assumption of normality was met plots for residual versus predicted values; histograms and normal probability plots of the regression standardized residuals for each independent variable with the predicted values were examined. The assumption of normality was violated in one of the independent variables, family income. This variable was transformed using the log transformation technique. However, the transformation did not change the distribution of the variable. Since multiple regressions are robust for the violation of normality, I used the original variable in the analysis (Osborne & Waters, 2002). Multicollinearity between predictor variables was checked by testing the variance tolerance statistics for each regression coefficient. The tolerance test was not < 0.1 .

3.8.4 Analysis of the Open ended Questions

There were two open-ended questions under the second (child maltreatment) and the third (parental substance abuse) sections of the questioner. Both questions were asking if the respondents want to say anything else than they have asked in the main questioners. Fifty seven respondents provided some comments on the child maltreatment section and 25 respondents on parental substance section. The respondents reflect on their relationship with their family members, especially parents. In this study, data collections were conducted in Amharic language, so all the comments were translated in to English. Following the translation pre-coding were done by highlighting significant participant comments. Significant statements that provide an experience of the participants were specially considered. In doing so, to make the process easy markers with various colors were used.

The pre-coding process was followed by making final code. In this case, the pre-coded statements were summarized and arranged in to meaningful segments. According to Tuckett

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(2005), this needs systematic arrangement or classification and such process was helpful to simplify and focus on some specific characteristics of the data. Then categorizing was followed. In this stage the researcher try to coupled similar, closer and related ideas, and statements together, which have similarity with, coded data. This categorization indicates, how the various codes were constructed into similar categorical values, how the data has given meaningful shape. Data categorization helps to sort out texts into meaningful groups, which make the data to be manageable (Tuckett, 2005). This is because; the coded data was categorized depending on the similarity and relationship of codes.

After the categorization different themes were appeared. This is the final output of the pre-coding, coding and categorizing with analytical reflection of the researcher. In tandem to this, the main themes in this finding were developed considering the main guiding research question of this study. According to Tuckett (2005), themes could be concepts that explain how ideas or categories are connected. After all these processes, writing the final composite of the findings and analyzing, Interpreting and looking for meaning out of those themes were made. Initially the themes were 8 and the reduced in to 5. Finally, themes are categorized under two major points.

3.9 Human Subject Projection

Ethical considerations in a research study are a major component of the social work research process so, professional and research ethical values of this research were fully recognized and assured. Since schools are legal institutions which are appointed by the law and parents, to teach and control every activity of students while they are in the school compound, approval from the school administration was requested through written consent form. The consent form states the purpose of the study, its consequence that it has no direct benefit or any

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harm in participating or in refusing to participate, and the time of duration accompanied with the letter of cooperation from the school of social work. The participants were informed that their participation in the study was completely voluntary with the ability to discontinue their participation at any time with no questions asked, and without consequences to their current or future life. Respondents were also informed that in the event of any discomfort was caused due to their participation; they could contact the researcher (data collector) for further assistance.

Respondents were also informed that confidentiality would be maintained to the extent that this researcher can provide. The informed consent and questionnaires were kept separate in order for this researcher to not become aware which participant completed which questionnaire. The questionnaires were kept in a secured and locked location that is only accessible to this researcher. No individual identifying data was collected or will be included in any papers or publications that result from this study. Parents or legal guardians of children were not contacted for the school authority replaces their authority while the students are in the school compound (See Appendix 1 & 2).

4. Chapter Four: Data Presentation and Analyses

This chapter presents quantitative findings of the study. First, the results of the descriptive analysis for all the variables (demographic, independent, mediating and dependent variables) are presented. Following the descriptive analyses, the results of the bivariate analysis are presented containing the analysis of child maltreatment with demographic factors, family characteristics and parental substance abuse. Finally multivariate analysis is presented. This includes the analysis of the dependent and the independent variables and answers for the research questions and the accompanied hypotheses of the study.

4.1 Descriptive Univariate Analysis

The results of the descriptive analysis for all the variables: age, gender, year of schooling and school type (control variables), family size, family structure, family income, religion of the father, religion of the mother, education of the father, education of the mother, ethnicity of the father and ethnicity of the mother (mediating variables), parental substance abuse (independent variables), and child maltreatment (dependent variable) are presented below.

4.1.1 Demographic Characteristics of Respondents

In this study, 397 children from the three schools participated in filling the questionnaire and out of them 382 questionnaires were selected and used for analysis. Fifteen questionnaires were dropped-out which do not meet the inclusion criteria. The majority of respondent children were females (58.1 %), while the rest were males (41.9%). The respondent's age ranged from 13 to 18. The median age is found to be 16. The other demographic variable in this study was school type of children. In terms of their school type 328 (85.9%) respondents were from government preparatory and high school, while the rest of 54 respondents (14.1%) were from private preparatory and high school. Regarding the year of schooling 124(32.5%) were grade 12

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students, 96(25.1%) were grade 10 students, 88(23.0%) were grade 9 students while the remaining 74(19.4%) students were grade 11. A summary of the respondents by age, gender, and school type is presented in Table 1.

Table 2. Respondent Children by Gender, Year of Schooling, and Type of the school (N=382).

Year of Schooling	Sex of Respondents			
	Female		Male	
	Type of the school			
	Private	Government	Private	Government
9	7	37	7	37
10	7	52	7	30
11	2	39	14	19
12	7	71	3	43
	23	199	31	129

4.1.2 Family characteristics of the Respondents

Family characteristics are the mediating variable in this study. These include family size, perceived income of the family, family structure, ethnicity, religion and parents educational level. Two hundred and eight (54.5%) respondents live with both parents, 86 (22.5%) respondents live only with their mother, 33 (8.6%) live only with their father, while the rest of 55(14.4)% respondents lives with relatives and non-relatives. The respondents' family size ranged from 3 to 13 ($M=6$).

The other mediating variable is perceived family income. The perceived family income ranged from 400 to 50,000 Birr². The median income is found to be 3,000 ($SD=6012.430$).

²The Birr (ብር in Amharic), denoted by ETB, is the unit of currency used in Ethiopia, after 1979.

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With regard to ethnicity, 149(39%) of the respondent's fathers were Southern ethnic, 113(29.6%) were Amhara ethnic, 60(15.7%) were Tigray ethnic, 57(14.7%) were Oromo ethnic while 3(0.8%) were foreigners. One hundred and fifty four (40.3%) of the respondent's mothers were Southern ethnic, 106 (27.7%) were Amhara ethnic, 62(16.2%) were Oromo ethnic, 58(15.3%) were Tigray ethnic while 2(0.5%) were foreigners. Parent's ethnicity in this research is used categorical variable to test research question number six and seven. In relation to religion, 203(53.1%) of the respondent's fathers were Orthodox Christians, 104(27.2%) were Muslims, 49(15.8%) were Protestants and the remaining 26(6.8 %) were Catholics. Two hundred and seven (54.2%) of the respondent's mothers were Orthodox Christians, 100(26.2%) were Muslims, 48(12.6%) were Protestants, while the rest 27(7.1 %) were Catholics. Parental religious affiliation in this research is used as a categorical variable to test research questions number five and six.

Parental educational level was the fifth mediating variable. The survey used a nominal scale with seven projected categories (1=illiterate/0, 2=elementary/1-8, 3=high school/9-12, 4=diploma, 5=degree, 6=MA/MSC and 7=PhD).The educational level of the respondent's father's range was from illiterate to MA level. On average the respondent's fathers completed high school ($M=2.94$, SD , 1.417). The actual survey data indicated that 122 (31.9%) of the respondent's fathers joined high school, 93(24.3%) joined elementary school, 64(16.8%) were illiterates, 62(16.2%) of their fathers have BA/BSC degree, 25(6.5%) have diploma, and the remaining 16(4.2%) have graduate degree (Masters Degree).

Table 3. Respondent Family's Back Ground Ethnicity, Religion and Educational Level (N=382)

Variables		Frequency	Percent
Gender	Female	222	58.1
	Male	160	41.9
Father's Religion	Orthodox	203	53.1
	Muslim	104	27.2
	Protestant	49	12.9
	Catholic	26	6.8
	Total	382	100.0
Mother's Religion	Orthodox	207	54.2
	Muslim	100	26.2
	Protestant	48	12.6
	Catholic	27	7.1
	Total	382	100.0
Father's Education	Between 9 and 12	122	31.9
	Below 8	93	24.3
	Illiterate	64	16.8
	Bachelor Degree	62	16.2
	Diploma	25	6.5
	Graduate Degree	16	4.2
	Total	382	100.0
Mother's Education	Below 8 grade	121	31.7
	Illiterate	106	27.7
	Between 9 and 12	78	20.4
	Bachelor Degree	42	11
	Diploma	26	6.8
	Graduate Degree	9	2.4
	Total	382	100.0
Father's Ethnicity	SNNP	149	39
	Amhara	113	29.6
	Tigre	61	16
	Oromo	56	14.7
	Foreigner	3	0.8
	Total	382	100.0
Mother's Ethnicity	SNNP	154	40.3
	Amhara	106	27.7
	Oromo	62	16.2
	Tigre	58	15.1
	Foreigner	2	0.5
	Total	382	100.0
Family Structure	Both Parents	206	54.5
	Mother Only	86	22.5
	Other Guardian	55	14.4
	Father Only	33	8.6
	Total	382	100.0

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The educational level of the respondent's mothers ranges from illiterate to PhD level. On average the respondent's mothers completed elementary school ($M=2.49$, S.D, 1.389). One hundred and six (27.7%) of their mothers were illiterates, 121(31.9%) joined elementary school, 78(20.4%) joined high school, 42(11%) have BA/BSC degree, 26(6.8%) of have diploma, and the remaining 7(2.3%) have graduate degree (Masters& PhD). Educational level of parents in this research however is used as categorical variable to test research questions five and six. Table three presents respondents' family characteristics: ethnicity, religion and educational level.

4.1.3 Parental Substance Abuse

A. Presence of substance abuse

Parental substance abuse is the main independent variables measured at nominal scale that has two options, parents who abuse substance and parents who do not abuse substance. Respondent children, as measured by the parental substance abuse instrument, were categorized into two types as children who have substance abusing family member(s) and children who have not substance abusing family member(s). The result shows that large numbers of children (224 children, 58.6%) are raised in families who have no substance abuser member. The rest of the respondents, 158 (41.4%) of them are growing up in a family at least one member abuse one or more types of substance. At 99.9% level of significance the number of respondents who live in substance abuse family was statically significant ($\chi^2=11.402$, $df=1$, $p<.001$).

Of the family members who abuse substance 117(74.1%) behaved in a way that frightened the children. Forty-one (25.9%) of them reported even if they are raised in substance abuser family, their family members didn't behaved in a way that frightened them. The respondents were also asked about their affiliation with the substance abuser family member (s).

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Sixty eight (17.8%) were their mothers, 59 (15.4%) were their relatives, 17 (4.5%) were their mothers and the remaining 14 (3.7%) reported as both of their parents abuse substance.

As part of this major issue, respondents were also asked when they know this (these) family member(s) start to do so. One hundred and forty of them reported as "it was more than a year" and 18(11.4%) reported that "it was lease than a yea". For the question related with the place of substance using, and abusing, 59 (37.4%) reported that "it was outside the home", 46 (29.1%) reported that "it was in side home" and the remaining 59 (37.4) reported as "it was both inside and outside the home."

Table 4. Presence of Substance Abuse (N=158)

Continuum of Substance Abuse				Place				
				Home	Outside home	Both		
Presence of substance user	Behaved in a frightening way	Yes	Afflation	Mother	8	2	1	
				Father	1	31	17	
				Both	1	0	8	
				Other	20	14	14	
					Mother	2	1	3
	No		Afflation	Father	5	6	8	
				Both	4	0	1	
				Other	5	5	1	

B. Type and Frequency of substance abuse

With regard to the substance type, more than half of the respondents who live in substance abusing family 87(55.1%) reported as their family member(s) have the habit of poly substance abuse. It indicates that the use of two or more than two of alcohol, cigarette, chat and shush. Forty three (27.2%) reported alcohol, 13(8.2%) reported chat, 8(5.1%) reported cigarette and the remaining 7(4.4%) reported shush.

The respondents were also asked about the substance abuse frequency of their family member(s). As reported by respondents, 62(39.2%) abuse more than three times a week; 49(31.1%) reported daily; 22(13.9%) reported less than three times a week; 12(7.6%) reported weekly and the remaining 13(8.2%) reported as the family member(s) didn't abuse the substance even weekly. Furthermore respondents were also asked whether their family members get intoxicated or controlled by the substance. One hundred and eighty(74.7%) reported as their substance abuser family member get intoxicated and out them 104(88.1%) get intoxicated more than three times a week while the rest 14(11.9) get intoxicated less than three times a week. One hundred and three students reported that their substance abuser family member(s)are controlled by the substance they abuse and of whom 83(80.5%) get controlled more than three times a week while the rest 20(19.5) get controlled less than three times a week.

Table 5. Type and Frequency of Substance Abuse in the Family (N=158)

Type	Pattern				
	Daily	More than Three Times in a Week	Less than three Times in a Week	Weekly	Not in a Week
Alcohol	6	24	6	3	4
Cigarette	6	0	2	0	0
Chat	2	1	2	4	4
Shush	1	1	4	1	0
Poly Drug Use	34	36	8	4	5

4.1.4 Child Maltreatment

The dependent variable of the study, child maltreatment, is measured by a 34 item ISPCANST scale where the minimum possible score is 34 and the maximum possible score is 136 which show the lowest and the highest child maltreatment experience respectively. That means, a total score of 34 indicates that, children totally didn't experience child maltreatment; whereas a score of 136 indicate that the highest child maltreatment experience. The average score is found to be 64.85 ($SD = 26.471$), which is very close to the second interval in a likert type scale. The actual minimum score is 34 and the highest is 136.

The outcome variable, child maltreatment indicates that there are five factors that indicate the child maltreatment experience of the child. At factor level children indicated that emotional abuse ($M=2.17$, $SD=0.967$) is their first experience as child maltreatment, followed by neglect ($M=2.06$, $SD=0.927$), next physical abuse ($M=2.00$, $SD=0.889$), and witnessing violence ($M=1.96$, $SD=0.919$). Sexual abuse ($M=1.32$, $SD=0.705$) comes at last.

