Childhood Abuse, Substance Abuse, Social Support, Psychological Functioning: Study of Low-Income Women in Recovery

Marina Lalayants, MPA, PhD (ABD), Irwin Epstein, PhD, and Andrea Savage, PhD

The detrimental effects of childhood physical, sexual, or emotional abuse on psychological functioning in adulthood have been reported in numerous studies. Negative outcomes include dissociation, depression, and difficulties in interpersonal relationships. (Gauthier, Stollak, Messe, & Aronoff, 1996; Sanders & Becker-Lausen, 1995). Stein, Leslie, and Nyamathi (2002), in a study of women homeless in shelters, found that childhood abuse directly predicted later depression and low self-esteem. Not surprisingly, post-traumatic stress

disorder (PTSD) has been described as a highly co-morbid disorder, and is likely to co-occur with depression and anxiety disorders, alcohol abuse, smoking, and drug abuse (Perkonigg & Wittchen, 1999).

A significant amount of research confirms that early childhood victimization is a central factor in female addiction (El-Bassel et al., 1996; Sheridan, 1995; Stewart, 1996). Barrett and Tepper (1991) mention for women who have experienced abuse as children "drugs serve a powerful function beyond that usually attributed to them" (p. 130). Hence, failure to address issues of victimization may lead to unsuccessful substance abuse treatment outcomes such as failure and relapse (Root, 1989; Rohsenow, Corbett, & Devine, 1988).

Some theories hypothesize that positive social support (i.e., practical assistance from friends) can alleviate and/or prevent some stressful life events, provide a sense of belonging, and improve satisfaction with life. Alemi et al. (2003) found individuals receiving such assistance are likely to have fewer physical and mental problems. Whatever the explanation, social support has been shown to be a significant factor in predicting during-treatment and post-treatment outcomes (Knight & Simpson, 1996).

Substance abusing women receive various kinds of social support: constructive support that encourages resisting drugs and destructive support that uses drugs with the subjects (Falkin & Strauss, 2003). Unfortunately, it has been found that constructive social support available to substance abusers is often limited (Dunlap & Johnson, 1992). Also, given the high incidence of traumatic childhood experiences for these women, one would expect a high incidence of dysfunctional family relationships and dysfunctional support network (Harmer, Sanderson, & Mertin, 1999).

This study was undertaken with an urban sample of low-income women with a history of substance abuse and trauma. First, the relationships between types of childhood abuse and subsequent adult functioning in the following domains were examined: psychological functioning, substance abuse severity, and social role functioning. Next, childhood abuse and adult functioning in the aforementioned domains were correlated while controlling for social support. It was hypothesized that the strength of the relationship between childhood abuse and adult functioning would be decreased when social support was controlled for.

Sample

The non-random purposive sample consisted of 261 women who were enrolled in three residential substance abuse programs in New York—two in the Bronx and one in Upper Manhattan. To be eligible for this study, women were required to have a history of co-occurring substance abuse and mental health problems as well as a history of a traumatic event. The women ranged in age from 18 to 59 (M=37.0, SD=8.54). The race of the sample was 68.6% Black/African-American, 24.2% Hispanic/Latina, 7.3% White/Caucasian, 3.4% Native American, and 22.2% other.

Results

Eighty-five percent (85.4%) of women in this sample reported incidents of some type of physical or/and sexual abuse in childhood (as measured by the Life Stressor Checklist developed by Wolfe & Kimerling, 1997, and modified by McHugo et al., 2005). Physical abuse alone was reported by 34.1% (n=89), sexual abuse alone was indicated by 8.8% (n=23), and both sexual

abuse and physical abuse were reported by 42.5% (n=111) of the women. The average age of first sexual abuse or physical abuse was approximately 13 years.

Well over half (74.3%) of the women reported current or past use of alcohol to the point of intoxication (measured by the drug abuse subscale of the Addiction Severity Index, McLellan et al., 1992). Forty-eight percent (47.9%) indicated use of illegal drugs, other than marijuana.

