



## Child maltreatment and marijuana problems in young adults: Examining the role of motives and emotion dysregulation<sup>☆</sup>



Natalie Vilhena-Churchill\*, Abby L. Goldstein

Ontario Institute for Studies in Education, University of Toronto, 252 Bloor Street West, Toronto, ON M6A 1R8, Canada

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### ABSTRACT

It is well established that childhood maltreatment is an important predictor of marijuana use, but few studies have examined the mechanisms underlying this relationship. The current study examines marijuana motives as mediators of the relationship between childhood maltreatment and marijuana use in a sample of young adults. In addition, pathways from childhood maltreatment to emotion dysregulation, coping motives, and marijuana use were explored. Participants were 125 young adults (ages 19–25, 66.9% female) recruited through online community advertising. All participants completed questionnaires assessing childhood maltreatment, emotion dysregulation, marijuana motives, past year and past three-month marijuana use, and marijuana problems. Correlational analyses revealed bivariate relationships between childhood maltreatment, emotion dysregulation, marijuana motives and marijuana problems ( $r_s = .24-.50$ ). Mediation analyses revealed that coping motives mediated the relationship between childhood maltreatment and marijuana problems, and emotion dysregulation was associated with marijuana problems both directly and indirectly via coping motives. The present findings highlight emotion dysregulation and coping motives as important underlying mechanisms in the relationship between childhood maltreatment and marijuana problems.

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It is well established that marijuana use is highly prevalent during young adulthood, with young adults comprising the greatest proportion of marijuana users in a number of countries. For example, in Canada, marijuana use is highest among young adults relative to other age groups, with approximately 40% of 18–24 year olds reporting past year marijuana use (Adlaf, Begin, & Sawka, 2005). In the United States, marijuana is the most commonly used illicit drug among 18–25 year olds, with 19% of this age group reporting past month marijuana use (Substance Abuse and Mental Health Services Administration [SAMHSA], 2012). In Australia, marijuana use is most common among young adults as compared to other age groups, with approximately 21% of 18–29 year olds reporting past year marijuana use (Australian Institute of Health and Welfare, 2011).

Although rates of marijuana use are high among young adults, not all individuals who use marijuana experience problems associated with their use. However, marijuana has been linked with several negative consequences, including impairments in attention and memory, and harmful effects on friendships, social life, physical health, schooling, and work (Davis, Thomas, Jesseman, & Mazan, 2009; Hall, 2001). Although there is no population data available for young adults in particular, data from the Canadian survey indicate that a large percentage of current users of marijuana (i.e., in the past 3 months) experience problems associated with their use, including health, social, and legal problems (6.2%); failing to meet other's expectations (8.8%); friends expressing concern about their use (19.8%); and a loss of control over their use (42.9%) (Adlaf et al., 2005).

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\* Corresponding author at: Ontario Institute for Studies in Education, University of Toronto, 252 Bloor Street West, 7th Floor, Room 7-228, Toronto, ON M5S 1V6, Canada.

Understanding factors that contribute to marijuana problems among young adults is important for developing interventions that target individuals in the early stages of use, prior to the development of more severe problems.

One potentially important predictor of marijuana problems among young adults is a history of childhood maltreatment (including sexual abuse, physical abuse, emotional abuse, and neglect; Bernstein & Fink, 1998). Childhood maltreatment affects a significant proportion of Canadian children and is a significant area of public health concern. According to data drawn from the Canadian Incidence Study of Reported Childhood Abuse and Neglect (CIS; Public Health Agency of Canada [PHAC], 2010), 85,440 reported cases of maltreatment were substantiated by child welfare in 2008 across Children's Aid Societies nationally (36% of reported cases of maltreatment). In addition, rates of maltreatment were similar across male and female children (PHAC, 2010). Childhood maltreatment has been linked to a number of negative outcomes in adolescence and young adulthood, including increased rates of depression, anxiety, emotion dysregulation, and substance use (Arnou, Blasey, Hunkeler, Lee, & Hayward, 2011; Cicchetti & Toth, 1995; Fergusson, Boden, & Horwood, 2008; Huang et al., 2011; Lee, Lyvers, & Edwards, 2008; Norman et al., 2012; Wright, Crawford, & Del Castillo, 2009).

