Correlation study of methamphetamine abuse and resultant levels of child neglect

Marjorie Nodelman-Niedringhaus

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CORRELATION STUDY OF METHAMPHETAMINE ABUSE
AND RESULTANT LEVELS OF CHILD NEGLECT

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Marjorie Nodelman-Niedringhaus

June 1996
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AND RESULTANT LEVELS OF CHILD NEGLECT

A Project
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Marjorie Nodelman-Niedringhaus
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Approved by:

Dr. Marjorie Hunt, Project Advisor, Social Work

Dr. Teresa Morris, Chair of Research Sequence, Social Work

Gary Null, Deputy Director, Department of Public Social Services, County of San Bernardino

5-2-96 Date
ABSTRACT

This positivist research project will attempt to show a correlation between levels of child neglect and proportionate levels of methamphetamine abuse. The term abuse will be used to refer to the chronic, compulsive use of methamphetamine in such a manner, that it will assume a central and negative role in the individual's life style and will result in impaired functioning and parenting. A data abstraction form will be used to create a profile which may then be used by social workers to target and possibly intervene with populations potentially at risk.
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INTRODUCTION

Problem Statement

Methamphetamine abuse, in young women who are mothers of young children, has consistently been associated, in the Inland Empire with child abuse, particularly in the form of neglect. The drug seems to interact with other factors such as immaturity, poverty, unemployment and low self esteem (Polansky, 1987). Various personality characteristics and disorders such as poor impulse control, avoidant personality and adult anti-social behavior may further dispose young mothers toward a chaotic life style and resultant child abuse, specifically neglect (Doweiko, 1990).

Inherent in households with underlying problems of poverty and oppression, substance abuse exacerbates these conditions in the course of daily life, making these struggles against addiction that much harder. There is a high correlation between situational stress and lack of coping resources and resultant neglect of children (Tower, 1994).

Along with drug abuse, these are multiple stressors on the family systems. Already operating at a marginal level with few resources for providing the adequate necessities for life: food, clothing and shelter, these households are physically and socially isolated. Mothers are frequently unaware of the available community and county resources (Russell, 1984). Frequently, multiple children are closely spaced with three or more still in diapers. Societal values
and attitudes seem to not apply to these women. The social service delivery network is either flawed or inaccessible. What is communicated to them is that no one cares. With frequent stresses and no rewards these mothers began their drug abuse as self medication for their history of depression, both circumstantial and clinical. The current sociopsychological state of these mothers is one of apathy, helplessness and feeling of futility (Russell, 1984). This profile combined with addiction to drugs and lacking education or training or assistance, makes it impossible to carry out home management and appropriate parenting responsibility (Finkelhor, 1984).

A history of impulsivity is a mother’s frequent response to this situation which results in child neglect, lack of supervision for long periods of time, and occasionally abandonment as a mother pursues her addiction. Lacking opportunities and access to a meaningful life, drug-abusing mothers are impulse-ridden with low frustration tolerance. They display little ability to delay gratification and use extremely poor judgement in their actions (Polansky, 1991).

Parenting is not an easy task. All children constantly agitate. They can be extremely stubborn, rebellious, extremely energetic and difficult to care for. It is an exhausting challenge for any parent to deal patiently and empathetically with children on a constant basis (Goode, 1989).
Methamphetamine abuse can be viewed as a way of a coping strategy for an unmanageable situation, as an adaptation to achieve a balance of substitute satisfaction and pleasure even if it is harmful. It fills the void of lacking basic expectations of society such as competence, social acceptance, self reliance and self confidence (Freeman, 1992).

This process becomes an addiction when mother turns completely to the drug experience to modify her feelings and abandons more functional positive coping mechanisms (Freeman, 1992).

DSM IV contains an extensive chapter on amphetamine related disorders. It is most common in the age group of 18 to 30 years. Its use is more frequent among people of a lower socio-economic status (Ehrenkanz, 1989). Methamphetamine addiction is associated with the following states: Methamphetamine induces psychosis and delirium; it induces mood disorder, specifically major depression; it induces anxiety or jittery affect, sexual dysfunction and profound sleep disorder (DSM IV, 1994).

