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Research Article

CONCOMITANCE BETWEEN CHILDHOOD ABUSE AND SUBSTANCE USE PROBLEMS

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Summary:

This study focuses on the apparent connection between childhood sexual or physical abuse (CSA, CPA) and later substance use problems (SUPs) among adolescents and adults. The rates of CSA among females with SUPs were found to be, on average, nearly two times higher than those found in the general population, and the rates of SUPs among women with CSA histories were found to be similarly elevated. The rates of CSA were not found to be elevated among males with SUPs, but men with histories of CSA were found to be at greater risk for SUPs than men in the general population. Women, girls, and boys with SUPs were found to have elevated rates of CPA relative to the general population, while adult males with SUPs were not found to have elevated rates of CPA.

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INTRODUCTION:

Childhood abuse is typically associated with greater risk of alcohol and drug problems, in cross sectional and prospective designs, in adolescent and adults, although not all studies replicate this finding.¹ Childhood abuse/trauma (assessed in adults) is also associated with stronger drug use coping motives, which statistically mediates the relationship between abuse/trauma and alcohol/drug problems². Studies suggest drug use coping motives are a crucial psychological mechanism driving substance dependence in vulnerable groups. It is currently unknown whether, in school attending adolescents, drug use coping motives mediate the relationship between childhood abuse and alcohol/drug problems, as the forgoing mediation studies have all recruited adults. Furthermore, childhood abuse/trauma is positively associated with alcohol/drug problems in these samples raising questions as to whether this relationship is mediated by coping motives. To address this question, the current study conducted secondary analysis of an existing data set collected to explore the relationship between childhood abuse and psychiatric symptoms in school attending South African adolescents. The measures relevant to the current hypothesis were the Childhood Trauma Questionnaire, the Alcohol and Drug Use Disorders Identification Tests were used.³

It became clear that many of the etiological factors that appeared to be relevant for men were also relevant for women, including genetic predisposition⁴, deficits in coping skills⁵, and temperament⁶. Several other potentially important issues also came to light as more research on women was conducted and many of these issues revolve around sexuality⁷. Evidence has accumulated indicating not only that women with SUPs struggle with concurrent sexual issues⁸, but also that many were sexually abused as children⁹.

It has also been suggested that childhood physical abuse (CPA) may pose a similar risk for many individuals¹⁰. The correlational nature of the research in this area makes it impossible to determine, definitively, whether CSA (or CPA) is causally related to any later outcomes. As Moncrieff and Farmer¹⁰ point out, there are a variety of possible relationships between CSA and an observed characteristic or symptom, including that CSA caused the symptom, the symptom itself predisposed the individual to CSA (e.g., intoxication may put an individual at risk for sexual assault), both CSA and the symptom are the result of a third factor (e.g., general family dysfunction), CSA may predispose individuals to another condition that is associated with the symptom in question (e.g., depression), or

the apparent relationship is coincidental. Because CSA and CPA may never be experimentally manipulated, it has been very difficult for the field to untangle the nature of the relationship, though various attempts have been made to address these issues. In spite of the methodological difficulties inherent in the study of the relationship between CSA and CPA and SUPs, a great deal of empirical research has been conducted examining whether these childhood factors may be implicated in the genesis, maintenance, and recurrence of SUPs. Using only prospective or well-designed cross-sectional studies found associations between both CSA and CPA and the development of later alcohol problems among females.

Rates of childhood abuse among adults in the general population: In order to evaluate whether the rates of CSA and CPA found among those with SUPs are valuable, it is important to determine what the rates of such abuse are in the general population. Definitional and methodological inconsistencies across studies have made it difficult to draw firm conclusions about the rates of CSA and CPA in the general population. CSA may be defined inclusively as any unwanted experiences of a sexual nature occurring before the age of 18, including genital exposure and verbal propositions. Such definitions of CSA yield substantially higher rates of reporting than do more narrow definitions. Relatively restricted definitions of CSA typically specify that the experience involved sexual physical contact with someone at least 5 years older before the victim reached a certain age, usually 15 through 18 years old. Similar problems are encountered with definitions of CPA, again resulting in appreciable confusion over what acts do and do not constitute such abuse. Most of the studies included in the present review define CPA as intentional acts by a parent or caretaker that resulted in the physical injury of a child. Despite these definitional difficulties and the resulting inconsistencies in prevalence estimates, it is useful to approximate the rates of CSA and CPA in the general population.

With CSA defined as any unwanted sexual experience occurring prior to the age of 18, data were gathered from a large national probability sample of individuals over the age of 18 using telephone interviews. The authors found that 27% of women and 16% of men reported experiencing such sexual situations as children. These experiences ranged from noncontact (e.g., exposure) to contact situations (e.g., fondling and intercourse). Similar rates of CSA were found among women in a large national sample that

used two different definitions of CSA, one slightly more inclusive than the other.