Table 6. Descriptive Statistics on Child Maltreatment (N=382)

Factors	N	Items	Minimum	Maximum	Mean	SD
Emotional Abuse	382	8	8	32	17.38(2.17)	7.738
Neglect	382	6	6	24	12.35(2.06)	5.564
Physical Abuse	382	9	9	36	18.02(2.00)	7.991
Witnessing Violence	382	4	4	16	7.85(1.96)	3.676
Sexual Abuse	382	7	7	28	9.25(1.32)	4.94
Child Maltreatment	382	34	34	136	64.85	26.471

Table 7 presents the highest and the lowest item endorsements about the child maltreatment experience of children. Under this study, there were 34 items (statements) on the

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child maltreatment scale. Scale items were rated on a four-point Likert-type scale where a rating of one indicates low and a rating of four indicates high. Data analysis for the rated items includes examination and comparison of means for each scale item. Items are ranked based on their average rating by children. The item means ranged from $M=2.84$ to $M=1.19$. The item with the highest mean score ($M=2.84$, $SD=1.015$) is the question “Screamed at you very loud and aggressively?” The item with the lowest mean score ($M=1.19$, $SD=.639$) is “Did you face rape?”

Table 7. Highest and the Lowest Endorsements about the Child Maltreatment Experience of Children. (N=382)

Rank	Top five items	N	Mean	SD
1 st	Screamed at you very loud and aggressively (EA1)	382	2.84	1.015
2 nd	Felt that you were not important (N5)	382	2.68	1.232
3 rd	Hit, beat, or spanked you with a hand (PA2)	382	2.68	1.172
4 th	Felt that there was never anyone looking after you, supporting you, helping you when you most needed it (N6)	382	2.55	1.268
5 th	Called your names, said mean things or cursed you? (EA2)	382	2.53	1.203
Rank	Bottom five items	N	Mean	SD
30 th	Tried to have sex with you when you did not want them to (SA6)	382	1.32	.818
31 st	Touched your private parts, or made you touch theirs (SA4)	382	1.31	.817
32 nd	Burned or scalded you, (including putting hot chilies or peppers in your mouth) (PA5)	382	1.30	.742
33 rd	Made a sex video of you alone or with other people doing sexual things (SA5)	382	1.24	.721
34 th	Face rape (SA7)	382	1.19	.639

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The item with the highest mean score indicates that most children experience screaming by their parents or guardians. On the other hand, the item with the lowest mean score indicates that most children don't face rape.

4.2 Bivariate Analyses

The descriptive statistics presented above provides a univariate summary of the responses of children for each measure: dependent, independent, mediating, and control variables and provides the background information for further bivariate and multivariate level analysis and test of hypothesis. The following section presents bivariate analysis between the dependent variable: child maltreatment and the independent variable (parental substance abuse), controlled variables (demographic factors), and the mediating variable (family characteristics).

A simple linear regression, using child maltreatment as a dependent variable and age, year of schooling, family size and family income, as control variables were done separately to test if these factors predicts child maltreatment. Results showed that age did significantly predict child maltreatment ($\beta=-3.946$, $p<.001$) and explained 3.9% of the variance in child maltreatment; family size did significantly predict child maltreatment ($\beta=6.566$, $p<.05$) and explained 42.7% of the variance in child maltreatment; family income did significantly predict child maltreatment ($\beta=-.001$, $p<.001$), and explained 4.8% of the variance in child maltreatment. Year of schooling didn't significantly predict child maltreatment (see Table 8).

Table 8. Bivariate regression analysis for demographic factors predicting child maltreatment (N=382)

Variable	N	Minimum	Maximum	Mean	SD	R ²	β	P value
Age	382	13	18	16.55	1.309	.039	-3.946***	.000
Year of schooling	382	9	12	10.61	1.162	.000	-.161	.890
Family Income	382	400	50000	4987.54	6012.438	.048	-.001***	.000
Family Size	382	3	13	6.88	2.634	.427	6.566***	.000

An independent t-test is used to compare gender difference on child maltreatment experience. There is no significance difference between males and females in child maltreatment experience, $t(380)=1.275$, $p>.203$. On the other hand t-test for independent samples revealed a significant difference on child maltreatment experience between students who learn in private schools and those who learn in government schools. On average, government school students had higher child maltreatment experience ($M = 66.75$, $SD = 27.36$) than private school students ($M =53.26$, $SD = 6.10$) where, $t(380) = -3.523$, $p< .001$. There was also statistically significant difference, in child maltreatment experience between children who have substance abuser family member ($M =84.25$, $SD = 26.872$) and children who have no substance abuser family member ($M =51.16$, $SD =15.298$), where $t(380) = 15.238$, $p< .001$, indicating that growing up surrounded by people who regulate their mood through the use of chemicals and whose lives seem totally dominated by these experience has high contribution in child maltreatment experience.

Table 9. Bivariate analysis for presence of substance abuse and demographic factors predicting child maltreatment (N=382)

Variable	N	Mean	SD	Df	Test Statistics	P value
Gender				380	$t=1.275$.203
Female	222	66.31	28.963			
Male	160	62.81	22.494			
Presence of drug user				380	$t=15.238$.000
Yes	158	84.25	26.872			
No	224	51.16	15.298			
School Type				380	$t= -3.523$ ***	.000
Government	328	66.75	27.360			
Private	54	53.26	16.100			
Family Structure				2/379	$F=25.719$ ***	.000
Father Only	33	79.54	22.000			
Mother Only	86	70.09	24.708			
Both Parents	208	55.61	20.104			
Other Guardians	55	84.94	36.179			
Religion of the father				3/378	$F=1.136$.334
Orthodox	203	65.81	27.616			
Muslim	104	65.16	27.354			
Protestant	49	58.55	20.688			
Catholic	26	67.92	22.737			
Religion of Mother				3/378	$F=1.531$.206
Orthodox	207	66.76	28.519			
Muslim	100	62.51	24.833			
Protestant	48	59.27	21.525			
Catholic	27	68.74	22.696			
Father Education				5/376	$F=14.497$ ***	.000
Illiterate	64	85.13	29.035			
Below 8	93	69.34	28.332			
Between 9 and 12	122	54.59	19.008			
Diploma	25	59.80	22.935			
Degree	62	60.37	21.903			
Masters	16	61.00	27.401			
Mother Educational				5/376	$F=13.356$ ***	.000
Illiterate	106	80.79	29.654			
Below 8	121	57.70	21.795			
Between 9 and 12	78	55.83	21.825			
Diploma	26	67.04	22.149			
Degree	42	61.71	25.470			
Masters	9	59.44	15.142			
Father Ethnicity				4/377	$F=9.656$ ***	.000
Ttigre	61	76.36	27.549			
Amhara	113	69.87	28.663			
Ooromo	56	67.50	28.045			
SNNP	149	55.69	20.340			
Foreigner	3	46.67	8.083			
Mother Ethnicity				4/377	$F=5.644$ ***	.000
Ttigre	58	70.52	24.536			
Amhara	106	71.80	29.500			
Oromo	62	65.37	28.151			
SNNP	154	57.97	22.555			
Foreigner	2	45.00	4.243			

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In order to reach on the conclusion about the relationship between child maltreatment and family structure, religion of the father, religion of the mother, educational level of the father, educational level of the mother, ethnicity of the father and ethnicity of the mother, Analysis of Variance (ANOVA) was used to see if child maltreatment differs by these factors (see Table 9). The ANOVA results indicated that, child maltreatment significantly differs by family structure ($F(2,379)=25.719, p<.001$), educational level of the father, ($F(5,376)=14.497, p<.001$), educational level of the mother ($F(5,376)=13.356, p<.001$), ethnicity of the father ($F(4,377)=9.656, p<.001$) and ethnicity of the mother ($F(4,377)=5.644, p<.001$). On the other hand, the results indicated that child maltreatment did not differ by the religion of the father ($F(3,378)=1.136, p>.05$), and religion of the mother ($F(3,378)=1.531, p>.05$) (see Table 9).

4.3 Multivariate Analyses

This section presents analysis mainly of the relationship between the independent and control variables with the dependent or outcome variable as well as the effect of the mediating variable. Moreover, it provides answer to the research questions and tries to test the accompanying research hypotheses.

Hypothesis 1: There is significant relationship between the demographic factor (age, gender, school type and year of schooling) and child maltreatment.

A multiple regression, using child maltreatment as a dependent variable and all demographic factors as control variables was done to test if demographic factors such as: age, gender, school type and year of schooling predicts child maltreatment.

Table 10. Results of Multiple Regression Analysis for Demographic Factors Predicting Child Maltreatment (N=382).

Control Variables		Unstandardized Coefficients		Standardized Coefficients
		B	Std. Error	Beta
Age		-5.711*	1.235	-.286
Gender	Female	1.419	2.675	.026
	[Male]			
School Type	Government	12.183*	3.781	.161
	[Private]			
Year of Schooling		3.445*	1.417	.151
$R^2.086$				
$F8.850*$				

Dependent Variable: Child Maltreatment, * $p < .05$

Results show that all demographic factors except 'gender' did significantly predict child maltreatment ($p < .05$). Together the four demographic factors explained 8.6% of the variance in child maltreatment (see Table 10). Therefore, hypothesis one is partially supported by the data.

Hypothesis 2: The specific type of child maltreatment experience differs by the child's gender.

A t-test for independent samples revealed a significant difference in emotional abuse ($t(380) = .111, p < .05$) and sexual abuse ($t(380) = 4.570, p < .001$) between males and female.

There is no significance difference between males and females in witnessing violence, neglect and physical abuse. In contrary there is significance difference between males and females in experiencing emotional abuse and sexual abuse. Further more in sexual abuse out of the top 10 scorers ($M=28$), eight are female. It means that, they experience "many times" all the situations stated under sexual abuse section. More specifically, 15 female respondents experience rape many times. Therefore, hypothesis two is partially supported by the data (see Table 11).

Table 11. Independent t-test of child maltreatment experience between male and female (N=382)

Variable	N	Mean	SD	Df	T	P value
Witnessing Violence				380	.386	.665
Female	222	7.91	3.709			
Male	160	7.76	3.639			
Emotional Abuse				380	.111*	.005.
Female	222	17.41	8.153			
Male	160	17.33	7.140			
Neglect				380	.769	.965
Female	222	12.53	5.692			
Male	160	12.09	5.390			
Physical Abuse				380	.645	.063
Female	222	18.25	8.351			
Male	160	17.71	7.577			
Sexual Abuse				380	.4.570***	.000
Female	222	10.21	5.911			
Male	160	7.93	2.620			

Dependent Variable: Child Maltreatment, * $p < .05$, *** $p < .001$

Hypothesis 3: The specific type of child maltreatment experience differs by the child's age.

A simple linear regression, using the specific type of child maltreatment as a dependent variable and child's age, as control variables done separately to test if age predicts specific types of child maltreatment. Results show that age did significantly predict all types of child maltreatment and also all types of child maltreatment decrease as age increase except sexual abuse (see Table 12).

Table 12. Regression analysis for age predicting the type of child maltreatment (N=382)

Variable	N	Min.	Max.	Mean	SD	R ²	B	P value
Emotional Abuse	382	8	32	17.38(2.17)	7.738	.032	-1.064***	.000
Neglect	382	6	24	12.35(2.06)	5.564	.022	-.626**	.004
Physical Abuse	382	9	36	18.02(2.00)	7.991	.055	-1.430***	.000
Witnessing Violence	382	4	16	7.85(1.96)	3.676	.042	-.575***	.000
Sexual Abuse	382	7	28	9.25(1.32)	4.94	.004	.224*	.050

Hypothesis 4: Controlling the demographic factors, parental substance abuse significantly predicts child maltreatment.

Keeping the control predictor in the model, additional predictor in the second model was added. A hierarchical multiple regressions, using child maltreatment as the dependent variable, demographic factors as control variable, and parental substance abuse as independent variable was done to test if parental substance abuse predicts child maltreatment.

The results indicated that model two (parental substance abuse) explained 44% of the variance ($R^2 = .440$, $F=58.989$, $p<.001$). It was also found that parental substance abuse significantly predicts child maltreatment ($\beta=.599$, $p<.001$). That means, being raised by substance abuse parents' increases child maltreatment experience by .599 points from those who are raised by parents who didn't abuse substance (see Table 13). Therefore, hypothesis two is supported by the data.

Table 13. Results of Hierarchical Regression Analysis for Demographic Factors and Parental Substance Abuse Predicting Child Maltreatment (N=382).

Variables		Model1	Model2
Age		-5.711*	-.271*
Gender	Female	1.419	.020
	[Male]		
School Type	Government	12.183*	.093*
	[Private]		
Year of Schooling		3.445*	.169*
Parental Substance abuse	Yes		.599*
	[No]		
R^2		.086	.440
F		8.850***	58.989***

Dependent Variable: Child Maltreatment, * $p < .05$

Constant: 156.855

Hypothesis 5: Child maltreatment differs by the type of the substance, frequency of the substance abuse, the place where the substance is abused, affiliation with the abuser, and length of the starting time.

In order to reach on the conclusion for hypothesis five above, I have conducted a one-way Analysis of Variance (ANOVA) to see if child maltreatment differs by the substance type, pattern, place, length of the starting time, and affiliation with the abuser (see Table 14). The ANOVA results indicated that, child maltreatment significantly differs by the type of substance abuse ($F(4, 153) = 12.990, p < .001$), frequency of the substance abuse ($F(4, 153) = 7.922, p < .001$), starting time ($F(1, 156) = 23.712, p < .001$), and affiliation with the abuser ($F(3, 154)$

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=9.355, $p < .001$). On the other hand, the results indicated that child maltreatment did not significantly differ by the place where the substance is abused ($F(2, 155) = 1.920, p > .05$).

Table 14. Results of One-Way ANOVA for Investigating If Child Maltreatment Differs by the Type, Pattern, and Place of Substance Abuse and affiliation with the abuser (N=382).