The progression of methamphetamine intoxication to withdrawal begins with "a high feeling," followed by euphoria with enhanced vigor, gregariousness, hyperactivity, restlessness, hypervigilance, talkativeness, anxiety, tension, alertness, grandiosity, repetitive behavior, anger, fighting and impaired judgement (DSM IV, 1994). As the
individual begins to come down there is a blunting of affect from fatigue and deep sadness. Withdrawal creates feelings of intense unpleasantness and feelings of depression and maybe suicidal ideation. Mood changes during withdrawal also include extreme irritability, anger, exaggerated emotions, disturbances in attention and in concentration. Also, there are threats of acting out of aggressive behavior. The DSM IV describes the essential feature of any drug abuse as "a maladaptive pattern of substance use, manifested by recurrent and significant adverse consequences related to repeated use of substance" (DSM IV, 1994).

Most methamphetamine abusing mothers already have poor emotional and impulse control. They carry their own residue of anger from their own childhood. With low frustration tolerance, immaturity and deep feelings of insecurity, they are likely to experience any event as a major assault on already fragile self-esteem.

**Problem Focus**

Our current society holds parents responsible for giving their children adequate food, clothing and shelter. Parents are also responsible for adequate medical care, education, supervision and protection and moral and social guidance. Parents model expected behaviors for their children (Gustaverson & Segal, 1994). The fact that such parents, specifically mothers, occupy unsatisfying and stressful positions in society, makes them vulnerable to drugs.
It creates a need for an addictive experience by setting forth values that are not recognizable (Peele, 1985).

This is the exacerbating cycle of experience which results in exposure to methamphetamine use and insures continued involvement. Substance abuse and child neglect tends to run in families with cycles of chaos, dysfunction and addiction repeated into the next generation (Peele, 1985).

The impact of neglect often produces developmentally-delayed children who are unresponsive, dull, apathetic and lacking in curiosity. These children are likely to repeat the cycle of hopelessness into the next generation.

The distinction between child abuse and child neglect is often seen as the difference between an act of commission and an act of omission (Findelhor, 1994).

The current DSM IV, in reflecting the current climate of psycho-social dysfunction includes in its annotated listings of disorders a section of V codes specifically identifying the problem of child neglect and abuse. The life style of illegal activities to sustain drug addiction is categorized as V71.01, Adult Anti-Social Behavior (DSM IV, 1994).

Under the guidelines of the California Department of Justice Crime Prevention Center, "child neglect is defined as the neglectful treatment of maltreatment of a child by a parent or caretaker, under circumstances indicating harm or
threat of harm to a child's health and welfare" (WIC, 1995). This definition includes both acts and omissions on the part of the responsible person. The California Child Abuse and Reporting Act defines two categories of physical neglect: general and severe (Office of the Attorney General Lungren, DOJ, March 1993). Inadequate supervision is considered general neglect. Children left in these circumstances are vulnerable to accident, injuries, crime and possibly death. The failure to provide adequate food, clothing and shelter, medical care and supervision is defined as severe neglect (California DOJ, 1993).
RESEARCH DESIGN AND METHOD

Purpose and Design of Study

The purpose of this study is to examine the relationship between methamphetamine abuse and child neglect. Specifically, this study will explore if young women who abuse methamphetamine, have higher levels of child neglect.

Levels of child neglect are rated in Child Protective Services on three levels: mild, moderate, and severe (American Humane Association, Children's Division, 1992).

Mild neglect is defined as inadequate child supervision, inadequate cleanliness and hygiene and poor information about nutrition. Mild neglect is usually a lack of maturity and education and parenting skills on the part of the parent/caretaker. Moderate neglect is safety neglect as in any situation where injury occurs because of a gross lack of supervision or when children's accidents are repeated and severe and parent/caretaker does not respond appropriately. Severe neglect is defined as medical neglect of treatable, serious, chronic conditions, either deterioration or disease which requires treatment and parent/caretaker ignores or is not capable of following recommendations and intervention is required (American Humane Association, Children's Division, 1992).

