



# Lifetime victimization and past year alcohol use in a U.S. population sample of men and women drinkers

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## ABSTRACT

**Background:** Research on alcohol use among victims of physical and sexual violence has focused mostly on women and alcohol use disorders. It is also limited by the relative lack of consideration of victimization over the lifetime and of population data on both men and women. We critically examined associations between lifetime victimization and diverse past year alcohol use patterns and problems and whether these associations differ for men and women.

**Methods:** Population data from the 2005 U.S. National Alcohol Survey (NAS11,  $n = 6919$ ) are reported for 4256 adult men and women drinkers. Logistic regressions assessed associations between physical only or any sexual victimization experienced over the lifetime and past year heavy episodic drinking, drinking to intoxication, alcohol-related consequences and any alcohol use disorder. Models controlled for demographics and parental history of alcohol abuse and examined interactions of gender with victimization. **Results:** Associations between victimization experienced over the lifetime and all past year alcohol measures were significant for both men and women. These associations did not differ by type of lifetime victimization (physical only vs any sexual). The association of physical only victimization with drinking to intoxication was stronger for victimized vs non-victimized women compared to victimized vs non-victimized men. This gender difference ceased to be significant when specific victimization characteristics were controlled for.

**Conclusions:** Lifetime victimization is associated with increased risk for diverse alcohol use problems for both men and women. All prevention and treatment programs should screen men and women for lifetime victimization and diverse alcohol use problems.

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## 1. Introduction

Over one in two (52% and 66%) women and men in the U.S. report physical assault; 16% of women and 3% men respectively report an attempted or completed rape victimization in their lifetime (Tjaden and Thoennes, 2000). Alcohol provides short-term relief from stress-related physical and psychological symptoms (Rheingold et al., 2003). Some people use alcohol to self-medicate (Cappell and Greeley, 1987; Khantzian, 1985). Thus victims may drink to manage violence-related stress. Links between heavy drinking and alcohol use disorders (AUDs) and violent victimization have been documented (Vogeltanz et al., 1999; Wilsnack et al., 1997; Kilpatrick et al., 1997). However, many several gaps remain in the scientific knowledge on victimization and alcohol misuse.

Men predominate in alcohol treatment but research on victimization and alcohol use problems has focused mostly on women. Studies on men's drinking have primarily focused on perpetration of partner violence (Caetano et al., 2000; Cunradi et al., 1999; Schafer et al., 2004). The few studies on victimized men are limited by use of clinical samples (Liebschutz et al., 2002) and a selective focus on AUDs or specific types of victimization (Bensley et al., 2000; Nelson et al., 2002; Widom et al., 1995). Two population studies concluding that victimization did not impact men either focused on sexual victimization alone (Choudhary et al., 2008) and any alcohol use (Soares et al., 2007). Men are at higher risk than women for alcohol problems (Dawson et al., 1995; Wilsnack et al., 2000) and for physical victimization (Tjaden and Thoennes, 2000). Recent reports on physical and sexual victimization of boys and men (Cheng et al., 2011; Runyan et al., 2010; Choudhary et al., 2008) document the salience of victimization in men's lives and the need for population data on victimized men's alcohol misuse.

Alcohol misuse spans a spectrum from sub-clinical use patterns to the more serious AUDs (Hittner et al., 1998; Sengupta and Hoyle, 2005). The relative neglect of patterns and problems of public

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health significance, specifically heavy episodic drinking, drunkenness, and alcohol related consequences (Gmel et al., 2000), impedes effective prevention of alcohol use problems. Associations between alcohol use and victimization may differ by the alcohol measure employed (Moncrieff and Farmer, 1998; Timko et al., 2008). Information on diverse measures will help target relevant alcohol use patterns and problems. Links between childhood physical and sexual victimization and varied alcohol measures among women have recently been studied (Lown et al., 2011). However, associations between victimization occurring over the lifetime and diverse alcohol use measures among both men and women have not.

Lifetime victimization is important to study because examining specific types of victimization alone overlooks cumulative exposure to violence. Over a third of victims experience multiple victimizations in their lifetime (Acierno et al., 1997; Kilpatrick et al., 1997; Sorenson et al., 1991). Adult victimization may exacerbate the effects of childhood experiences (Widom et al., 1995) and confound associations between alcohol misuse and childhood victimization (Langeland and Hartgers, 1998).

Ecological models (Cicchetti and Lynch, 1993) underscore the importance of individual level factors (e.g., gender) in explaining differential outcomes of victimization. Women are at higher risk for victimization-related depression and anxiety (Kessler et al., 2001), due to blame and guilt experienced (Banyard and Williams, 2007). Victimized women may be more likely than men to drink to cope with anxiety and depression. Empirical data on gender differences in mental health and substance abuse among victims, however, are equivocal. Both sexually victimized adolescent males and females are reported to be at risk for Posttraumatic Stress Disorder (PTSD; Hanson et al., 2008). In contrast, greater risk for alcohol dependence is reported for young adult (18–26 years) victimized women than men (Danielson et al., 2009). Data on gender differences in alcohol use patterns and problems in victims in the larger adult population are not available. Such data would help identify gender-specific factors to target in public health programs for alcohol and violence-related problems.