Variable	N	Mean	SD	df	f	P value
Type				4/153	12.990***	.000
Alcohol only	86.05	43	25.865			
Cigarette only	50.88	8	13.250			
Chat only	53.92	13	15.218			
Shush only	67.14	7	24.065			
Poly drug use	92.33	87	23.881			
Frequency				4/153	7.922 ***	.000
Daily	91.35	49	26.326			
More than three times in a week	90.55	62	25.627			
Less than three times in a week	76.91	22	22.228			
Weekly	60.50	12	20.438			
Not in a week	61.77	13	21.634			
Affiliation				3/154	9.355 ***	.000
Mother	75.36	17	22.900			
Father	75.51	68	23.134			
Both	79.53	14	17.644			
Other Guardian	97.78	59	28.647			
Time				2/156	23.712***	.000
More than year	87.74	140	25.782			
Less than year	57.11	18	18.808			
Place				1/157	1.920	.150
Home	86.79	46	31.975			
Outside Home	78.90	59	23.799			
Both	88.17	53	24.717			

Dependent Variable: Child Maltreatment, *** $p < .001$

After discovering that a within-subject factor makes a significant difference in explaining the variation in the data, I want to know where that difference is, exactly. One of the measures may account for all of the variation, perhaps. This requires a post hoc, or multiple comparison tests. When checking for the Post Hoc Tests we have identified that child maltreatment differs by the type of substance because, the mean difference between users of alcohol and cigarette, alcohol and chat, cigarette and poly drug, chat and poly drug, and shush and poly drug differs significantly (see Table 15). Children whose families have the habit of poly

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substance abuse ($M=92.33$) reported the highest child maltreatment experiences it means these children sometimes experience child maltreatment.

Table 15. Results of Multiple Comparison/Post Hoc Test for the ANOVA between Child Maltreatment and Type of Substance Abuse ($N=382$)

Type	Type	Mean Diff.	Std. Error	Sig.
Alcohol	Cigarette	35.172*	9.056	.000
	Chat	32.123*	7.444	.000
	Shush	18.904	9.585	.050
	Poly substance abuse	-6.287	4.384	.154
Cigarette	Chat	-3.048	10.568	.773
	Shush	-16.268	12.172	.183
	Poly substance abuse	-41.458*	8.689	.000
Chat	Shush	-13.220	11.026	.232
	Poly substance abuse	-38.410*	-38.410*	.000
Shush	Poly substance abuse	-25.190*	9.240	.007

Dependent Variable: Child Maltreatment, * $p < .05$

When checking for the Post Hoc Tests we have identified that child maltreatment differs by the frequency of substance because the mean difference between the patterns; daily and less than three times in a week, daily and weekly, daily and not in a week, more than three times in a week and less than three times in a week, more than three times in a week and weekly, more than three times in a week and not in a week are statistically significant. (See Table 16). Children whose family daily abuse substance reported the highest child maltreatment experience ($M=91.35$); it means these children sometimes experience child maltreatment.

Table 16. Results of Multiple Comparison/Post Hoc Test for the ANOVA between Child Maltreatment and Frequency of Substance Abuse (N=382)

Frequency	Frequency	Mean	Std.	Sig.
		Difference	Error	
	More than three times in a	.799	4.736	.866
Daily	Less than three times in a	14.438*	6.358	.025
	Weekly	30.847*	7.980	.000
	Not in a week	29.578*	7.729	.000
More than three times in a week	Less than three times in a	13.639*	6.148	.028
	Weekly	30.048*	7.814	.000
	Not in a week	28.779*	7.558	.000
Less than three times in a week	Weekly	-13.639*	6.148	.028
	Not in a week	16.409	8.891	.067
		-1.269	9.918	.898

When checking for the Post Hoc Tests we have identified that child maltreatment differs by affiliation with the abuser because the mean difference between mother and other abusers, father and other abusers, and between both and other abusers differs significantly. (see Table 17). When the substance abuser family member is not the biological parent, children experience the highest child maltreatment ($M=97.78$); it means these children sometimes experience child maltreatment.

Table 17. Results of Multiple Comparison/Post Hoc Test for the ANOVA between Child Maltreatment and Affiliation with the Abuser (N=382)

		Mean		
Pattern	Pattern	Difference	Std. Error	Sig
	Father	4.015	6.766	.554
Mother	Both	4.172	9.006	.644
	Other	-18.250*	6.869	.009
Father	Both	.158	7.324	.983
	Other	-22.265*	4.440	.000
Both	Other	-22.423*	7.418	.003

Hypothesis 6. Family characteristics mediate the relationship between demographic factors and child maltreatment.

We used Baron and Kenny's (1986) four steps approach in which several regression analyses are conducted and significance of the coefficients is examined at each step.

Step1. I conducted a simple regression analysis with X (demographic factors) predicting Y (child maltreatment) to test for the effect of X on Y alone, $Y = \beta_0 + \beta_1 X + e$. This has been tested under hypothesis 1 (see Table 10). The results of the regression analysis indicated that all demographic factors except 'gender' did significantly predict child maltreatment ($p < .05$). Together the four demographic factors explained 8.6% of the variance in child maltreatment (see Table 10).

Step2. Baron and Kenny (1986) suggest conducting a simple regression analysis with X (demographic factors) predicting M (family background) to test the effect of X on M, $M = \beta_0 + \beta_1 X + e$. As shown earlier, three variables namely age, school type, and year of schooling was significantly associated with child maltreatment. The current analysis focused on the potential mediation effect of family characteristics on age, school type, and year of schooling

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of the child only. I conducted a one-way ANOVA to see if age, and year of schooling differed by family characteristics; and I used Logistic Regression to see if school type differed by family characteristics. The ANOVA and logistic regression results indicated that there is no significant association between age and family characteristics, year of schooling and family characteristics, and school type and family characteristics.

If one or more of these relationships are non significant, researchers usually conclude that mediation is not possible or likely, although this is not always true (MacKinnon, Fairchild, & Fritz, 2007). MacKinnon, Fairchild, & Fritz (2007) argued that if the result of stage one is not significant, the researcher should stop, because we can't talk about the effect of variable (M) as a mediator when there is no significant relationship between X and Y . But if we get significant relationship in stage one, we have to go until the end because based on the stage two and stage three we could guess only as the mediation might be partial if they are not significant. So I moved into stage three.

Table 18. Simple Regression Analysis for Family Background Predicting Child Maltreatment (N=382)

Variables	Unstandardized Coefficients		Standardized Coefficients
	B	Std. Err	Beta
Family Background			
Family size	5.130***	.376	13.640
Income	.000*	.000	-2.416
Family structure			
Father Only	15.895***	3.451	.169
Mother Only	4.031	2.397	.064
Other Guardian	10.735***	2.852	.143
Father Education			
Illiterate	8.569*	3.423	.121
Between 1-8	6.011*	2.594	.098
Diploma	-2.162	4.032	-.020
Degree	-3.819	3.416	-.053
Graduate Degrees	2.090	5.749	.016
Mother Education			
Illiterate	-4.021*	4.466	-.068
Between 9-12	-13.492*	4.239	-.237
Diploma	-11.024	4.281	-.168
Degree	-6.852	4.701	-.081
Graduate Degree	-4.823	7.272	-.028
Father Ethnicity			
Tigray	11.489*	3.803	.159
Amhara	7.593*	2.879	.131
Oromo	5.719	3.649	.077
Foreigners	-11.143	10.454	-.037
Mother Ethnicity			
Tigray	-3.007	3.789	-.041
Amhara	-.172	2.934	-.003
Oromo	-1.169	3.500	-.016
Foreigners	-2.265	12.839	-.006
R²	.587		
F	22.116***		

Dependent Variable: Child Maltreatment, * $p < .05$, *** $p < .001$

Step3. I conducted a simple regression analysis with M (family characteristics) predicting Y (child maltreatment) to test the effect of M on Y, $Y = \beta_0 + \beta_1 M + e$. The results indicated that family characteristics explained 58.7% of the variance in child maltreatment (see Table 16). It was found that family characteristics significantly predicted child maltreatment ($R^2 = .587$, $F(23,358) = 22.116$, $p < .05$).

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Step4. I conducted a multiple regression analysis with X (demographic factors) and M (family background) predicting Y (child maltreatment), $Y = \beta_0 + \beta_1 X + \beta_2 M + e$. Because only three variables, age, school type, and year of schooling from demographic factors were found to be significant predictors of child maltreatment, I used them as the only control variables at this stage of multiple regression analysis. The results indicated that family characteristics and the three indicators of demographic factors together explained 60.5% of the variance in child maltreatment. According to Baron and Kenny (1986) argument, in step 4, some form of mediation should be supported if the effect of family background remains significant after controlling for the three indicators of demographic factors. Though, school type as demographic factor is no longer significant when family characteristics is controlled, age of child and year of schooling remain statistically significant. Therefore, the finding supports partial mediation of family background. These data supported hypothesis six, hence we conclude that family background mediates the relationship between demographic factors and child maltreatment. Therefore hypothesis six was supported (see Table 19).

Table 19. Multiple Regression Analysis for the Three Indicators of Demographic Factors and Family Background Predicting Child Maltreatment (N=382)

Variables	Model 1	Model 2
<i>Demographic Factors</i>		
Age	-5.987***	-3.927***
Year of Schooling	3.772***	3.310***
School Type Government	12.459***	2.342
<i>Family Characteristics</i>		
<i>Family Size</i>		4.991***
<i>Family Income</i>		.000
<i>Family structure</i> Mother only		15.532***
Father Only		4.168
Other Guardian		11.391***
Father Education Illiterate		9.453*
Between 1-8		4.971
Diploma		-1.047
Degree		-3.751
Graduate Degrees		1.761
Mother Education Illiterate		-3.045
Between 1-8		-11.479**
Between 9-12		-9.303*
Degree		-3.479
Graduate Degrees		-4.595
Ethnicity of Father Tigray		2.576**
Amhara		-2.234**
Oromo		-7.276
Foreigners		-14.085
Ethnicity of Mother Tigray		-1.061
Southern		.810*
Oromo		.633
Foreigners		.051
R²	.085	.608
F	11.758***	21.209***

Hypothesis 7: Family characteristics mediate the relationship between parental substance abuse and child maltreatment. Again, we used Baron and Kenny's (1986) four steps approach in which several regression analyses are conducted and significance of the coefficients is examined at each step.

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Step1. We conducted a simple regression analysis with X (parental substance abuse) predicting Y (child maltreatment) to test for the effect of X on Y alone, $Y = \beta_0 + \beta_1 X + e$. The results of the regression indicated that parental substance abuse significantly predict child maltreatment ($p < .05$). Parental substance abuse explained 38% of the variance in child maltreatment (see Table 15).

Table 20. Results of Simple Regression Analysis for Parental Substance Abuse Predicting Child Maltreatment (N=382).

Variable	Unstandardized Coefficients		Standardized Coefficients
	B	Std. Error	Beta
Parental Substance Abuse	33.086*	2.168	.616
	[No]		
R^2		.380	
F		232.798*	

Dependent variable: Child maltreatment, * $p < .05$

Step2. Baron and Kenny (1986) suggest to conduct a simple regression analysis with X (parental substance abuse) predicting M (family characteristics) to test the effect of X on M, $M = \beta_0 + \beta_1 X + e$. As shown above, parental substance abuse was associated with child maltreatment. The current analysis focused on the potential mediation effect of family characteristics on parental substance abuse. I conducted a logistic regression analysis to see if parental substance abuse predicts family characteristics. The results indicated that parental substance abuse did not significantly predict family characteristics.

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Step3. I conducted a simple regression analysis with M (family characteristics) predicting Y (child maltreatment) to test the effect of M on Y, $Y = \beta_0 + \beta_1 M + e$. The results indicated that family characteristics explained 58.7% of the variance in child maltreatment (see Table 16). It was found that family characteristics significantly predicted child maltreatment ($R^2=.587$, $F(23,358)=22.116$, $p<.05$).

Step4. I conducted a multiple regression analysis with X (parental substance abuse) and M (family characteristics) predicting Y (child maltreatment), $Y = \beta_0 + \beta_1 X + \beta_2 M + e$. The results indicated that family characteristics and parental substance abuse together explained 69.4% of the variance in child maltreatment. According to Baron and Kenny (1986) argument, in step 4, some form of mediation should be supported if the effect of family characteristics remains significant after controlling for parental substance abuse. Because both family characteristics and parental substance abuse are significant in both models, the finding supports partial mediation of family characteristics. These data supported hypothesis seven, hence we conclude that family characteristics mediates the relationship between parental substance abuse and child maltreatment. Therefore hypothesis seven was supported (see Table 21).

Table 21. Multiple Regression Analysis for the Parental Substance Abuse and Family Background Predicting Child Maltreatment (N=382)

Variables	Model 1	Model 2
<i>Parental Substance Abuse</i>		
Parental Substance Abuse	33.086*	19.829***
<i>Family Background</i>		
<i>Family size</i>		
<i>Family income</i>		4.188***
<i>Family structure</i>		
Father Only		11.068***
Mother Only		3.538
Other Guardian		9.341***
Educ. Level of Father		
Illiterate		.017*
Between1-8		.027*
Diploma		.974
Degree		.406
Graduate Degree		.630
Educ. Level of Mother		
Illiterate		-3.332
Between1-8		-9.812**
Between9-12		-9.345
Degree		-5.317
Graduate Degree		-1.909*
Ethnicity of Father		
Tigray		10.613*
Amhara		5.883*
Oromo		4.057
Foreigners		-5.253
Ethnicity of Mother		
Tigray		-6.021
Amhara		-.641
Oromo		-3.636
Foreigners		-8.663
<i>R</i>²	.38	.694
<i>F</i>	232.798***	33.704***

4.4 Model Summary

The hierarchical multiple regression analysis was done to make a summary by taking the dependent variable (parental substance abuse), mediating variables (family characteristics) and the demographic factors as independent variable. The variables are fitted in each model based on their significant level on the bivariate analysis. Accordingly gender and religion didn't include in the analysis. Model one revealed that, demographic factors (age, year of schooling and school type) are a significant predictor of child maltreatment, $F(3,378) = 11.758, p < .05$) and accounted for 8.5% of the variation in child maltreatment. When family size included in the second model, it explained an additional 46.5% of variation in child maltreatment and this change in R^2 was significant, $F(4,377) = 82.928, p < .001$. Adding family income to the regression model explained an additional 1% of the variation in child maltreatment and this change in R^2 was significant, $F(5,376) = 68.011, p < .001$. The addition of family structure to the regression model explained an additional 5.4% of the variation in child maltreatment and this change in R^2 square was also significant, $F(8,373) = 52.333, p < .001$. Adding the educational level of the father to the regression model five, explained an additional 3.4% of the variation in child maltreatment and this change in R^2 was significant, $F(13,368) = 36.259, p < .001$. Model six adds educational level of the mother to the regression model, that explained an additional 2.5% of the variation in child maltreatment and this change in R^2 square was also significant, $F(18,363) = 28.787, p < .001$. The addition of ethnicity of the father to the regression model explained an additional 2% of the variation in child maltreatment and this change in R^2 square was also significant, $F(22,359) = 25.303, p < .001$. The addition of ethnicity of the mother to the ninth regression model didn't make significant difference. The addition of parental substance abuse to the regression model however, explained an additional 11.3% of the variation in child maltreatment

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and this change in R^2 square was also significant, $F(27,354) = 33.847, p < .001$. Finally, when all eight independent variables were included in stage four of the regression model, neither mother's education nor mother's ethnicity were significant predictors of child maltreatment. Together the eight independent variables accounted for 72.1% of the variance in child maltreatment. The most important predictor of child maltreatment was family size, which uniquely explained 38.3% of the variation in child maltreatment (see Table 22).