About two thousand referrals are received by CPS each month. Of these, 366 were received for neglect, county-wide. In the San Bernardino office, there were 120 refer-
rals for neglect opened in the month of October, 1995. For the purpose of manageability, a random sample was taken of one in four cases for a total of 30 cases to be examined in this study. Each case was examined for allegations of methamphetamine abuse or no allegation of methamphetamine abuse. Cases were also examined for alleged levels of neglect: mild, moderate and severe as defined by the American Humane Association. From this, a profile of sample data was obtained for testing and analysis.

Research Question

The research question for this positivist study is: What is the relationship between mother’s abuse of methamphetamine and the resultant levels of neglect: mild, moderate and severe. The implication is that drug abuse, specifically methamphetamine, causes mothers to inadequately supervise and protect children. As drug abuse increases, children are put at substantial criminal risk for serious harm, illness or death.

The hypothesis predicts a positive relationship: the dependent variable, levels of neglect, will increase as the independent variable, the mothers’ abuse of methamphetamine, also increases. This is a positive linear relationship. Both variable will move in the same direction.

The project utilizes a one-time descriptive retroactive study of case files opened in the month of October, containing allegations of general neglect.
Sampling

The researcher has taken a sample of one in four cases to further compress the case file study to 30 cases. These cases are further examined for police reports and court reports alleging methamphetamine abuse or no allegations of methamphetamine abuse. Files have been separated into two groups: neglect and methamphetamine abuse and neglect and no reported methamphetamine abuse. Of the group containing the drug abuse, neglect has been further defined and categorized as to levels of neglect: mild, moderate and severe.

Instrument and Data Collection

The instrument used to gather the data is a DATA ABSTRACTION FORM. Whatever number of cases, out of the 30 examined, contain methamphetamine abuse and neglect, these have been listed in rows as case 1, case 2, case 3 and so forth, up to possibly 30 cases.

Columns represent variables such as: age of mother, number of children in the household, previous involvement with CPS, history of mental illness and history of domestic abuse.

Threats to Validity

In order to ensure that the relationship between the variables (methamphetamine abuse and levels of neglect) cannot be explained away by the influence of some third variable, analysis has been undertaken to identify other variable which might more appropriately explain the rela-
tionship. First, those women who abuse methamphetamine are compared to those women who have not abused methamphetamine on a number of key demographic variables to determine if there are significant differences between the two groups on factors which could potentially impact the results (age, number of children, history of mental illness, victims of domestic violence and previous involvement with CPS).

Second, the relationship between each of these demographic variables and levels of neglect is examined for purposes of ascertaining if there are other influences besides abuse of methamphetamine, which more appropriately explains the behavior of neglect.

The research proposal and data abstraction form instrument has been reviewed ahead of time by a CPS supervisor and director. It has been approved by Deputy Director Gary Null of the San Bernardino Department of Public Social Services. Confidentiality of all cases has been protected because these cases are minors (the identified client is the minor) and because these minors are dependents of the court. Additional informed consent has been obtained from DPSS acting as their legal guardian. In order to ensure that the information is both reliable and valid, auditing is done every other year by the State of California to assure that the information has been completed and meets the criteria established by the state.
Procedure

Data collection began at DPSS, San Bernardino, from selected case files, for the month of October, 1995, when consent was obtained from the Deputy Director. Data has been processed on site at DPSS for analysis. The approximate time for data collection was one month.

Protection of Human Subjects

To maintain confidentiality and anonymity of human subjects there is no need to collect personal names. At the time of data collection, numbers have been assigned to cases chronologically. The purpose is to have some method of checking and identifying data if it is incorrectly entered into the data matrix. Reporting of aggregate data only, not case profiles, will be provided.
QUANTITATIVE PROCEDURES

Concepts and Variables

This research project uses a data abstraction form as the instrument to explore the research question and test the hypothesis. Statistical analysis has been generated by the SPSS computer analysis program.

The Question for Research

What is the relationship between levels of child neglect and methamphetamine abuse?

The hypothesis predicts a positive relationship: The dependent variable increases as the independent variable increases, i.e., both variables will move in the same direction.

