



The impact of childhood abuse on inpatient substance users: Specific links with risky sex, aggression, and emotion dysregulation[☆]



Anne N. Banducci^{a,*}, Elana M. Hoffman^a, C.W. Lejuez^a, Karestan C. Koenen^b

^a Center for Addictions, Personality, and Emotion Research, University of Maryland College Park, Department of Psychology, 1147 Biology Psychology Building, College Park, MD 20742, USA

^b Columbia University Mailman School of Public Health, Columbia University, 722 West 168th Street, Room 720G, New York, NY 10032, USA

ARTICLE INFO

Article history:

Received 15 October 2013

Received in revised form 6 December 2013

Accepted 26 December 2013

Available online 9 February 2014

Keywords:

Child abuse

Substance use

Risky sex

Aggression

Emotion dysregulation

ABSTRACT

Adults with substance use disorders (SUDs) report a high prevalence of childhood abuse. Research in the general population suggests specific types of abuse lead to particular negative outcomes; it is not known whether this pattern holds for adults with SUDs. We hypothesized that specific types of abuse would be associated with particular behavioral and emotional outcomes among substance users. That is, childhood sexual abuse would be associated with risky sex behaviors, childhood physical abuse with aggression, and childhood emotional abuse with emotion dysregulation. 280 inpatients (M age = 43.3; 69.7% male; 88.4% African American) in substance use treatment completed the Childhood Trauma Questionnaire (CTQ), HIV Risk-Taking Behavior Scale, Addiction Severity Index, Difficulties with Emotion Regulation Scale (DERS), Distress Tolerance Scale (DTS), and Affect Intensity and Dimensions of Affiliation Motivation (AIM). Consistent with our hypotheses, the CTQ sexual abuse subscale uniquely predicted exchanging sex for cocaine and heroin, number of arrests for prostitution, engaging in unprotected sex with a casual partner during the prior year, and experiencing low sexual arousal when sober. The physical abuse subscale uniquely predicted number of arrests for assault and weapons offenses. The emotional abuse subscale uniquely predicted the DERS total score, AIM score, and DTS score. Among substance users, different types of abuse are uniquely associated with specific negative effects. Assessment of specific abuse types among substance users may be informative in treatment planning and relapse prevention.

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In the United States, one-eighth of children are sexually, physically, or emotionally abused prior to the age of 18 (Finkelhor, Ormrod, Turner, & Hamby, 2005), which results in a number of negative outcomes throughout the lifespan (Arnou, Blasey, Hunkeler, Lee, & Hayward, 2011; Edwards, Holden, Felitti, & Anda, 2003; Kilpatrick et al., 2003). Meta-analyses and reviews focused on the short and long-term effects of childhood sexual abuse (CSA) demonstrate relationships between CSA and depression, posttraumatic stress disorder, suicide, sexual dysfunction, substance use, and academic difficulties (Beitchman,

[☆] This research was supported in part by grants from the National Institute of Drug Abuse Grant 1 F31 DA035033-01 (PI: Anne N. Banducci) and R01 DA19405 (PI: C.W. Lejuez).

* Corresponding author address: University of Maryland College Park, Department of Psychology, Building 144, Room 1148, College Park, MD 20742-4411, USA.

E-mail address: anne.banducci@gmail.com (A.N. Banducci).

Zucker, Hood, DaCosta, & Akman, 1991; Beitchman et al., 1992; Paolucci, Genuis, & Violato, 2001; Putnam, 2003), whereas reviews focused on the long-term effects of childhood physical abuse (CPA) link this abuse with aggressive/criminal behaviors, substance use, self-injurious/suicidal behaviors, emotional problems, interpersonal difficulties, and academic and vocational difficulties (Malinosky-Rummell & Hansen, 1993). Although there have not been reviews examining outcomes associated with childhood emotional abuse (CEA), studies demonstrate this abuse is linked with depression, hopelessness, low self-esteem, emotion dysregulation, and negative affect (Briere & Runtz, 1988; Burns, Jackson, & Harding, 2010; Chirichella-Besemer & Motta, 2008; Courtney, Kushwaha, & Johnson, 2008). Broadly, there are a number of negative outcomes associated with childhood abuse, with considerable overlap in the types of negative outcomes associated with different types of abuse.

There are two models that have been utilized to explain these negative outcomes: the *general effects model* and the *differential effects model* (Senn & Carey, 2010). The general effects model posits that CSA, CPA, and CEA are all likely to lead to general problems in emotional and behavioral functioning (e.g. Bensley, Van Eenwyk, Spieker, & Schoder, 1999; Clemmons, Walsh, DiLillo, & Messman-Moore, 2007; Green, Russo, Navratil, & Loeber, 1999; Higgins, 2004; Higgins & McCabe, 2001), whereas the differential effects model suggests that particular types of childhood abuse are associated with specific related outcomes in adulthood (e.g. Briere & Runtz, 1990; Cavaiola & Schiff, 1988; Loos & Alexander, 1997; Senn & Carey, 2010). Although there is substantial support for the general effects model, the differential effects model provides greater specificity for hypothesized relationships between particular types of abuse and specific outcomes.