Table 22. Model Summary

Variables	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6	Model 7	Model 8	Model 9
Demographic Factors									
Age	-5.987***	-4.547***	-4.214***	-4.354***	-4.377***	-3.916***	-3.928***	-3.927***	-4.469***
Year of Schooling	3.772***	3.589***	3.485	3.912***	3.961***	3.505***	3.340***	3.310***	3.864***
School Type Government	12.459***	6.997***	4.470***	4.182	2.604	2.305	2.403	2.342	1.121
Family Characteristics									
Family Size		6.296***	6.234***	5.622***	5.183***	5.222***	4.995***	4.991***	4.011***
Family Income			.000*	.000	.000	.000	.000	.000	.000
Family structure									
Mother only				16.791	17.334	16.261	15.365***	15.532***	10.661***
Father Only				6.690***	4.625***	3.996***	4.246	4.168	3.726
Other Guardian				15.241***	12.761***	11.245***	11.559***	11.391***	10.007***
Educ. Level of Father Illiterate									
Between 1-8					5.551*	5.284*	-4.932	4.971	3.752
Diploma					3.003	1.379	-5.800	-1.047	1.095
Degree					2.094	-2.377*	-8.589*	-3.751	-2.332
Graduate Degrees					7.807	2.491	-2.923	1.761	1.922
Educ. Level of Mother Illiterate									
Between 1-8						-2.203	-2.603	-3.045	-2.085
Between 9-12						-13.001*	-11.065*	-11.479**	-7.328
Degree						-9.664*	-8.943*	-9.303*	-7.343
Graduate Degrees						-4.061	-3.100	-3.479	-1.125
						-4.644	-4.335	-4.595	-1.227
Ethnicity of Father									
Tigray							9.411**	2.576**	8.658*
Amhara							7.645**	-2.234**	5.469*
Oromo							5.425	-7.276	3.262
Foreigners							-6.660	-14.085	-9.982
Ethnicity of Mother									
Tigray								-1.061	-3.968
Southern								.810*	.463
Oromo								.633	-1.719
Foreigners								.051	-6.498
Presence of substance abuse									
Yes									20.394
R²	.085	.465	.475	.529	.563	.588	.608	.608	.721
F	11.758***	82.928***	68.011***	52.333***	36.529***	28.787***	25.304***	21.209***	33.847***

5. Chapter Five: Discussion of Major Findings

In this section of the study, the research findings are presented in relation to relevant findings of previous researches in the area, specifically related to parental substance abuse and child maltreatment are discussed. However, it should be noted that there is limited literature related to parental substance abuse and child maltreatment in our country context. Moreover, major findings of this study are presented in the previous chapter. Here, the findings are analyzed and discussed against the local and international literature in accordance with the sub-topics cascaded in the literature and finding part of the study.

5.1 Major Descriptive Findings

A total of 382 children have participated in this study. During the sampling, it was possible to manage exactly as the planned sample size per stratum. The demographic data of the study revealed that the majority of the participants were female. The researcher predicted that girls are in a disadvantaged position as a result of a men dominated culture hence girls will have less motivation to participate in the study as compared to boys. In contrary, females were more willing to participate in the study. This study was designed to include those children with the age range 12 to 18. During the data collection 10 were found above age 18 and they were excluded from the study. The average age was 16.5, which show that urban adolescents reach at high school level at the ideal or normative age.

The other variable, which was used as control variable was year of schooling. It was assumed that year of schooling is positively related with age, but the study revealed that there are children who join high school above and below the average age range. On top of this, most of the participants (85.9%) were from government preparatory and high school while equal chance of

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being part of the study was given for children from the government school. It show that most children are learning in government schools.

The respondent's family size ranged from 3 to 13. The average family size is found to be 6, which shows that in a typical Ethiopian family there are four children. The perceived family income ranged from 400 to 50000 Birr. The median income is found to be 3000 ($SD=6012.430$). The larger standard deviation of the income shows that there is larger income difference in the area due to the presence of the biggest market (Merkato)³. In this study area some of my study participants came from merchant families who have large capital while some came from daily laborers who work for these merchants.

The main independent variable was parental substance abuse. The result shows that large number of children (224 children, 58.6%) are raised in a family who have no substance abuser member, the rest of the respondents, 158 (41.4%) of them are growing up in a family at least one member abuse one or more types of substance. One hundred and forty of them reported that their family member start to do so before a year and 18(11.4%) reported that it was after a year. This indicated that as much of them are substance abusers because they use it for more than a year (American Psychiatric Association, 2000).

The average child maltreatment experience of respondents, which is the dependent variable of the study, was found to be 62.45 ($SD=8.86$). Meaning the study participants experience child maltreatment on average in the previous years. The child maltreatment experience of participant children, as measured by the child maltreatment scale, was categorized into the five types of child maltreatment. The result shows emotional abuse ($M=2.17$, $SD= 0.967$) is their first experience as child maltreatment. This result is consistent with some other studies

³Merkato is the biggest market, which found in the capital city of Ethiopia, Addis Ababa.

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(WHO, 2006; Temesgen, 2010). The score of child maltreatment experience of the children in relation to parental substance abuse, family characteristics (family size, perceived income of the family, family structure, ethnicity, religion and parents educational level), and the demographic variables (age, gender, year of schooling and school type) is discussed below.

5.2 Discussion of Bivariate and Multivariate Findings

5.2.1 Child Characteristics and Child maltreatment

The first hypothesis was done to test if any of the demographic factors (age, gender, year of schooling and school type) is associated with child maltreatment. Results show that all demographic factors except 'gender' did significantly predict child maltreatment ($p < .05$). For every year of increase in child's age, there is -5.711 point decrease in child maltreatment.

According to the biological theorists, the reason may be the total dependence of very young children on their parents and the demands they make on them. Dietz (2000) argue that the age of a child has been implicated in parental discipline responses, with younger children tending to experience child maltreatment more than older children. When age increases child maltreatment decrease because as the child get older, (s) he can understand what will disappoint his/her parents or care givers and stop to do so. The child can also protect himself/herself because as age increases physical strength also increases. Above all, all of the respondents are school age children, since school-age children are more visible in the community professionals than infants child maltreatment will decrease. In contrary to this finding, there is also evidence that older children are more likely to be the victims of more severe child maltreatment than younger children (Nobes and Smith, 2002; Straus and Stewart, 1999).

The other assumption was related to gender. The researcher assumed that girl's child maltreatment experience will increase from that of boys as a result of the male dominated

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culture. But the study found as there is no significance difference between males and females in child maltreatment experience. A number of researches have examined the influence of child gender on child maltreatment, although findings are somewhat inconsistent. Smith (2005) reported that severity of child maltreatment has also been examined in relation to gender differences. A number of studies have found that parents are more likely to use harsh or severe discipline with sons than with daughters (Nobes et al, 1999; Simons et al, 1991). Dietz (2000) found, boys to be at greater risk of child maltreatment than girls and of it being administered more severely and Kanoy (2003) found that girls are more vulnerable than boys. Similar to this study finding other studies have indicated no gender differences in child maltreatment (Woodward and Fergusson, 2002).

Considering year of schooling as one of demographic factors and predicting child maltreatment, The researcher hypothesized that "as year of schooling increase child maltreatment decrease". The researcher assumed that child maltreatment decrease as age increase, so it will decrease as year of schooling increase because year of schooling and child age have positive relationship. The data didn't support the hypothesis. There might be students who join high school far above or below the average age range. The other assumption is related to type of the school. The finding indicates that children from government schools experience child maltreatment in high rate than children who go to private school. It may be the result of the greater attention given for every aspects child's life in private schools. It may have also further implication about the family income, family size and family structure.

The second research question address whether the specific type of child maltreatment differ by child's gender. The researcher assumed even if there is no significance difference between males and females in total child maltreatment experience, girl's child maltreatment

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experience in specific types of child maltreatment will increase from that of boys as a result of the male dominated culture. The finding revealed that girls experience in emotional abuse and sexual abuse is significantly higher than that of boys. There is no significance difference between males and females in witnessing violence, neglect and physical abuse. In most countries, girls are at higher risk than boys for infanticide, sexual abuse, educational and nutritional neglect, and forced prostitution. Findings from a number of international studies show rates of sexual abuse to be three times higher on girls than boys. Globally, more than 130 million children between the ages of 6 and 11 years are not in school, 60% of whom are girls. In some countries, girls are either not allowed to receive schooling or else are kept at home to look after their siblings or outside home to assist the family economically by working (WHO, 2006). Even if it was not statistically significant, male children appear to be at greater risk of physical abuse. It is not clear why boys are subjected to harsher physical maltreatment. It might be because, physical punishment is seen as a preparation for adult roles and responsibilities, or else that boys are considered to need more physical discipline. Clearly, the wide cultural gaps that exist among different societies in relation to the role of women and the values attached to male and female children could account for many of these differences.

Hypothesis three tests if age predicts specific types of child maltreatment. Results show that age did significantly predict all types of child maltreatment and also all types of child maltreatment decrease as age increase except sexual abuse ($\beta=.224, p<.05$). When age increases in one point sexual abuse will increase in .224 points. Sexual abuse rate tend to rise after the onset of puberty, with the highest rates occurring during adolescence. Sexual abuse, however, can also be directed at young children but it may be because to some level as age increase the child become more sexy and seductive for sexual intercourse.

5.2.3 Parental Substance abuse and child maltreatment

Hypothesis four see if there is association between child maltreatment and parental substance abuse. The hypothesis was based on the assumption that substance abuse mean parents have difficulty in organizing their lives and also taking care of their child. The research finding support this assumption and the result of the hypothesis test indicates that parental substance abuse significantly predicts child maltreatment ($\beta=.599, p<.05$). That means, being raised by substance abusing parents' increases child maltreatment experience by .599 points from those who are raised by parents who didn't abuse substance. Parents who abuse substance seem to have impaired functioning which can affect their ability to parent and can result in detrimental impacts on children. Similar to the findings of this study many other studies found significant relationships between parental substance abuse and child maltreatment (Leonard & Jacob, 1988; Milner & Chilamkurti, 1991).

Parenting is a complex endeavor, particularly if it is to be carried out in a manner that enhances psychosocial outcomes for children. Those who study the parenting process have identified core behaviors or attributes that are associated with optimal child development at various stages of growth (Steinberg, Lamborn, Darling, Mounts, & Dornbusch, 1994). Supportive parenting in the years includes: parental warmth toward the child, use of inductive disciplinary techniques, interest and involvement in facilitating the child's peer relationships, and proactive teaching of social skills to the child. Given that the research literature on parenting suggests that a sense of self efficacy and the ability to engage sensitively and responsively with a child are essential to competent parenting, what effects substance abuse might have on these competencies. That is why children of substance abusing parents are more likely to experience child maltreatment than children in non-substance abusing households. Generally, parents who

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abuse substances are less likely to be able to function effectively in a parental role. This can be due to: impairments that occur while under the influence of the substance, expenditure of often limited household resources on purchasing the substance, time spent seeking out the substance, and time spent abusing the substance. The basic needs of children; including nutrition, supervision, and love, often goes unmet due to parental substance abuse, resulting in neglect. Furthermore, families in which one or both parent's abuse substances, often experience a number of other problems including mental illness, unemployment, high levels of stress, and impaired family functioning, all of which can put children at risk for maltreatment (Debellis, 2000).

The fifth hypothesis tests whether child maltreatment differs by the type of the substance, frequency of the substance abuse, the place where the substance is abused, affiliation with the abuser, and length of the starting time. The finding indicated that, child maltreatment differs by the type of substance abuse, frequency of the substance abuse, starting time and affiliation with the abuser. On the other hand, the results indicated that child maltreatment did not differ by the place where the substance is abused ($F(2,155)=1.920, p>.05$). Researches indicate that different chemical substances have different physiological effects on the abuser and therefore they affect the abuser's behavior in various ways and also differentiate the impact on the child. For example, drugs such as amphetamines are stimulants to the central nervous system. They release dopamine, which results in the euphoric high that is part of the addictive process (Jaffe, 1992). The effects of parental substance abuse on aspects of child development also appear to be cumulative: the longer and the frequent the child has been exposed to parental substance abuse, the greater the impact may be on the child. Other studies have also found high rates of psychiatric disorders among substance abusers that make it more frequently (Tunnard, 2002). Studies connecting paternal substance abuse with parenting behaviors have noted that fathers

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who misuse alcohol have more negative parent-child interactions during preschool years (Eiden & Leonard, 1996) and adolescence (Jacob, Harber, Leonard & Rushe, 2000). This may be due to the fact that women are less likely to engage in substance abuse because of the gender based role specification.