Hypothesis

As the level of methamphetamine abuse increases so will the level of neglect increase.

Independent variables include influencing factors such as age of mother, age of child, income, marital status, mode of transportation and level of education.

The dependent variables are levels of neglect: mild, lack of supervision; moderate, lacks of supervision and housekeeping; high level, lack of supervision and inadequate caregiving.

One might expect that these factors will have a reinforcing influence on levels of drug abuse and neglect.

In order to obtain a profile of the sample data, uni-
variate statistics including measures of central tendencies and measures of dispersion (mean, median, and mode, standard deviation, range, minimum and maximum) and frequency distribution will be generated. These descriptive statistics will include an examination of participants' age, ethnicity, number of children in the household, education, employment history, history of mental illness, involvement with Child Protective Services, and history of domestic violence.

Next, an array of bivariate analytical procedures will be performed in order to: (a) compare methamphetamine abusers to non-abusers on key demographic variable; and (b) examine the relationship between other factors (variables) which may potentially be related to levels of neglect.

First, multiple T-Tests are performed to compare the two groups' mean age and to compare the average number of children living in the household. Independent T-Test analysis is the appropriate statistical test when comparing two groups on an interval/ratio level variable. Chi-square analyses are utilized to compare the two groups with regard to previous involvement with CPS, history of mental illness, and history of domestic violence. Chi-square analysis is the appropriate statistical test when comparing two nominal level variables.

In order to examine other potential variables which might be positively correlated with level of neglect, Spearman's Rank Order Correlation Coefficient is utilized.
Specifically, correlation analysis is used to examine the relationship between mothers' age and levels of neglect, number of children in the household and levels of neglect, history of mental illness and levels of neglect, history of domestic violence and levels of neglect, and previous CPS involvement and levels of neglect. Rather than using a Pearson's Correlation Coefficient, a Spearman's Rank Order Correlation Coefficient is the appropriate statistical test when exploring the relationship between variables which are not at the interval level of measurement.

Lastly, in order to test the hypothesis under study, bivariate correlation analysis will be performed. Specifically, the Spearman's Rank Order Correlation Coefficient is utilized to examine the relationship between methamphetamine abuse and levels of neglect.

Data Analysis/Results

The results of the data analysis are organized into three sections: (a) An overview of the demographic profile of the sample; (b) A comparative analysis of the two groups (methamphetamine abusers and non-abusers) and an examination of key variables; and (c) The results of the hypothesis testing. Throughout the bivariate analysis, an alpha (probability) level of .05 is utilized as the rejection criteria.

The Sample Profile

The sample consists of 30 participants randomly selected from a total population of 366 cases opened for neglect.
throughout the County of San Bernardino in the month of October, 1995. The 30 women have a mean age of 22.3 years. The ethnic composition of the sample includes 17 (56.7%) Caucasians, 8 (26.7%) Latinos, and 5 (16.7%) African-Americans. Twenty-eight (93.3%) of the sample participants are single mothers, with an average of two children residing in the household. None of the participants have completed high school, and none have a work history (work experience). Of the total sample, 60% have had previous involvement with CPS. In addition, 86% of the women report being victims of domestic violence, and 33.3% report a history of mental illness. Finally, 33.3% (10) are non-methamphetamine abusers and 66.7% (20) are methamphetamine abusers.

**Group Comparisons and Variable Assessment**

Initially, the two groups are compared on a number of demographic factors to determine if there are significant differences between methamphetamine abusers and non-abusers on variables which could potentially influence their levels of neglect. In order to compare the groups with regard to age and number of children living in the household, T-Test analyses are performed. With a mean age of 22.85 years (for abusers) and 21.20 years (for non-abusers), the T-Test results indicate that there are no significant differences between the two groups with regard to age (p=.183). The T-Test results also indicate that there are no significant differences between the groups and their average number of
children living in the household (p=.730). Both groups report an average of two children currently in the home.

Next, Chi-square analyses are performed to compare those women who abuse methamphetamine to those women who do not, with regard to their history of mental illness, their previous involvement with Child Protective Services, and their history of domestic violence. The results of the Chi-square analysis indicate that there are no significant differences between the groups with regard to history of mental illness ($X^2 = .000$, $p = 1.00$), and history of domestic violence ($X^2 = .144$, $p = .704$).