Although the link between child maltreatment and illicit drug use in young adulthood is well established (Clark, Thatcher, & Martin, 2010; Duncan, Saunders, Kilpatrick, Hanson, & Resnick, 1996; Lo & Cheng, 2007), fewer studies have examined the specific relationship between child maltreatment and marijuana problems (e.g., psychological, social, occupational, and legal problems resulting from one's marijuana use). In addition, previous research on the link between child maltreatment and substance use has typically focused on one or two types of maltreatment (e.g., Grayson & Nolen-Hoeksema, 2005; Molnar, Buka, & Kessler, 2001; Silverman, Reinherz, & Giaconia, 1996), despite evidence that experiencing multiple types of maltreatment is associated with greater impairments among adults (e.g., more symptoms of depression, lower self-esteem, greater suicidality) compared to any single type (Arata, Langhinrichsen-Rohling, Bowers, & O'Farrill-Swails, 2005; Mullen, Martin, Anderson, Romans, & Herbison, 1996; see also Higgins & McCabe, 2001, for a review). Furthermore, even when multiple forms of maltreatment are considered, much of the research in this area focuses on physical or sexual abuse (Brems, Johnson, & Freemon, 2004; Lo & Cheng, 2007; Simpson & Miller, 2002; Tonmyr, Thornton, Draca, & Wekerle, 2010). This is surprising, given that neglect is the most common form of maltreatment (PHAC, 2010), and emotional maltreatment has been identified as significant in terms of later consequences and pathology (Cohen et al., 2013; Fenton et al., 2013; Glaser, 2002).

Researchers have demonstrated that multiple types of maltreatment often co-occur and that individuals who experience maltreatment are likely to experience more than one type (Clemmons, DiLillo, Martinez, DeGue, & Jeffcott, 2003). In addition, experiencing multiple types of maltreatment has been linked to a greater likelihood of alcohol and drug use (see Simpson & Miller, 2002, for a review). For example, Moran, Vuchinich, and Hall (2004) examined the relationship between four different types of maltreatment and substance use among youth and compared the impact of (a) no maltreatment, (b) emotional abuse, (c) physical abuse, (d) sexual abuse, and (e) combined physical abuse and sexual abuse, on alcohol, tobacco, and illicit drug use. They found that those participants with combined physical and sexual abuse were five times more likely to be using alcohol and ten times more likely to be using illicit drugs compared to those students who reported no history of maltreatment. In addition, there appeared to be a linear trend such that students who experienced both physical and sexual abuse were at greatest risk for substance use followed by those who reported sexual abuse alone, those who reported physical abuse alone, and lastly, those who reported only emotional abuse (Moran et al., 2004).

Although researchers have started to examine how multiple types of maltreatment contribute to alcohol and illicit drug use and have included experiences that have traditionally been omitted from studies of these relationships (i.e., emotional abuse and neglect), we are not aware of any studies examining populations most at risk of experiencing substance-related problems (i.e., young adults) that have focused on marijuana problems in particular. Finally, less is known about the mechanisms underlying the relationship between child maltreatment and marijuana problems among young adults. Rogosch and colleagues (Rogosch, Oshri, & Cicchetti, 2010) examined a developmental cascade model in which they hypothesized that child maltreatment (*yes/no*) would influence the development of internalizing and externalizing symptoms and difficulties with social competence in childhood, and marijuana abuse and dependence diagnoses in early adolescence. In addition, they hypothesized that internalizing and externalizing symptoms, problems with social competence, and marijuana abuse and dependence diagnoses at earlier developmental stages (i.e., later childhood, early adolescence) would lead to increased internalizing and externalizing symptoms and marijuana abuse and dependence diagnoses at later developmental stages (i.e., early adolescence, later adolescence). They found that early childhood maltreatment was associated with increased marijuana problems in early and late adolescence, and despite significant cross-lagged relationships between externalizing symptoms assessed earlier in development and problem marijuana use assessed later, these influences did not fully account for the relationship between child maltreatment and problem marijuana use. The authors note that these findings suggest that other processes likely account for the relationship between child maltreatment and problem marijuana use.

Using the same sample, Oshri, Rogosch, Burnette, and Cicchetti (2011) found that severity of early child maltreatment (i.e., a latent variable reflecting severity of neglect, physical abuse, sexual abuse, and emotional abuse) was associated with poor ego control, increased externalizing symptoms, and increased symptoms of marijuana abuse and dependence. In addition, both poor ego control and externalizing symptoms mediated the relationship between child maltreatment and marijuana abuse and dependence symptoms in adolescence. These findings highlight the link between child maltreatment and marijuana problems, but findings are limited to younger (age 13–15) and older (age 15–18) adolescents. Additional research is needed to better understand the relationship between child maltreatment and marijuana problems in young adults.

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