5.2.3 Family Characteristics and Child maltreatment

The family environment in which a child is born has the most influential and long-lasting power over his or her development and future life chances. The early family context not only influences the kinds of later environments children are likely to encounter, but also the skills, behavior and attitudes with which they will interact with the environments (Rutter 1984). A family characteristic is the mediating variable in this study. It includes family size, family income, family structure, education level, religion and ethnicity. Before discussing the result of the hypothesis test, which consider family characteristics, let me discuss the bivivariate analysis of each of these factors with child maltreatment.

Family size: Family size assumed to be one of the family characteristics, which have an impact in creating healthy environment for the child. As the family size increase the responsibility of the parents and the stress as resulted from unfulfilled responsibilities also increase. As a result the capacity of the parents to take care for their child may decrease. The findings of this study showed that family size did significantly predict child maltreatment and explained 42.7% of the variance in child maltreatment. As family size increases by one person, child maltreatment increases by 6.566 points. Findings of other studies also showed as child maltreatment has been related to number of children in the family (Miller-Perrin & Perrin, 1999) especially if they are closely spaced together (DePanfilis & Zuravin, 1999b).

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Family Income: Extreme poverty and economic deprivation have been regarded as a great risk to sufficient family functioning (Rogosch et al., 1995), and socio-economically troubled families are at the highest risk for child maltreatment (Buchanan, 1998; Garbarino & Barry, 1997). The finding of this study also supports this assumption; family income did significantly predict child maltreatment, and explained 4.8% of the variance in child maltreatment. As family income increases by one point, child maltreatment decreases by .001 points. According to Dyk (2004), lower income and working poor families are exposed to extra stressors and have fewer resources, which may hinder parents' ability to care for their children and increase risk of placement in foster care.

Different mechanisms have been proposed to explain the associations between income and child maltreatment (Berger, 2007). One hypothesis is that poverty may reduce a parent's ability to provide for a child's most basic necessities (e.g., food, shelter, medical care). On the other hand, economic hardships may lead to changes in parental mental health, care giving behaviors, or family dynamics that in turn pose a problem to child safety and well-being. Another hypothesis is based on studies that rely upon official records of child maltreatment reports that, certain indicators of poverty may increase the visibility and scrutiny of low income families to potential report maltreatment. For example, welfare participants may have greater exposure to mandatory reporters, such as caseworkers.

Family structure: Family structure is also highly related to the incidence of child maltreatment. Children of single parents have been found to be more likely to be neglected and physically abused than children in other types of families (Brown et al., 1998). Consistently, the finding of this study revealed that, child maltreatment significantly differs by family structure ($F(2,379) = 25.719, p < .05$). Children with married biological parents are at the lowest risk of

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maltreatment, with an incidence rate of 55.61, while children living with other guardian experience dramatically higher rates of maltreatment, 84.49. Surprisingly, even with their biological parents, those living with single fathers (79.54) were more likely to be abused than those living with single mothers (70.09). There is no clear evidence on this, but it might be because mother are more responsible than fathers in taking care of their child and also females may not form reconstituted family which may increase the risk of child maltreatment.

Ondersman (2002) further explained that children living with single parents are more likely to live in poverty with fewer social supports, which may contribute to stress and increase risks of maltreatment. The absence of the one parent in the majority of the families means lower income and fewer resources to provide for children's needs.

Education: Parenting, shapes the quality of a child's development, parent education can be instrumental in providing conducive environment for children free of maltreatment. The finding of this research indicated that, child maltreatment significantly differs by educational level of the father, and educational level of the mother. Common characteristics of parents who maltreat their child include high stress levels, inadequate parenting skills and limited knowledge of child development. If parents have low education, may know very little about how children normally act, think, and grow. This might result in turn in child maltreatment. Parents who have a good knowledge of what behaviors are typical for children at different ages and stages are more likely to hold appropriate prospect for their children than are parents with little understanding about children. Low level of education also associated with poverty, such as unemployment, and low level income (Ondersman, 2002).

Religion: Religion was added as one family characteristic and tested if child maltreatment score differ by religious background of the family. But based on the study finding

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religion appeared to have no significant influence on child maltreatment. It seems that the idea child maltreatment violate the fundamental doctrine of the world's major religions, which articulate about the inherent dignity of all human beings equally valued across all religious group participated in this study. In most setting, religious communities provide care and support for their members, predominantly the poorest, most marginalized and most vulnerable to violence, exploitation and abuse. They prioritize the educational needs of vulnerable children and assist with shelter and access to needed services, including medical and legal support. They provide counseling and spiritual guidance and speak out on behalf of those who are helpless to advocate for themselves. They can be powerful allies in protecting the most vulnerable children.

Ethnicity: Korbin (1980) indicated that the individual values and cultural differences shape how parents treat their child and define child maltreatment. Considering these points ethnicity was included in the family characteristics as one of meditating factors. The result indicates that child maltreatment rate significantly differ by parent's ethnicity. In history, children were viewed as the property of their parents who could do with them as the parents saw fit. Children were dependent on their parents for their very existence. Parents could kill their children, sell them into slavery, wound them, or dump them (Levine and Levine, 1992). Ferrari (2002) sites several research findings that have indicated there may be ethnic differences in the frequency and harshness of different types of child maltreatment. For example in Ethiopia, the hammer ethnic group practice some form of child abuse including homicide for some traditional beliefs 'Mingi'⁴. Some cultural practices like the hammers denied the right to live and survival of the child. In other rural part of Ethiopia, abduction is seen as a normal traditional way of practice

⁴Mingi is cultural practice where a child is killed for having grown his/her lower teeth first believing, as it will have bad consequences.

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as a means to get married. Currently, child trafficking practice that denies the right of the child is also increasing.

The American Psychological Association's 1999 Annual Convention documented that understanding cultural difference is crucial because a large number of child maltreatment cases involve allegations against minorities (Murray, 1999). The same value statement has been advocated in many national documents in Ethiopia. Particularly the Ethiopian national child policy proclaimed as no child should be harmed on grounds of race, religion, language, color of skin, ethnicity or any other ground.

Based on the above points, hypothesis six tests whether family characteristics mediate the relationship between demographic factors and child maltreatment. To test this hypothesis and to answer the accompanying research question, a four step multiple regression analysis was done. The multiple regression analysis revealed that demographic factors except 'gender' did not significantly predict child maltreatment. The ANOVA and logistic regression results indicated that there is no significant association between age and family characteristics, year of schooling and family characteristics, and school type and family characteristics. Further multiple regression analysis was done to see whether age, year of schooling and school type remain significant when family characteristics was added as mediating variable. The analysis indicate that the effect of family characteristics remain significant after controlling the three demographic factors, though out of demographic factors school type was no longer significant. This indicates that family characteristics have partial mediation. This suggest that age and year of schooling are a significant predictor of child maltreatment when family characteristics is included as a third variable in the $x \rightarrow y$ regression model. Family characteristics did matter more than being in private or government school. When measuring the effect of age, year of schooling and school

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type on child maltreatment, we also need to ask about family characteristics and then we can address alternative explanation about any type of relationship.

In the same way this research assessed if family characteristic mediates the relationship between parental substance abuse and child maltreatment. Parental substance abuse significantly predicts child maltreatment. The logistic regression analysis indicated that parental substance abuse did not significantly relate with family characteristic. As revealed in the multiple regression analysis, when parental substance abuse was combined with family characteristics, parental substance abuse remains significant; therefore family characteristics have partial mediating effect. This suggests that when one wants to see the relationship between parental substance abuse and child maltreatment, s/he has to give considerations for family characteristics. Roosa, Dumka, and Tein (1996) supported this finding in their work in titled "Family characteristics as mediators of the influence of problem drinking and multiple risk status on child mental health".

5.3 Parentification and Lack of Proper Communication

Parentification and lack of proper communication found to be common experience of children living with substance abusive family. For some children, it is a fact that they may be parentified early in life by having to take care of a sick parent that deprives them of a 'normal' path developmental and resulting psychological and behavioral reaction. According to Hooper, Marotta and Lanthier (2008) define parentification as a role reversal where a child becomes responsible for a parent's and/or other family member's different needs. Parentified children at times are responsible with helping the parent's day to day functioning which can include grocery shopping, cooking, housekeeping, and performance of duties related to the care of siblings or parents and may be also being source of finance.

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Becoming a child carer, as research has shown in other contexts, can effectively hijack child-hood, and place adult burdens on children's shoulders (Becker et al. 1998). In addition, the fact that children are 'child carers' often prevents them from being seen as 'children in need', with the attendant danger of falling through the net in relation to services (Dearden & Becker 2001). One of the respondents put her role as child carer and as she is parentified including the communication problem in her family context as follows:

"My mom prioritize 'Areke'⁵ than her children. She spends almost all of her meager income to drink Areke. She even takes the money, which I earn from selling 'Kollo'⁶ to satisfy her addiction. She pleases even if I sold myself and bring her money. I can't to learn appropriately because sometimes I have nothing to eat and I can't to concentrate in the classroom. We argue in every single thing. She consider as she is always right and as I don't know anything. Sometimes I want to commit suicide but my little brother has no one in his side other than me."(Case 78,Mar, 13, 2014)

Some studies indicated that role confusion rather than role reversal could occur in families where substance abuse is a feature (Laybourn et al. 1996). Here, parents' behavior caused such embarrassment or was seen to be so dim, childish or out of control that the child lost all respect for them. Children then felt that the parent had forfeited any right to have power over them and the balance of power shifted as a result. Often such children would behave just like children until the parents' problem behavior occurred, whereupon they would become very assertive and parental. In response, parents would become sneaky in their behavior and dread being told off. This kind of role confusion and reversal often left children unsure about who they

⁵Areke is anise flavored local drink with high alcoholic content and can be served straight or mixed with water or ice. It can be brewed in home or synthesized in factory (41% alcoholic).

⁶Kollo is a local food made from different cereals mostly barely either boiled or browned.

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were and what was going on. It often also led to strong feelings of disgust and, at times, hatred towards the substance misusing parent (Laybourn et al., 1996; ChildLine, 1997).

In general, where there is parental substance abuse, families are more troubled and dysfunctional, perceive their environment to be less cohesive, lack ritual and routines, have lower levels of physical and verbal expression of positive feelings, warmth and caring, and have higher levels of unresolved conflict, fighting, blaming and arguing (Jester et al., 2000 & Richter & Richter, 2001). Jester et al. (2000), for example, showed that parental substance abuse was associated with poorer intellectual motivation, a family environment with less cohesion and organization and greater domestic violence. Kelly, Halford and Young (2002) found that, in the context of substance abuse, couples demonstrate poor communication practices; they interrupt each other, do not listen, and are unable to speak effectively. In relationships where the male partner misuses alcohol, both partners have been found to engage in more verbal aggression (O'Farrell, Murphy, Neavins & Van Hutton, 2000) and physical aggression (Leonard & Roberts, 1998).

6. Chapter Six: Summary, Conclusion, Social Work Implication and Limitation of the Research

6.1 Summary and Conclusion

The study was conducted with the objective of examining the relationship between parental substance abuse and child maltreatment. It was conducted in three conveniently selected high and preparatory schools, namely; Addis Ketema Preparatory School, 'Yekatit 23' Secondary School and Radical Academy. The former two schools are governmental and the latter is a private. Hence the study and its findings are delimited to these schools.

To examine the basic questions of the study, standardized instruments were used. Data pertaining to parental substance abuse and child maltreatment were gathered through National Council on Alcoholism's self-test and international child abuse screening tool respectively. Before the main data was collected, a pilot study was conducted on 16 students to test the reliability of the instruments. Based on the pilot study and feedbacks, some amendments on the format of the questionnaire were made before the main data was collected. Finally, the questionnaire were administered on 397 students from the three selected schools and out of them 382 questionnaires were made ready for the data analysis based on the inclusion criteria.

The data were analyzed using a series of statistical tools, mainly chi-square, independent t-test, ANOVA, simple and multiple regression analysis. The major findings of the study were summarized below:

1. There is significant relationship between demographic factors (except for gender) and child maltreatment. As age increases child maltreatment decreases. In contrary as year of schooling increases child maltreatment also increases. There is also a significant difference in child maltreatment experience between children who go to private school

and children who learn in government school. The types of child maltreatment differ by the age of the child and gender. All types of child maltreatment decrease as age increases except for sexual abuse, which increase as age increases. Among the types of child maltreatment, emotional abuse and sexual abuse differ by gender and in both female have the highest score.

2. Parental substance abuse significantly predicts child maltreatment. In all types of maltreatment, children with substance abusive parents have the highest score. Child maltreatment differs by the type of substance abuse, pattern of the substance abuse, starting time, and affiliation with the abuser. On the other hand, the results indicated that child maltreatment did not differ by the place where the substance is abused weather it is inside home, outside home or both inside and outside home.
3. Family characteristics containing family size, family income, education of mother and father, religion of the father and the mother, and religion of the mother and the father. Both the religion of the father and the mother found to be insignificant to predict child maltreatment in the bivariate analysis, so it was not included in the multivariate analysis. Family characteristics partially mediate the relationship of child maltreatment with demographic factors and also with parental substance abuse.
4. The hierarchical multiple regressions showed as all the demographic factors (age, year of schooling and school type), family characteristics (family size, family income, family structure, education and ethnicity) and parental substance abuse significantly predicts child maltreatment and explained 72.1% of the variance in child maltreatment.

Based on the findings it is possible to conclude that child maltreatment associated with several factors related to child and family characteristics. The finding of this study supports the

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complex nature of child maltreatment in multiple contexts, including parental substance abuse. Family dynamics and socioeconomic factors interact with parental substance abuse to increase the possibility of child maltreatment both within and outside of the family system. This indicates that parental substance abuse is not the only factor for child maltreatment.

Parental substance abuse is a risk factor for maladaptive parenting and child maltreatment. The impact of substance abuse on parenting depends on the nature of the substance abuse and the co-occurrence of other problems. There is also a greater risk for maltreatment of children living in larger, single parent and low-income families. Clearly, child maltreatment cannot be understood with reference to any single factor or underlying cause. Similarly, no single-family characteristics can capture the array of family environment in which child maltreatment occur. Generally, child maltreatment is the result of the interaction of multiple factors emanating from different levels: the individual child and parent, the family, the community or neighborhood, and broader society and culture.