Lastly, the relationship between key variables and level of neglect are examined to identify if there is an alternative relationship which more meaningfully explains levels of neglect. A Spearman's Rank Order Correlation Coefficient (used for ordinal level data) was utilized to determine if there is a relationship between the participants' age and levels of neglect, the number of children in the household and levels of neglect, history of domestic violence and levels of neglect, previous CPS involvement and levels of neglect, and history of mental illness and levels of neglect. The correlation matrix presented in Table 1 indicates that there are no significant linear relationships between the variables.
Correlation Matrix

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<th>Victim</th>
<th>CPS</th>
<th>Illness</th>
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Hypothesis Testing

In order to test the hypothesis that there is a positive linear relationship between levels of neglect and mothers' abuse of methamphetamine, a Spearman's Rank Order Correlation Coefficient is utilized. The results of the correlation analysis indicate that there is a significant positive linear relationship between levels of neglect and methamphetamine abuse (rho = .4476, p = .013). As such, the researcher can reject the null hypothesis which states that there is no relationship between the variables. Specifically, as methamphetamine abuse increases, levels of neglect increase.
APPENDIX A: Univariate Statistics

AGE  Participant's age in years

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Total 30 100.0 100.0

Mean 22.300 Median 22.000 Mode 20.000
Std dev 3.164 Range 11.000 Minimum 17.000 Maximum 28.000

*Multiple modes exist. The smallest value is shown.

Valid cases 30

RACE  Participant's race

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Total 30 100.0 100.0

Mode 1.000

Valid cases 30 Missing cases 0

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MARITAL marital status

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Mode 1.000

Valid cases 30 Missing cases 0

CHILDREN number of children

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Mean 2.200 Median 2.000 Mode 1.000

Valid cases 30 Missing cases 0

EDUCA high school graduate?

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Mode .000

Valid cases 30 Missing cases 0
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Mode: .000

Valid cases: 30, Missing cases: 0

### PRECPS previous CPS involvement

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*Multiple modes exist. The smallest value is shown.*

Valid cases: 30, Missing cases: 0

### VICTIM victim of domestic violence

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</table>

Mode: 1.000

Valid cases: 30, Missing cases: 0
### MENTILL  history of mental illness?

<table>
<thead>
<tr>
<th>Value Label</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid</th>
<th>Cum</th>
</tr>
</thead>
<tbody>
<tr>
<td>no</td>
<td>0.00</td>
<td>20</td>
<td>66.7</td>
<td>66.7</td>
</tr>
<tr>
<td>yes</td>
<td>1.00</td>
<td>10</td>
<td>33.3</td>
<td>33.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
<td></td>
</tr>
</tbody>
</table>

Mode: .000

Valid cases: 30  Missing cases: 0

### METHABUS  is the participant a meth abuser?

<table>
<thead>
<tr>
<th>Value Label</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid</th>
<th>Cum</th>
</tr>
</thead>
<tbody>
<tr>
<td>no</td>
<td>0.00</td>
<td>10</td>
<td>33.3</td>
<td>33.3</td>
</tr>
<tr>
<td>yes</td>
<td>1.00</td>
<td>20</td>
<td>66.7</td>
<td>66.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
<td></td>
</tr>
</tbody>
</table>

Mode: 1.000

Valid cases: 30  Missing cases: 0
## APPENDIX B: Bivariate Statistics

### Group Comparability:

**t-tests for independent samples of METHABUS is the participant a meth abuser**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Number of cases</th>
<th>Mean</th>
<th>SD</th>
<th>SE of Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AGE</strong> participant’s age in years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>yes</td>
<td>20</td>
<td>22.8500</td>
<td>3.117</td>
<td>.697</td>
</tr>
<tr>
<td>no</td>
<td>10</td>
<td>21.2000</td>
<td>3.120</td>
<td>.987</td>
</tr>
</tbody>
</table>

Mean Difference = **1.6500**

Levene’s Test for Equality of Variances:  \( F = .007 \ p = .933 \)