Comparable self-report CPA data for adults in the United States were not found, but informative data regarding physical punishment that was experienced are available as are data from a large Canadian study. In a telephone survey with randomly chosen parents across the United States, nearly half the sample (49.8%) had been hit or slapped by at least one of their parents for disciplinary purposes when they were teenagers. When interviewed, 12.6% of parents or parental figures reported having used serious or very serious violence against at least one of their children in the preceding year. In this study, 62% of the respondents reported using some form of violence against their children during the preceding year, including less severe acts such as spanking. A large Canadian study of community-dwelling individuals found that 31% of men and 21% of women reported suffering some form of physical abuse as children and that approximately 10% of respondents reported severe physical abuse, including frequent kicking, biting, or punching. Slapping and spanking were not considered physical abuse in this study. In order to be relatively conservative, we used the 31% and 21% figures as the benchmarks for comparison.

Rates of alcohol and drug problems among adults in the general population: Other interpretive context for this study is the prevalence of alcohol/drug problems in the general population. For three decades research in the United States has indicated that approximately 10% of the adult population has at least moderate life problems related to alcohol and/or is dependent on alcohol. Such rates differ substantially between men and women. Nearly one-quarter of males over 18 report at least minimal problems with alcohol compared with 14% of females. Epidemiological data from the National Household Survey indicate that approximately 13.4% of males and 9.0% of females in the general population report using illicit drugs in the past year. Lifetime prevalence of illicit drug use was found to be 41.0% and 31.7% for males and females, respectively

CSA among individuals in substance abuse treatment: The average rate of CSA among adolescent girls was found to be over twice that found among women in the general population (60.9% vs. 27%) and studies involving adult females, on average, found rates that were approximately 80% higher (44.5% vs. 27%). The rates of CSA among adult (16.2%) and adolescent males (16.8%) were found to be almost identical with each other and with the rate of uncovered for males in the general

population (16%). The majority of the studies involving females obtained rates of CSA that were at least 10% greater than Finkelhor et al's figure of 27% for females in the general population (70.7%), while only about one-quarter of the studies involving males seeking substance abuse treatment obtained rates 10% or greater than the 16% found among males in the general population (26.9%).

Indicate that the rates of SUPs are typically elevated for those with CSA and not for those without CSA in most of the samples. Across the seven studies involving community-dwelling women, the average rate of SUPs for those with CSA is over two times the benchmark rate of 14%, while the average rate of SUPs for those without CSA is nearly identical to the benchmark rate.

CPA among individuals in substance abuse treatment: Among adult females, the average rate of CPA was found to be over 90% higher than the rate identified (38.7% vs. 21%) and among adolescent females, the rate was found to be over twice the general population rate (46.2% vs. 21%). In addition, the majority of the CPA studies involving either adult or adolescent females found rates of CPA that were at least 10% higher than the rate MacMillan et al.¹³ identified among women in the general population (73.1%). The average rate of CPA found across studies of adult males is identical to that identified by MacMillan et al. (31%) while the average rate of CPA among adolescent males in substance abuse treatment is almost 70% higher than the rate for males in the general population (44.7%). Only 17% of the studies involving adult males in treatment found rates of CPA that were at least 10% higher than the MacMillan et al. rate and 50% of studies involving adolescent males found similarly higher rates of CPA (average across male studies: 27.8%). Across studies that examined females and males separately, there were no significant associations found between the rate of CPA and method score, nor between the rate of CPA and year of publication. Similarly, no significant associations were found between studies of CSA survivors found rates of SUP that were at least 10% greater than the benchmarks.

Among women and girls in substance abuse treatment the likelihood of a history of CSA is about double that of women from the general population. Women and girls in substance abuse treatment were also found to have unusually high rates of CPA relative to the general population rate found in the large Canadian sample. The obverse relationship also appears to be valid among women and girls. In

contrast, when the results for men and boys in substance abuse treatment are examined, the weight of the evidence indicates that both groups have rates of CSA that are almost identical to the rate found in the general population. Most studies found rates of CSA that are markedly lower than the national average of 16%. The results also indicate that CPA rates are not elevated among adult males in substance abuse treatment relative to the general population, though they are elevated for adolescent boys in substance abuse treatment.

CONCLUSION:

Female adults and adolescents presenting with substance use disorders have markedly high rates of child abuse history. Conversely, women (and men) receiving mental health treatment who have histories of childhood abuse are at substantially higher risk for alcohol/drug problems than those without histories of childhood abuse. This pattern is also apparent among community-dwelling women and women seeking medical treatment. Although there appears to be a simple relationship between childhood abuse and SUPs among women. Thus, when childhood abuse is associated with PTSD there is a much stronger likelihood that women will have difficulties with alcohol or drugs than if it is not associated with PTSD.

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