6.2 Social Work Implication

According to the Social Work Code of Ethics (2010) social workers' primary goal is to help people in need and to address social problems through the principles of human right and social justice. Substance abuse and child maltreatment have many negative impacts on the society as a whole and for the child in particular. This knowledge is important for the profession of social work because it will create more effective social work education, research, practice, and policy in addressing barriers that child with parental substance experience.

6.2 .1 Implication to Social Work Education

Education for developing countries like Ethiopia is the first important tool of achieving accelerated development for the wellbeing of people. The curriculum should be designed in the

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context of the country and should be relevant to the economy. In spite of the large population proportion of children in Ethiopia, little is known about the condition of children because child development is not incorporated in the social work curriculum, as it should be. For example students in children, youth and family concentration at Addis Ababa University social work masters program are taking only one course regarding child development and social work practice with children. Since both concepts are very broad, it is better to split both concepts as a single course and give enough time. In addition, one of the ten competencies of the social work profession is social workers should have knowledge informed practice and practice informed knowledge. So as to flourish this kind of competency among the social work graduates, the children, youth, and family concentration in the MSW program should incorporate such research findings in its teaching process so as to make the knowledge base practice or research informed. Social workers must also continue to educate themselves of the ever changing culture through various trainings and specialized education. This research, therefore, will contribute its part in making the social work education in Ethiopia better and research informed.

6.2.2 Implication to Social Work Practice

This analysis highlights the extent to which the world of the child with substance abusing parents can be a difficult, dangerous, distressing and violent place where it is hard to be oneself and reach adulthood unscathed. The implications for all the dimensions of the child development domain are all too obvious and many children may be living in circumstances that render them not just 'in need' but significantly 'at risk'. Principles that underpin social work practice include non-judgmental attitudes, empathy and advocacy, yet often people who experience alcohol or other drug problems are viewed as less worthy and less deserving than those with other physical or mental health support needs. Such prejudicial views are reinforced by the media, our own

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families and friends and often our cultures and religions. Overcoming this prejudice is therefore not a simple task and it needs particular consideration.

Addressing the issues of substance abuse and child maltreatment is most effectively done through a multidisciplinary approach. The incorporation of the efforts of multiple disciplines, including those represented by the medical community, prevention services, law enforcement agencies, the courts, probation offices, child protective services, treatment centers, mental health services, educational organizations, federal agencies, nonprofit organizations, and the community, will be the most promising approach to addressing this persistent and challenging social problem. The solution to the problems of substance abuse and child maltreatment requires a focus on the formation of community-based partnerships that encourage agency personnel from across these disciplines to coordinate mutual interests, resources and responsibilities. The involvement of the medical community in these efforts is critical to the identification and care of many of these at-risk children and to the success of these critical partnerships.

On a micro level of practice, social workers can use the information in the study to understand issues regarding the relationship between parental substance abuse, to consider these points in their intervention plan, and to focus family education and parental skill training at home based level and health care centers in order to decrease child maltreatment rate which might resulted from parental substance abuse or the different characteristics of the child and the family. On a mezzo level of practice, social workers need to include the parent's support systems or interrelationships. These relationships include family members, neighbors, friends, and acquaintances with whom the parent interacts with on a daily basis because child maltreatment is highly connected with family context. This level can also include employers and businesses in the parent's community. Intensified awareness raising has to be an ongoing process and

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extensively given to the community, through Idir⁷ meetings, religious institutions, and other social setups. Social workers should empower community elders, Idirs, religious leaders to work closely with families and children. It is important for the social worker to interact with these individuals and groups in the parent's life due to the wealth of knowledge they may provide regarding the parent's needs. On the macro level, social workers can become agents for change when it comes to improving the policies effecting children who struggle with parental substance abuse. Desirable children outcomes do not flourish just because they are needed. Rather, practitioners should act and work on those influencing factors of which the major one is parental substance abuse.

6.2.3 Implication to Social Work Research

One of the contributions of this study, from the research point of view, is the adoption of the child maltreatment screening tool into Amharic version and made ready for further researchers who need to conduct more extensive study. However, researchers who will use this data collection instrument need to incorporate questions regarding parentification and parent child communication. Methodologically advanced research is necessary to examine the true relationship between substance abuse and child maltreatment. The study finding indicates that the role of parental substance abuse in child maltreatment is difficult to disentangle from other factors associated with child maltreatment. Without appropriate intervention, the cycle may very well continue. For appropriate and successful intervention longitudinal, intergenerational, multidisciplinary, community based studies, examining the interaction of many variables are desperately needed. In order to get the actual prevalence and incidence rate, future research need to focus on children under age 12. Future studies have to improve the current knowledge base by

⁷Idir is traditional burial associations, which can be considered as a social support system.

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using a standardized measure to assess substance abuse among caregivers. Evaluating substance abuse with a higher degree of specificity will also clarify how substance abuse is related to child maltreatment. Further research should be carried out to build upon the findings of this study and incorporating its limitations.

6.2.4 Implication to Social Work Policy

The government of Ethiopia has formulated policies and, signed major declarations, and conventions like UNCRC to protect children from any unfriendly family environment or any other situation. However the finding of this research explicates the complex relationships of parental substance abuse and child maltreatment and also family contexts which contribute to child maltreatment like family size; nothing has been clarified in the family code about the duties and responsibilities of parents related to substance abuse and also about the ideal family size. It is evidenced in this research that parental substance abuse and the family size have greater contribution to child maltreatment. So policies should clarify the duties and responsibilities of parents for their children.

All the international, regional, and national policy frame works stipulated that parents are expected to build a nurturing family environment for children upraising or it mean explicitly children have the right to be provided with affection, emotional, psychological, material support as well as be free from neglect, abuse, and any mistreatment. But they didn't state what should be done if parents fail to do so. Giving birth should not be the only criteria to rear a child. Because being free of substance abuse and having relatively enough income for the family size need to be also be considered. The concept of state paternalism need to be adopted and also implemented in our country in relation to the issues studied in this research. State paternalism refers to the use of law or other state activity, which limit some person's or groups liberty or autonomy to prevent

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people from harming themselves, or to promote their welfare. In situations where biological parents or guardians can't fulfill the basic needs of the child and/or have any kind of maladaptive parenting practice which can be considered as child maltreatment, the state have to provide safe house in which children can get their basic needs and also make them fell legally protected and empowered to identify violations of their rights and to report.

Both the harmful and hazardous use of parental substance abuse and child maltreatment have been recognized as key social issues requiring urgent attention. At both national and international levels, social workers have a key role in advocating for policies that address the relationships between parental substance abuse and child maltreatment and in doing so promote prevention initiatives that will improve public health. The World Health Organization (WHO) runs comprehensive programs on both issues to initiate and conduct research, identify effective prevention measures, and promote action by member states to implement successful interventions and align policy towards reducing hazardous and destructive drinking and child maltreatment. Governments should assist this program and also local agencies to implement effective protection services for children. The existed policies need amendment in clarifying the expected behaviors' of parents and the extent of the disciplinary measures they use on their children. The prioritization in policy implementation should be revised, because there are citizens who get education but not food. How can a child be effective in his/her education without eating on time and also in a situation his/her needs not fulfilled? New policies may be needed: to ensure a well trained workforce; to develop responses using a range of disciplines; to provide alternative care placements for children; to ensure access to food; to ensure access to health service; and to provide resources for families.

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Another important policy area that needs to be addressed is the way the justice system operates with regard to victims of child maltreatment. The countries have to put resources into improving juvenile courts, finding ways to minimize the need for testimony from children, and ensuring that when a child does give evidence in court, there are supportive people present.

6.3 Limitation of the Study

It is important to note that this study has some limitations. First, the population of the study merely included the school going children in Addis Ababa specifically in the three selected schools, and this implied that the finding of this study could only be generalized to this particular population. Moreover, since all the measures are self-report questionnaires, which are based on the perspective of the children only, self-bias, might have influenced the accuracy of the information given by the respondents. In addition, objective validation of these measures through other data sources is not obtained. Thus, it is suggested that further investigation be done using a mixed method approach, which include additional responses of parents or legal guardians and teachers of the children.

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Appendices

Appendix 1 Consent Statements

Introduction

My name is Medhanit Walelign. I am second year master student at AAU school of social work and currently working my thesis entitled “The relationship between Parental Substance Abuse and Child maltreatment”. So, based on the permission I got from Addis Ababa University School of Social Work, I am kindly requesting you to permit the students of this school to share their experience related with parental substance abuse and child maltreatment.

Purpose of the Study

The purpose of this study is to assess the relationship between Parental Substance Abuse and Child maltreatment. Therefore, it is your cooperation that helps the researcher to accomplish the research objectives. In the course of filling the questioner I will also asked them about their personal information like age and family condition.

Who are the respondents?

The respondents of this study are volunteer students of grade 9, 10, 11, and 12. For the volunteer students, a questioner, which has five pages, will be given. The estimated duration of time to complete this questionnaire is 40 minutes. The place will be done on a convenient palace for you and for them.

Expected Benefits

The finding of this study will be presented and reported to the school of social work AAU but their name is not mentioned and instead of your name we are going to use pseudo name. If the research is successfully accomplished, it paves the way to improve the service facility for

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maltreated children, the substance abuser parents will receive feed back of their habit and this will help to strengths such kind of home and community based supports in the near future.

Expected Risks

May be while they fill the questioner, they may remember previous experiences that induce them stress and anxiety so, they could take time and refresh themselves and they could continue after that.

Confidentiality

I want to assured you that, the information students will share me, will be kept confidential and will be used only for educational purpose. Of course, because of their privacy, their personal information will be kept in personal information folder and it will be destroyed ones the research completed. They have also the right to refuse not to participate in the research; they have full right to quite their participation at any time without any precondition if they feel discomfort. They are not forced to make any kind of contractual agreement that will abide them to stay till the end of the meeting.

The Permission of Parents or Guardians

Parents or legal guardians of children were not contacted for their authority is replaced by the school authority while the students are in the school compound.

Who checked the content Validity?

The content validity of the questioner were checked by five staffs in Addis Ababa University and accepted by the advisor of this thesis. If you have any kind of question about the study, you can consult by the address stated below.

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The researcher; Medhanit Walelign

Phone: 0912163668, Email: medhanit.walelign@gmail.com

Thesis Advisor: Dr, Abebe Assefa

Phone: 0911236253, Email: abebe.assefa@aau.edu.et

Addis Ababa University School of Social Work

Phone: 011 1 225950 Email:

After reading all the above points I gave permission to all volunteer students of this school to participate in this study.

Name: _____

Position: _____

Signature: _____

Date: _____

Appendix 2: Amharic Version of the Consent Form

የትምህርት ቤት ስምምነትና ፈቃድ መጠየቂያ ቅፅ

መግቢያ

እኔ መድሀኒት ዋለልኝ እባላለሁ። በአዲስ አበባ ዩኒቨርሲቲ የሶሻል ወርክ ትምህርት ቤት የሁለተኛ አመት የድህረ ምረቃ ተማሪ ነኝ። በዚህ ወቅት ለመመረቂያ ይሆነኝ ዘንድ ጥናት እያካሄድኩኝ እገኛለሁ። በመሆኑም ጥናቱን ለማካሄድ ከአዲስ አበባ ዩኒቨርሲቲ የሶሻል ወርክ ትምህርት ቤት ጥናቱ አማካሪ ባገኘሁት ፈቃድ መሰረት በዚህ ትምህርት ቤት ተማሪዎች በጥናቱ እንዲሳተፉ፣ ትምህርት ቤቱ ከዚህ በታች የተዘረዘሩትን ሀሳቦች ለመመርመር ፈቃድ እንዲሰጠኝ በትህትና እጠይቃለሁ።

የጥናቱ አላማ

የዚህ ጥናት አላማ ለወላጆች አደንዛዥ ዕዕ ተጠቃሚነት እና በህፃናት ላይ በሚደርስ ጥቃት መካከል ያለውን ግንኙነት መመርመር ነው። በተያያዥነት ስለራሳቸውና ስለቤተሰባቸው ስንምህዳራዊ ጥያቄ ይጠየቃሉ።

ተሳታፊዎች እነማን ናቸው

የዚህ ጥናት ተሳታፊዎች ፈቃደኛ የሆኑ የ9፣ የ10፣ የ11 እና የ12ኛ ክፍል ተማሪዎች ይሆናሉ። ፈቃደኛ ለሆኑ ተማሪዎች አምስት ገፅ ያለው መጠይቅ ይሰጣቸዋል። መጠይቁን ሞልቶ ለማጠናቀቅ በግምት አንድ ደቂቃ ይፈጃል።

ተሳታፊዎች የሚያገኙት ጥቅም?

ተሳታፊዎች በመሳተፋቸው ምንም አይነት የገንዘብ ሆነ የአይነት ጥቅም አያገኙም። ነገር ግን የጥናቱ ውጤት ተጠቃ ይሆናሉ። እንዲሁም መረጃን በመስጠት የተሳታፊነት እርካታን ያገኛሉ።

ተሳታፊዎች የሚደርስባቸው ጉዳት?

ተሳታፊዎች መጠይቅን በሚሞሉበት ወቅት ያሳለፉትን መጥሮ የህይወት ተሞክሮ በማስታወስ ሊረበሹ ወይም መጥፎ ስሜት ሊሠማቸው ይችላል። በዚህ ጊዜ ወስደው ራሳቸውን ሊያረጋጉና እረፍት ወስደው ሊሞሉት ይችላሉ።

ሚስጥራዊነትና ግላዊነትን በተመለከተ

መጠይቁ የተሳታፊዎችን ስምምነትም ሆነ ማንኛውም መልዕክት አያካትትም። ስለዚህ መጠይቁ ተመልቶ ካለቀ በኋላ የማን እንደሆነ በፍፁም ሊታወቅ አይችልም። መጠይቁን ከጥናት አድራጊውና ከጥናት አማካሪው ውጭ ማንም ሊያገኘው አይችልም። ሁሉም መረጃዎች ሚስጥራዊነታቸውን ጠብቀው ይቀመጣሉ። ለተፈለገው አላማ ብቻ ይውላሉ።

የወላጅ ወይም የአሳዳጊን ፈቃድ በተመለከተ

የትምህርት ቤቶች በወላጆችና በህግ፣ ተማሪዎች በትምህርት ቤት ቅጥር ግቢ ውስጥ እስካሉ ድረስ የተማሪዎችን ሁለንተናዊ ደህንነት የመጠበቅ ስልጣንና ሃላፊነት ተስጥቷቸዋል። በመሆኑም የአስተማሪዎችና የተማሪዎች ፈቃድ እስከተገኘና ድረስ ይህ ጥናት በቀጥታ የወላጆችን ወይም የአሳዳጊዎችን ፈቃድ አይጠይቅም።

ተማሪዎች በዚህ ጥናት ለመሳተፍ ፈቃደኞች ባይሆኑስ?