<table>
<thead>
<tr>
<th>t-test for Equality of Means</th>
<th>Variances t-value</th>
<th>df</th>
<th>2-Tail Sig</th>
<th>SE of Diff</th>
<th>95% CI for Diff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equal</td>
<td>1.37</td>
<td>28</td>
<td>.183</td>
<td>1.207</td>
<td>(-.824, 4.124)</td>
</tr>
<tr>
<td>Unequal</td>
<td>1.37</td>
<td>18.09</td>
<td>.189</td>
<td>1.208</td>
<td>(-.888, 4.188)</td>
</tr>
</tbody>
</table>

### CHILDREN number of children

<table>
<thead>
<tr>
<th>Variable</th>
<th>Number of cases</th>
<th>Mean</th>
<th>SD</th>
<th>SE of Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>20</td>
<td>2.2500</td>
<td>1.070</td>
<td>.239</td>
</tr>
<tr>
<td>no</td>
<td>10</td>
<td>2.197</td>
<td>1.197</td>
<td>.379</td>
</tr>
</tbody>
</table>

Mean Difference = **.1500**

Levene’s Test for Equality of Variances:  \( F = .031 \ p = .861 \)

<table>
<thead>
<tr>
<th>t-test for Equality of Means</th>
<th>Variances t-value</th>
<th>df</th>
<th>2-Tail Sig</th>
<th>SE of Diff</th>
<th>95% CI for Diff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equal</td>
<td>.35</td>
<td>28</td>
<td>.730</td>
<td>.431</td>
<td>(-.733, 1.033)</td>
</tr>
<tr>
<td>Unequal</td>
<td>.33</td>
<td>16.39</td>
<td>.742</td>
<td>.448</td>
<td>(-.800, 1.100)</td>
</tr>
</tbody>
</table>

22
MENTILL history of mental illness? by METHABUS is the participant a meth abuser

<table>
<thead>
<tr>
<th></th>
<th>Count</th>
<th>Exp Val</th>
<th>no</th>
<th>yes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>MENTILL</td>
<td>.00</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
<td>8</td>
<td>12</td>
<td>20</td>
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<td></td>
<td></td>
<td></td>
<td>6.7</td>
<td>13.3</td>
<td>66.7%</td>
</tr>
<tr>
<td>yes</td>
<td>1.00</td>
<td></td>
<td>2</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3.3</td>
<td>6.7</td>
<td>33.3%</td>
</tr>
</tbody>
</table>

Column 10 20 30
Total 33.3% 66.7% 100.0%

Chi-Square

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
<th>DF</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson</td>
<td>1.20000</td>
<td>1</td>
<td>.27332</td>
</tr>
<tr>
<td>Continuity Correction</td>
<td>.46875</td>
<td>1</td>
<td>.49356</td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>1.26233</td>
<td>1</td>
<td>.26121</td>
</tr>
<tr>
<td>Mantel-Haenszel test for linear association</td>
<td>1.16000</td>
<td>1</td>
<td>.28147</td>
</tr>
</tbody>
</table>

Fisher’s Exact Test:
  One-Tail | .25072
  Two-Tail | .41947

Minimum Expected Frequency - 3.333
Cells with Expected Frequency < 5 - 1 OF 4 (25.0%)

Number of Missing Observations: 0
PRECP$S$ previous CPS involvement by METHABUS is the participant a meth abuser

<table>
<thead>
<tr>
<th></th>
<th>Count</th>
<th>Exp Val</th>
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<th>yes</th>
<th>Row Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRECP$S$</td>
<td>.00</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>no</td>
<td>5</td>
<td>10</td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>yes</td>
<td>5.0</td>
<td>10.0</td>
<td>15</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Exp Val</th>
<th>Column Total</th>
<th>Row Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>5</td>
<td>33.3%</td>
<td>66.7%</td>
</tr>
<tr>
<td>20</td>
<td>10.0</td>
<td>30</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Chi-Square Value DF Significance

- Pearson: 0.00000 1 1.00000
- Continuity Correction: 0.00000 1 1.00000
- Likelihood Ratio: 0.00000 1 1.00000
- Mantel-Haenszel test: for linear association