A confound in studies documenting gender differences in the impact of victimization is differences in the characteristics of victimization experienced by men and women (Hanson et al., 2008). Characteristics such as injury among sexually abused women are linked to psychological functioning (Higgins and McCabe, 2001), substance use problems (Linares, 2004), alcohol abuse and use disorders (Hedtke et al., 2008; Kendler et al., 2000; Liebschutz et al., 2002; Lown et al., 2011). Studies on men's alcohol use have not examined victimization characteristics. Thus, it is unclear whether gender differences exist.

The present study rigorously examined associations of lifetime victimization with diverse past year alcohol measures among men and women drinkers in a U.S. national sample, controlling for demographic risk factors and parental history of alcohol abuse. We also evaluated whether these associations differed by gender (men vs women) and victimization type (physical vs sexual). Finally, we explored if differences in victimization characteristics experienced by men and women accounted for gender differences in victimization-related alcohol use.

## 2. Method

### 2.1. Sample

We report data on drinkers who participated in the 2005 U.S. National Alcohol Survey (NAS11, see Table 1 for demographics). The NAS is a national household computer-assisted telephone interview survey of persons aged 18 or older in the 50 U.S. states and Washington, DC (Midanik and Greenfield, 2010). The NAS11 included 6919 men and women; 4256 reported consuming at least one full alcohol beverage in the past year. All study protocols and procedures were approved by relevant institutional review boards. Data were gathered via random digit dialing with a sampling frame of all 50 states and the District of Columbia and additional over-samples from

**Table 1**

Sample demographics (N = 4256 past year drinkers).

Variables	Men (N = 2206)		Women (N = 2050)	
	N	(%)	N	(%)
Age (n = 6873)				p = 0.095
18–29	419	21.2	306	19.8
30–49	951	42.7	812	41.3
50+	806	34.8	889	36.9
Missing	30	1.3	43	1.9
Marital status				p = 0.000
Married/living as married	1530	74.2	1078	62.8
Widowed, separated, and divorced	274	7.6	610	20.2
Never married	397	17.8	354	16.8
Missing	5	0.3	8	0.2
Ethnicity				p = .000
White	1386	72.7	1424	78.7
Black	219	8.6	285	8.3
Hispanic	493	12.8	273	7.7
Other	108	6.0	68	5.4
Income				p = 0.000
10,000 or less	149	4.9	182	7.3
10–30,000	441	15.1	444	17.8
More than 30,000	1390	69.1	1128	61.6
Missing	226	11.0	296	13.3
Employment				p = 0.000
Employed	2335	77.2	1960	63.5
Unemployed	423	11.2	559	12.9
Retired	465	11.3	660	13.0
Homemaker	8	0.2	484	10.4
Missing	3	0.1	3	0.3
Education				p = 0.000
Less than HS graduate	271	8.7	144	5.1
HS graduate	576	25.6	531	25.2
Some college	502	23.8	587	30.6
College graduate	841	41.3	781	38.8
Missing	16	0.5	7	0.3

Note: Ns are reported unweighted; percentages as weighted.

low-population states and of black and Hispanic Americans. Interviews, conducted in English or Spanish, averaged one hour. The response rate for NAS11 of 56% is comparable to current response rates for telephone surveys in the U.S. (Curtin et al., 2005). Increased non-response in telephone surveys is reported to not bias population estimates (Groves, 2006; Keeter et al., 2006), including for alcohol-related variables, when compared to prior in-person surveys with higher response rates (Midanik and Greenfield, 2003).

### 2.2. Measures

2.2.1 *Demographics* included gender, age, education, marital status, race/ethnicity, income and employment status (Table 1).

2.2.2 *Parental history of alcohol abuse* was assessed by asking respondents if they had: (1) a blood relative who had ever been a problem drinker or alcoholic; (2) lived with someone who was a problem drinker or alcoholic when growing up (first 18 years). Those responding “yes” to either question were asked if the problem drinker or alcoholic was a biological parent. If they responded “yes” to this latter question, they were coded as positive for a parental history of alcohol abuse.

2.2.3 *Victimization by interpersonal violence* was assessed for childhood (prior to age 18) and adulthood (at age 18 or older) experiences. Childhood victimization included that by parents, other family and non-family perpetrators. We used two items on physical and sexual victimization, similar to those used in prior U.S. national surveys on violence (Sorenson et al., 1987; Straus et al., 1996; Tjaden and Thoennes, 2000). Childhood physical victimization included being “hit with something, beaten up, intentionally burned or scalded, used a knife or gun on you or threaten to.” Adult victimization included that by partner/spouse/date, family, or non-family members. Items separated moderate physical violence, such as “throw something at you, push, grab, or shove or slap you” from severe physical violence, “kick or bite you, hit with a fist, try to hit you with something, beat you up, threaten you with or use a knife or gun.”

Sexual victimization items assessed forced sex and sexual molestation (Koss, 1993), using a single question each for childhood and adult victimization: “Did anyone ever force you to have sex against your will? By sex, I mean their touching your sexual parts, your touching their sexual parts, or sexual intercourse.” Information from all items was combined to provide a 3-category “lifetime

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