ተማሪዎች በዚህ ጥናት የሚኖራቸው ተሳትፎ ፍፁም በፈቃደኝነት ላይ የተመሰረተ ይሆናል። መጠይቁን መሙላት ከጀመሩ በኋላ ምንም ምክንያት ማቅረብ ሳይጠበቅባቸው መጠይቁን የማቋረጥ ሙሉ ነፃነት አላቸው። ተማሪዎች በዚህ ጥናት ለመሳተፍ ባይፈልጉ ምንም አይነት ጉዳትና ጥቅም መቀነስ አይደርስባቸውም።

ይህን ጥናት ማን ፈትሾታል?

የዚህ ጥናት የስነ ምግባር መመሪያ በአዲስ አበባ የሶሻል ወርክ ትምህርት ቤት የጥናት አማካሪ ተገምግሞ ፀድቋል።

በመሆኑም ተሳታፊዎች በመሳተፋቸው ምንም አይነት የአካላዊም የስነ-ልቦናዊም ጉዳት አይደርስባቸውም።

ስለጥናቱ ተጨማሪ ጥያቄዎች ካሉ ከዚህ በታች በተዘረዘሩት አድራሻዎች ማግኘት ይችላሉ።

- የጥናቱ አድራጊ መድሀኒት ዋለልኝ

Running head: THE RELATIONSHIP BETWEEN...

ስልክ 0912 16 36 68

ኢ-ሜል medhanit.waleign@gmail.com

- የጥናቱ አማካሪ ዶ/ር አበበ አሰፋ

ስልክ 0911 23 61 53

ኢ-ሜል abebe.assefa.edu.et

- በአዲስ አበባ ዩኒቨርሲቲ ሶሻል ወርክ ትምህርት ቤት

ስልክ 011 1 22 59 30

ከዚህ በላይ የተዘረዘሩትን ሁሉ አንብቤ ፈቃደኛ የሆኑ የ _____ ትምህርት ቤት ተማሪዎች

በዚህ ጥናት እንዲሳተፉ ፈቅጃለሁ።

ስም _____

ኃላፊነት _____

ፊርማ _____

ቀን _____

Appendix 3: Questionnaire to Students (aged 12-18)**ADDIS ABABA UNIVERSITY****GRADUATE STUDIES****SCHOOL OF SOCIAL WORK****Questionnaire to Students (aged 12-18)****General Instruction**

The purpose of this study is to examine the relationship between parental substance abuse and child maltreatment. Hence, this questionnaire is designed to measure the parental substance abuse and child maltreatment as well as to collect some descriptive information on family characteristics of the participants and other demographic variables. It has three parts. Part I, demographic information consists of 11 questions; part II, child maltreatment scale consists of 35 questions; and finally part III, parental substance abuse scale consists of 7 questions. Each part has its own way of responding as it is described beneath. In addition, carefully listen to the researcher's explanation before you respond. The estimated duration of time to complete this questionnaire is 20 minutes. The information that you provide will be kept anonymous, highly confidential and will not be utilized for any other purpose. There is no right and wrong response but you are highly encouraged to respond honestly in a way that best describe yourself and your parents to keep the quality of the study.

I am willing to participate in this study, check the box.

Running head: THE RELATIONSHIP BETWEEN...

Part I. Demographic Information

Instruction: Please respond to the following personal and family background questions by writing on the space provided and encircling the letter of your choice as appropriate International Society for Prevention (Source, International Society for Prevention of Child abuse and Neglect Screening Tool Children's Version ISPCAN CAST-C).

1. Please tell us if you are a girl or a boy. Girl Boy
2. How many years old are you ? years old
3. What is the name of the school you attend?
4. Including this year, how many years have you attended school? years
5. Do you live with your parents? Mother only Father only Both parents
 With Relatives Other Specify _____
6. Who else do you live with? (check all that apply)
 Grandfather Grandmother Sister(s) Brother(s)
 Other relative(s) People who are not relatives =Total Family Size _____
7. Do your family belong to any religion or religious group?(optional) Yes No
 Mother _____
 Father _____
 Guardian _____
8. Educational level of your father
9. Educational level of your mother
10. Perceived Monthly Income of the family in a month

Running head: THE RELATIONSHIP BETWEEN...

11. Ethnic back ground (optional)

Mother _____

Father _____

Guardian _____

Part II Child Maltreatment Scale

Instruction: Below you are given list of statements that describe your experience in home; under each statement, ratings for “father” and/or “mother” are provided. Therefore, choose one you think it is appropriate and encircle it (Adopted from International Society for Prevention of Child abuse and Neglect Screening Tool Children's Version ISPCANCAST-c)

N: B Consider your experience with your parents (father and mother) with whom you are living in your home to answer these questions.

- | | | | |
|---|-----------|---|--|
| 1 | Never | 2 | Not in the past year but this has happened |
| 3 | Sometimes | 4 | Many times |

A. Witnessing Violence

- | | | | | |
|--|---|---|---|---|
| 1. Has your parents in home behaved in a way that frightened you? | 1 | 2 | 3 | 4 |
| 2. Have you seen your parents in home shouting and yelling at each other (arguing) in a way that frightened you? | 1 | 2 | 3 | 4 |
| 3. Have you seen your parents in home hit, kick, slap, punch each other or hurt each other physically in other ways? | 1 | 2 | 3 | 4 |
| 4. Have you seen your parents in home used knives, guns, stick, rocks or other things to hurt or scare someone else inside home? | 1 | 2 | 3 | 4 |

B. Emotional Abuse

- | | | | | |
|--|---|---|---|---|
| 5. Screamed at you very loud and aggressively? | 1 | 2 | 3 | 4 |
|--|---|---|---|---|

Running head: THE RELATIONSHIP BETWEEN...

- | | | | | |
|--|---|---|---|---|
| 6. Called you names, said mean things or cursed you? | 1 | 2 | 3 | 4 |
| 7. Made you feel ashamed/embarrassed in front of other people in a way you will always feel bad about? | 1 | 2 | 3 | 4 |
| 8. Said that they wished you were dead/ had never been born? | 1 | 2 | 3 | 4 |
| 9. Threatened to leave you forever or abandon you? | 1 | 2 | 3 | 4 |
| 10. Locked you out of the home for a long time? | 1 | 2 | 3 | 4 |
| 11. Threatened to hurt or kill you, including invoking evil spirits against you? | 1 | 2 | 3 | 4 |
| 12. Have you been bullied (teased, embarrassed) so that you feel sad or bad, by another child at home? | 1 | 2 | 3 | 4 |

C. Neglect

- | | | | | |
|--|---|---|---|---|
| 13. Do you feel that you did not get enough to eat (went hungry) and/ or drink (were thirsty) even though there was enough for everyone? | 1 | 2 | 3 | 4 |
| 14. Have to wear dirty, torn clothes, or clothes that were not warm enough/too warm, shoes that were too small even though there were ways of getting better/new ones? | 1 | 2 | 3 | 4 |
| 15. Not taken care of when you were sick - for example not taken to see a doctor when you were hurt or not given the medicines you needed? | 1 | 2 | 3 | 4 |
| 16. You did not feel cared for? | 1 | 2 | 3 | 4 |
| 17. Felt that you were not important? | 1 | 2 | 3 | 4 |
| 18. Felt that there was never anyone looking after you, supporting you, helping you when you most needed it? | 1 | 2 | 3 | 4 |

D. Physical Abuse

- | | | | | |
|--|---|---|---|---|
| 19. Pushed, Grabbed, or Kicked you? | 1 | 2 | 3 | 4 |
| 20. Hit, beat, or spanked you with a hand? | 1 | 2 | 3 | 4 |
| 21. Hit, beat, or spanked you with a belt, paddle, a stick
or other object? | 1 | 2 | 3 | 4 |
| 22. Choked you, smothered you or tried to drown you? | 1 | 2 | 3 | 4 |
| 23. Burned or scalded you, (including putting hot chilies or peppers in
your mouth)? | 1 | 2 | 3 | 4 |
| 24. Locked you up in a small place, tied you up, or chained you to
something? | 1 | 2 | 3 | 4 |
| 25. Pulled your hair, pinched you, or twisted your ear? | 1 | 2 | 3 | 4 |
| 26. Making you stay in one position holding a heavy load or another
burden or making you do exercise as punishment? | 1 | 2 | 3 | 4 |
| 27. Threatened you with a knife or a gun? | 1 | 2 | 3 | 4 |

E. Sexual Abuse

- | | | | | |
|--|---|---|---|---|
| 28. Made you upset by speaking to you in a sexual way or writing
sexual things about you? | 1 | 2 | 3 | 4 |
| 29. Made you watch a sex video or look at sexual pictures in a
magazine or computer when you did not want to? | 1 | 2 | 3 | 4 |
| 30. Made you look at their private parts or wanted to look at yours? | 1 | 2 | 3 | 4 |
| 31. Touched your private parts, or made you touch theirs? | 1 | 2 | 3 | 4 |
| 32. Made a sex video of you alone or with other people doing
sexual things? | 1 | 2 | 3 | 4 |
| 33. Tried to have sex with you when you did not want them to? | 1 | 2 | 3 | 4 |

Running head: THE RELATIONSHIP BETWEEN...

34. Did you face rape?

35. Do you have any other experiences with being hurt at Home that we have not already asked you about? _____

Part III Parental Substance Abuse Scale

Instruction: Please respond to the following personal and family background questions by writing on the space provided and encircling the letter of your choice as appropriate

(Adopted from National Council on Alcoholism's self-test) .

1 Has anyone in your home used drugs and/or alcohol?

Yes No

2 If your answer for question number one is yes, do they behaved in a way that frightened you? Yes No

3 If your answer for question number one is yes, does the substance abuser your

A, Mother B, Father C, Both D, Other specify-----

4 When do you know this? _____

5 Where does she/ he abuse ?

in home outside the home both

Running head: THE RELATIONSHIP BETWEEN...

6 Tell us the type of the substance and the pattern.

Types of the Substance	Yes	Unit of the substance	----- times per day	-----times per week	Other Specify
Tobacco					
Alcohol					
Chat					
Shush					

7 If he/she abuses alcohol, did he/she get intoxicated?

Yes No

8 If your answer for question number 7 is yes, how many times in a week?

9 Did you face this family member controlled by other substances?

Yes No

10 If your answer for question number 9 is yes, how many times in a week?

11 Would you like to say more?

Appendix 4: Amharic Version of the Questionnaire

አዲስ አበባ ዩኒቨርሲቲ

የድህረ ምረቃ ትምህርት

የማህበራዊ ሳይንስ ትምህርት ክፍል

አጠቃላይ መመሪያ

የዚህ ጥናታዊ ፅሁፍ ዋና አላማ የወላጆች አደንዛዥ ዕዕ ተጠቃሚነትና ይህን ተከትሎ የሚመጣው የህፃናት ጥቃት መካከል ያለውን ግንኙነት መፈተሽ ነው። በመሆኑም ይህ መጠይቅ በዋናነት የወላጆች አደንዛዥ ዕዕ ተጠቃሚነት፣ በህፃናት ላይ የሚያደርሰውን ጥቃት እንዲሁም የግልና ቤተሠባዊ ሁኔታ መረጃ እንዲሠሰበስብ ሆኖ ተዘጋጅቷል። ይህ መጠይቅ ሦስት ክፍሎች አሉት። የመጀመሪያው ክፍል የግልና የቤተሰብ ሁኔታ መረጃን የሚመለከቱ 11 ጥያቄዎች ይዟል። በሁለተኛው ክፍል በህፃናት ላይ የሚደርሰውን ጥቃት የሚመዘኑ 35 ጥያቄዎች ተካትተዋል። በመጨረሻም የወላጆችን አደንዛዥ ዕዕ ተጠቃሚነት የሚመዘኑ 11 ጥያቄዎች ተካትተዋል። እያንዳንዱ ክፍል የራሱ የሆነ የአመላለስ ስልት አለው። በተጨማሪም መልሱን ከመመለስ/ሽ በፊት ተመራማሪው የሚሠጠውን መመሪያ በጥንቃቄ አድምጥ/ጭ። ይህን መጠይቅ ሞልቶ ለመጨረስ የ20 ደቂቃ ጊዜ ተሠጥቷል። እዚህ መጠይቅ ላይ የሚሞሉ መልሶች ሚስጥራዊነታቸው የተጠበቀ ነው። የተሳታፊው/ዋ ስም ካለ መጠቀሱ በተጨማሪ መረጃው ለጥናታዊ ፅሁፍ ግብአትነት ብቻ ነው የሚውለው። የሚሰጡት መልሶች ትክክል ወይንም ስህተት ተብለው አይፈረጁም። ሆኖም በተቻለ መጠን ስለራስህም/ሽም ሆነ ስለወላጆችህ/ሽ የሚጠየቁትን ጥያቄዎች በቅንነትና በታማኝነት ለመመለስሞክር/ሪ። ይህም ለጥናቱ ጥራት ከፍተኛ አስተዋፅኦ አይኖረዋል።

በጥናቱ ለመካፈል ፈቃደኛ ከሆኑ በሳጥኑ ውስጥ የ "✓" ምልክት በማኖር መስማማትህ/ሽን ገልፀህ/ሽ ወደ ሚቀጥለው ክፍል እለፍ/ፊ። በጥናቱ ለመካፈል ፍቃደኛ ካልሆኑ በሳጥኑ ውስጥ "X" ምልክት በማኖር መጠይቁን ለተመራማሪው ይመልሱ።

ለትብብርህ/ሽ አመሰግናለሁ!