Minimum Expected Frequency - 5.000

Number of Missing Observations: 0
VICTIM victim of domestic violence by METHABUS is the participant a meth abuser

<table>
<thead>
<tr>
<th></th>
<th>Count</th>
<th>Exp Val</th>
<th>no</th>
<th>yes</th>
<th>Row Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRECPS</td>
<td></td>
<td>.00</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>no</td>
<td></td>
<td>1.3</td>
<td>2.7</td>
<td>4</td>
<td>13.3%</td>
</tr>
<tr>
<td>yes</td>
<td></td>
<td>9</td>
<td>17</td>
<td>26</td>
<td>86.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th>10</th>
<th>20</th>
<th>30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Column Total</td>
<td>33.3%</td>
<td>66.7%</td>
<td>100.0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Chi-Square

<table>
<thead>
<tr>
<th>Test</th>
<th>Value</th>
<th>DF</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson</td>
<td>.144423</td>
<td>1</td>
<td>.70411</td>
</tr>
<tr>
<td>Continuity Correction</td>
<td>.00000</td>
<td>1</td>
<td>1.00000</td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>.15045</td>
<td>1</td>
<td>.69811</td>
</tr>
<tr>
<td>Mantel-Haenszel test</td>
<td>.13942</td>
<td>1</td>
<td>.70885</td>
</tr>
</tbody>
</table>

Fisher’s Exact Test:

<table>
<thead>
<tr>
<th>Test</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>One-Tail</td>
<td>.59278</td>
</tr>
<tr>
<td>Two-Tail</td>
<td>1.00000</td>
</tr>
</tbody>
</table>

Minimum Expected Frequency - 1.333

Cells with Expected Frequency < 5 - 2 OF 4 (50.0%)
APPENDIX C: Spearman Correlation Coefficients

--- SPEARMAN CORRELATION COEFFICIENTS ---

NEGLECT  -.0162  
         N(  30)  
         Sig .932

AGE

(Coefficient / (Cases) / 2-tailed Significance)

"." is printed if a coefficient cannot be computed

--- SPEARMAN CORRELATION COEFFICIENTS ---

NEGLECT  -.0114  
         N(  30)  
         Sig .952

CHILDREN

(Coefficient / (Cases) / 2-tailed Significance)

"." is printed if a coefficient cannot be computed

--- SPEARMAN CORRELATION COEFFICIENTS ---

NEGLECT   .3013  
         N(  30)  
         Sig .106

VICTIM

(Coefficient / (Cases) / 2-tailed Significance)

"." is printed if a coefficient cannot be computed

--- SPEARMAN CORRELATION COEFFICIENTS ---

NEGLECT   .1229  
         N(  30)  
         Sig .518

PRECPS

(Coefficient / (Cases) / 2-tailed Significance)

"." is printed if a coefficient cannot be computed
- - SPEARMAN CORRELATION COEFFICIENTS ---

NEGLECT .2781
N( 30)
Sig .137

MENTILL

(Coefficient / (Cases) / 2-tailed Significance)
" . " is printed if a coefficient cannot be computed

Hypothesis Testing

- - SPEARMAN CORRELATION COEFFICIENTS ---

NEGLECT .4476
N( 30)
Sig .013

METHABUS

(Coefficient / (Cases) / 2-tailed Significance)
REFERENCES


APPENDIX D: Permission Letter

DEPARTMENT OF PUBLIC SOCIAL SERVICES
CHILD WELFARE SERVICES

December 13, 1995

Dr. Marjorie Hunt
Department of Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, Ca 92407-2397

Dear Dr. Hunt:

This letter serves as notification to the Department of Social Work at California State University, San Bernardino, that Marjorie Niedringhaus has obtained consent from the Department of Public Social Services, San Bernardino County, to conduct the research project entitled "A Correlational Study of Child Neglect and Methamphetamine Abuse by Mothers".

If you have questions regarding this letter of consent, you may contact me at the number below.

Sincerely,

Gary Null/Deputy Director
Department of Public Social Services
(909) 388-0235

Date signed: 12-14-95