Despite the fact that research utilizing the differential effects model increases the specificity of the relationships examined, there are two limitations frequently seen in this work, including a lack of breadth in outcomes examined and a focus on outcomes associated with a single abuse subtype (e.g. physical abuse). The majority of studies focused on the differential effects model have explored whether CSA uniquely leads to risky and dysfunctional sexual behaviors, with fewer studies examining outcomes uniquely associated with CPA and CEA. There have been a handful of studies that have demonstrated that CSA is more strongly associated with risky sex behaviors than are CPA and CEA (Briere & Runtz, 1990; Littleton, Radecki Breitkopf, & Berenson, 2007; Luster & Small, 1997; Senn & Carey, 2010; Simons & Whitbeck, 1991). However, beyond studies focused on the relationship between CSA and risky sex behaviors, there have been few studies simultaneously examining the effects of CSA, CPA, and CEA on a variety of theoretically relevant outcomes. One notable exception is work by Briere and Runtz (1990) among a sample of female undergraduates, which demonstrated that CSA was uniquely associated with maladaptive sexual behavior, CPA with aggression, and CEA with low self esteem. Relatedly, although fewer outcomes were examined, a study of male and female undergraduates, demonstrated that CPA and verbal abuse were uniquely associated with anger, and childhood emotional neglect with loneliness and social isolation (Loos & Alexander, 1997). Similarly, among undergraduate females, CEA was uniquely associated with emotion dysregulation (Burns et al., 2010). Although these findings are promising, more research is needed to understand the specific relationships between particular types of childhood abuse and related outcomes during adulthood.

An additional problem with research utilizing the differential effects model is that has focused on undergraduates, which limits generalizability to other populations of interest. This is particularly relevant when considering impaired samples, who generally endorse the highest levels of childhood abuse and maladaptive outcomes. For example, 40–90% of substance users report a history of childhood abuse (Heffernan et al., 2000; Kendler et al., 2000; Rohsenow et al., 1988) and persons who have experienced childhood abuse are twice as likely to have substance use disorders as compared to persons in the general population (MacMillan et al., 2001; Molnar, Buka, & Kessler, 2001). As such, substance users represent a particularly relevant group to study because rates of abuse in this population are quite high and because there are numerous maladaptive outcomes associated with this abuse, including an increased likelihood of psychopathology, suicide attempts, risky sex behaviors, earlier age at first drug injection and alcohol initiation, and arrests related to substance use (Brems, Johnson, Neal, & Freemon, 2004; Gratz, Tull, Baruch, Bornovalova, & Lejuez, 2008; Ompad et al., 2005; Oviedo-Joekes et al., 2011; Plotzker, Metzger, & Holmes, 2007; Shand, Degenhardt, Slade, & Nelson, 2011). Moreover, substance users who have experienced child abuse, as compared to substance users who have not, may represent a distinct group (Teicher & Samson, 2013), as they initiate drugs use at an earlier age, are more likely to be incarcerated, are more likely to engage in risky sex behaviors, and endorse greater psychiatric comorbidities (Bernstein, Stein, & Handelsman, 1998; Medrano, Hatch, Zule, & Desmond, 2002; Oshri, Tubman, & Burnette, 2012; Walton et al., 2011). Although there seems to be a consensus that CPA, CSA, and CEA have deleterious consequences for substance users, the most relevant features in the determination of these consequences are unknown. As a large percentage of substance users relapse after receiving substance use treatment, or are arrested for criminal behaviors (Bright & Martire, 2013), it is critical to understand how different types of abuse during childhood might be related to maladaptive behaviors during adulthood that put substance users at risk for relapse or incarceration.

The current study aimed to disentangle the relationship between types of childhood abuse experienced and maladaptive behavioral and emotional outcomes among substance users in residential substance use treatment, with a focus on exploring the specificity in outcomes. We hypothesized CSA would be uniquely associated with risky sex behaviors (i.e. a greater number of occasions of unprotected sex with casual partners, exchanges of sex for cocaine/heroin, arrests/charges for prostitution, and lower sexual arousal when sober), CPA would be uniquely associated with aggression-related outcomes (higher number of arrests/charges for assault and arrests/charges for weapons offenses), and CEA would be associated with emotion dysregulation outcomes (elevated Difficulties with Emotion Regulation scores, lower Distress Tolerance Scale scores, and higher Affect Intensity and Dimensions of Affiliation Motivation scores). We hypothesized

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