ክፍል አንድ

ስነምህዳራዊ መረጃ

መመሪያ፡- የሚከተሉትን ግላዊ እና ቤተሰባዊ ይዘት ያላቸውን ጥያቄዎች በተሰጠው ክፍት ቦታ ላይ በመጻፍ አሊያም ከተሰጡት ምርጫዎች መካከል አንዱን በማክበብ መልስ/ሽ። (ምንጭ አለም አቀፍ የህፃናት ጥቃት መከላከያ ማህበር ጥቃት የደረሰባቸው ህፃናትን ለመልመል ካዘጋጀው እትም የተወሰደ)

1. ጾታ ወንድ ሴት
2. ዕድሜህ/ሽ _____
3. የምትማርበት/የምትማሪበት ት/ቤት ማን ይባላል? _____
4. ስንተኛ ክፍል ነህ/ሽ? _____
5. ከማን ጋር ነው የምትኖሪው/ረው?

ከአባቱ ጋር ብቻ

ከእናቱ ጋር ብቻ

ከሁለቱም ጋር

ሌላ ካለ ይገለፅ _____

6. ሌላ አብሮህ/ሽ የሚኖር ማን አለ?

ወንድ አያቱ

እሁቴ/ቶቹ

ሌሎች ዘመዶች

ሴት አያቱ

ወንድም/ሞቹ

ዘመድ ያለሆኑ ጠቅላላ የቤተሰብ ብዛት _____

7. የቤተሰቦችህ/ሽ ሃይማኖት ምንድነው?

የአባት _____ የእናት _____

ሌላ ካለ ይገለፅ _____

8. የአባትህ/ሽ የትምህርት ደረጃ _____

9. የእናትህ/ሽ የትምህርት ደረጃ _____

10. ቤተሰብህ/ሽ ሊያገኘው የሚችለው ወርሃዊ የገቢ መጠን በግምት _____

11. የቤተሰብህ/ሽ ብሔር ምንድነው? _____

የአባት _____ የእናት _____ የአሳዳጊ _____

ክፍል ሁለት

የሀፃናትን ጥቃት ልኬት

መመሪያ:- ቀጥሎ የቀረቡት ጥያቄዎች በቤት ውስጥ ከአባት እና/ወይም ከእናት ከአሳዳጊ ጋር ያለህን/ሽን ግንኙነት የሚመለከቱ ናቸው። ለአባትም ሆነ ለእናት በደረጃ የምታመለክትበት/የምታመለክቷቸውበት አማራጭ ቀርቧል። ስለዚህ ለእያንዳንዱ ጥያቄ ከቀረቡት አራት አማራጮች ይመጥናል የምትለውን/የምትይውን አንዱን ብቻ አክብብ/ቢ።

ያስተውሉ! ጥያቄዎቹን ለመመለስ በቤት ውስጥ ከአባትህ/ሽ ወይም/እና ከእናትህ/ሽ ወይም ከአሳዳጊህ/ሽ ጋር ያለውን ግንኙነት አስብ/ቢ።

- 1. ፈፅሞ አልሆነም 3 አንዳንዴ
- 2. ባለፈው አመት ባይሆንም ተደርጓል 4. ብዙ ጊዜ

	ሀ. ሁከታዊ ተሞክሮ				
1	ወላጆችህ/ሽ በቤት ውስጥ የሚያስፈራራ ባህሪ አሳይተው ያውቃሉ?	1	2	3	4
2	ወላጆችህ/ሽ በቤት ውስጥ በሚያስፈራ ሁኔታ ሲጫጫሁ ወይም ሲነታረኩ አጋጥሞህ/ሽ ያውቃል?	1	2	3	4

3	ወላጆችህ/ሽ እርስበርሳቸው ሲሰዳደቡ ወይንም አንዱ በአንደኛው ላይ አካላዊ ጉዳት ሲያደርስ ተመልክተሃል/ሻል?	1	2	3	4
4	ወላጆችህ/ሽ ድንጋይ፣ ቢላ፣ ዱላ፣ ሽጉጥ ወይም ሌላ ነገር በመጠቀም እርስበርስ ወይንም ቤት ውስጥ ያለን ሌላ ሰው ለመጉዳት ወይንም ለማስፈራራት ሲጠቀሙ አጋጥሞህ/ሽ ያውቃል?	1	2	3	4
	ለ. ስሜታዊ /ስነልቦናዊ/ ጥቃት				
5	በጩኸት እና በንዴት ተናግረውህ/ሽ ያውቃል?	1	2	3	4
6	ስድብ፣ እርግማን አልያም አግባብ ያልሆኑ ነገሮችን ተናግረውህ/ሽ ያውቃል?	1	2	3	4
7	ሁል ጊዜላ ያሸማግቅህ/ሽ በሚችል መልኩ በሌሎች ሰዎች ፊት እንድትዋረድ/ጅ ወይንም እንድታፍር/ሪ አድርገውህ/ሽ ያውቃል?	1	2	3	4
8	እንደው ብትሞት/ች ወይም ባልተወለደ/ች ተብለህ/ሽ ታውቃለህ/ታውቁያለሽ?	1	2	3	4
9	ትቼህ/ሽ ነው የምጠፋው ብለውህ/ሽ ያውቃል?	1	2	3	4
10	ረዘም ላለ ጊዜ ቤት እንዳትገባ/ቢ አድርገውህ/ሽ ያውቃል?	1	2	3	4
11	ክፉ መናፍስቶችን በመጠቀም እንደሚጎዱህ/ሽ ወይም እንደሚገድሉህ/ሽ አስፈራርተውህ/ሽ ያውቃል?	1	2	3	4
12	በመኖሪያ ቤታችሁ ውስጥ ባለ ሌላ ልጅ የሚስከፋ ወይም ጥሩ ስሜት እንዳይሰማህ/ሽ የሚያደርግ ዘለፋ ወይም የሚያዋርድ ነገር ደርሶብህ/ሽ ያውቃል?	1	2	3	4
	ሐ. ችላ ማለት				
13	በቂ ምግብና መጠጥ ባለበት ሁኔታ እንድትራብ/ቢ ወይንም እንድትጠማ/ሚ የተደረገበት ጊዜ አለ?	1	2	3	4
14	የተሻለ አማራጭ እያለዎ ቆሸሸ፣ የተቀዳደዱ ወይም በበቂ ሁኔታ የማይሞቁ ልብሶችን እንድትለብስ/ሽ ወይንም የማይሆኑህን/ሽን ጫማዎች እንድታደርግ/ጊ ተገድጃለሁ ብለህ/ሽ ታስባለህ/ሽ?	1	2	3	4

15	ህመም ባጋጠመህ/ሽ ወቅት ወደ ሀኪም ቤት ሳትወስድ/ጂ አሊያም ተገቢው መድኃኒት ሳይቀርብልህ/ሽ የቀረበት ጊዜ አለ?	1	2	3	4
16	እንክብካቤ ሳይደረግልህ/ሽ የቀረበት ጊዜ አለ?	1	2	3	4
17	አላስፈላጊ (ጥቅም የሌለው) ሰው የመሆን ስሜት ተሠምቶህ/ሽ ያውቃል?	1	2	3	4
18	በጣም በአስፈላጊነት ወቅት የሚደግፍህ/ሽ ወይም የሚረዳህ/ሽ ሰው እንደሌለ ተሰምቶህ/ሽ ያውቃል?	1	2	3	4
	መ. አካላዊ ጥቃት	1	2	3	4
19	መገፍተር፣ ተጨምድዶ መያዝ ወይም በእግር መመታት ደርሶብህ/ሽ ያውቃል?	1	2	3	4
20	በእጅ ተመተህ/ሽ ታውቃለህ/ሽ?	1	2	3	4
21	በዱላ፣ በአለንጋ ወይም በሌላ ነገር ተመተህ/ሽ ወይም ተገርፈሽ ታውቃለህ/ሽ?	1	2	3	4
22	መታነቅ፣ አየር አጥቶ መታፈን ወይም ወደ መሬት ተገፍትሮ መጣል አጋጥሞህ/ሽ ያውቃል?	1	2	3	4
23	በእሳት አቃጥለውህ/ሽ ወይም በበርበሬና በሚጥሚጣተለብልበህ/ሽ ታውቃለህ/ታውቁያለሽ?	1	2	3	4
24	በቤት ውስጥ ተዘግቶብህ/ሽ፣ በሰንሰለት ወይም በገመድ ታስረህ/ሽ ታውቃለህ/ታውቁያለሽ?	1	2	3	4
25	ፀጉርህን/ሽን ተነትተህ/ሽ ወይም ጆሮህን/ሽን ተቆንጥጠህ/ሽ ታውቁያለሽ/ህ?	1	2	3	4
26	በቅጣት መልክ ከባድ የአካል እንቅስቃሴ እንድታደርግ/ጊ ወይም ከባድ እቃተሽክመህ/ሽ በአንድ ቦታ ለረዥም ጊዜ እንድትቆም/ሚ ተደርገህል/ሻል?	1	2	3	4
27	በቢላዋ ወይም በሽጉጥ ዛቻ ደርሶብህ/ሽ ያውቃል?	1	2	3	4
	ሠ. ወሲባዊ ጥቃት				
28	ወሲባዊ በሆነ ቋንቋ አነጋግረውህ/ሽ ወይም ስለ አንተ/ቺ ወሲባዊ የሆነ ፅሁፍ ፅፈው	1	2	3	4

	አናደውሽ/ህ ያውቃለሁ?				
29	ሳትፈልግ/ጊ የወሲብ ፊልሞችን ወይም ምስሎችን እንድትመለከት/ቺ ተደርገህ/ሽ ታውቃለህ/ሽ?	1	2	3	4
30	ብልታቸውን እንድታይ/ዩ አድርገው ወይም ያንተን/ያንቺን ብልት ለማየት ሞክረው ያውቃሉ?	1	2	3	4
31	ብልትህን/ሽን ለመንካት ሞክረው ወይም የነሱን ብልት እንድትነካ/ኪ አድርገውህ/ሽ ያውቃሉ?	1	2	3	4
32	ወሲባዊ እንቅስቃሴዎችን እያደረግህ/ሽ ወይም ከሌሎች ሰዎች ጋር የወሲብ ሽጊያ እንድትሰራ/ሪ ተገደህ/ሽ ታውቃለህ/ሽ?	1	2	3	4
33	ለወሲባዊ ግንኙነት የማስገደድ ሙከራ አጋጥሞህል/ሻል?	1	2	3	4
34	የወሲብ ግንኙነት በማስገደድ ደርሶብህ/ሽ ያውቃል?	1	2	3	4

35. እዚህ መጠይቅ ውስጥ ያልተካተተ ነገር ግን በቤት ውስጥ ተሞክሮ ያጋጠመህ/ሽ ገጠመኝ ካለ ከዚህ በታች ባለው ክፍት ቦታ ላይ መፃፍ ይቻላል::

ክፍል ሦስት

የወላጆች አደንዛዥ እና ተጠቃሚነት ልኬት

1. በቤተሰብ/ሽ ውስጥ አደንዛዥ ዕዕ ወይም አልኮል የሚጠቀም ሰው አለ?

አዎን

የለም

2. በተራቁ 1 ለተጠየቀው ጥያቄ መልስ/ሽ የለም ከሆነ ወደ ጥያቄ ቁጥር 11 ሂድ/ጅ ወይም አዎ

ከሆነ አልኮል ወይም አደንዛዥ ዕዕ ተጠቅመው የሚያሰፈራ ባህሪ አሳይተውህ/ሽ ያውቃሉ?

አዎ ያውቃሉ

አይ አያውቅም

3. በተራ ቁጥር 2 ለቀረበው ጥያቄ መልስ/ሽ አዎ ያውቃል ከሆነ ይህ ሰው ማን ነው?

ሀ. እናት ለ. አባት ሐ. ሁለቱም መ. ሌላ ከሆነ ይጠቀስ _____

4. ይህንን ያወቅኸው/ሽው መቼ ነው? _____

5. ይህ ሰው አደንዛዥ ዕዕ ወይም አልኮል የሚጠቀመው የት ነው?

በመኖሪያ ቤታችሁ ውስጥ ከመኖሪያ ቤታቸው ውጪ በሁለቱም

6. ይህ የቤተሰብ አባል ስለሚወሰደው አደንዛዥ ዕዕና የአወሳሰድ ሁኔታው ንገረን/ሪን::

መልስዎ አዎን ከሆነ "✓" አድርግ/ጊ:: የአደንዛዥ ዕዕ መለኪያውን በፓኬት፣ በግራም ወይም

በጠርመራ ጥቀስ/ሺ:: የአወሳሰድ ሁኔታውን በቀናት ወይም በሳምንት ቁጥር ግለፅ/ጩ::

የአደንዛዥ ዕዕ አይነት	አዎን	የአደንዛዥ ዕዕ መለኪያ	የአወሳሰድ ሁኔታ		
			----- ጊዜ በቀን	---- ቀናት በሳምንት	ሌላ ከሆነ ጥቀስ/ሽ
ትንባሽ/ሲጋራ					
አልኮል					

ጫት					
ሀሺሽ					
ሺሻ					

7. ይህ የቤተሰብ አባል የሚጠቀመው አልኮል ከሆነ ይሰክራል? አዎን የለም
8. በተራ ቁጥር 7 ለቀረበው ጥያቄ መልስህ/ሽ አዎ ከሆነ በሳምንት ስንት ጊዜ ይሰክራል? _____

9. ይህ የቤተሰብ አባል በሌላ አደንዛኝ እፅ ተጽእኖ ስር ወድቆ አጋጥሞህ/ሽ ያውቃል?
አዎን የለም
10. በተራ ቁጥር 9 ለቀረበው ጥያቄ መልስህ/ሽ አዎ ከሆነ በሳምንት ስንት ጊዜ አጋጥሞህ/ሽ? _____

11. ተጨማሪ ሀሳብ ካለ ከስር መጻፍ ይቻላል:: _____

Running head: THE RELATIONSHIP BETWEEN...