A significant relationship was found between type of childhood abuse and scores for total psychological functioning (measured by the Brief Symptom Inventory, Derogatis, 1992) (F=6.5, p<.001). Significant differences among the four typological categories were found for eight subscales: somatization (F=5.2, p<.01), obsessive-compulsive (F=5.4, p<.001), interpersonal sensitivity (F=5.9, p<.01), depression (F=6.3, p<.001), anxiety (F=7.0, p<.001), phobic (F=3.2; p<0.5), paranoid (F=4.3, p<.05), and psychotic (F=5.4, p<.01). In each case, the mean value suggests that women with no experience of childhood abuse were at lower risk for psychological distress, while those who experienced purely physical abuse were at higher risk. Those who experienced purely sexual abuse reported greater symptoms of psychological distress than the first two groups. Finally, those who experienced both physical and sexual abuse were most at risk for psychological distress.

There was a significant relationship between posttraumatic stress (PTS) symptoms (measured by the Posttraumatic Stress Diagnostic Scale, Foa, 1995) and childhood abuse (F=10.04, p<.001). As expected, women with no experience of childhood abuse were at lowest risk for PTS, while those who experienced both sexual and physical abuse reported greater PTS.

The number of people comprising the social support network of women (measured by the modified Social Network and Support Questionnaire, El-Bassel, Chen, & Cooper, 1998) ranged from 0 to 9, with the mean of 1.96 (SD=1.46). Family members such as siblings, grandparents, aunts and uncles (43.7%) as well as parents (34.5%) were most often named by sample. Friends were included in the networks of 22.6% women. The majority of women (86.2%) reported that the individuals in their support network encouraged and helped them to stop using drugs. Well over the half (77.8%) of women identified individuals who provided emotional support helping them heal from trauma.

Psychological functioning, PTS, substance abuse, and social role functioning (measured by the Social Role Functioning questionnaire modified from BASIS-32, Eisen, 1996) were correlated with type of childhood abuse while controlling for social support. The partial correlation coefficients remained statistically significant for the psychological functioning (r=0.269, p<.001) and all the subscales, the PTS (r=0.319, p<.001), and the social role functioning (r=0.117, p<.05). The strength of the initial somatization-childhood abuse (r=0.230, p<.001) relationship decreased (r=0.171, p<.001) when controlling for social support. To a lesser degree, when social support was held constant, the bivariate psychotic-childhood abuse relationship (r=0.232, p<.001) was decreased (r=0.221, p<.001) as well. However, for all other dependent variables, social support appeared to have no mediating effect. Thus, social support did not present significance statistically for the relationship between social role functioning and childhood abuse.

Discussion and Conclusions

The results of this study provide evidence that, among low-income women with current or past substance abuse, history of mental illness, and trauma, the experience of different types of childhood abuse is associated with later psychological functioning, including somatic and

obsessive issues, interpersonal sensitivity, depression, anxiety, paranoid, and psychotic symptoms, and posttraumatic stress. Conversely, it was found that women with no experience of childhood abuse or only physical childhood abuse were at lowest risk for psychological distress. Those who experienced sexual abuse and/or both physical abuse and sexual abuse reported greater symptoms of PTS. These findings are similar to the results of earlier studies (Marcenko et al., 2000; Rohsenow et al., 1988). Those who experience both are clearly most at risk. These findings stress the need for early interventions that successfully address the emotional consequences of sexual abuse. Despite the fact that this study did not find statistically significant relationship between substance abuse severity and types of abuse, this relationship should be further explored. Consideration of age of onset and frequency of abuse may alter this finding.

This study reveals a greater complexity to the relationships between women substance abusers and others in their social worlds than previously thought. The women in this sample have about four times fewer supporters than found in previous research on similar populations (Falkin & Strauss, 2003). However, most of them were able to identify at least one positive supporter. Lack of social support may be due to a reluctance to ask for support. Additionally, it may explain why social support had so little effect on their psychological functioning. Some authors mention that given the high incidence of aversive childhood experiences for the women, one would expect a high occurrence of dysfunctional family relationships (Sheridan, 1995; Ladwig & Andersen, 1989). Women who felt unloved or unwanted in their families of origin would be unlikely to consider these people as part of their support network in adulthood. However, the social support they do have appears to have little influence. It may also be that the benefit of social support is nullified by continuing preoccupation with trauma.

A limitation of this study may be its reliance on self-report and retrospective; therefore, it must be acknowledged that this may have influenced some of the responses to the questions that were asked. Women were asked to think back to the time when they were in the community before they entered drug treatment (usually a time when they were using drugs). The interview was conducted when they were in treatment. However, they had been detoxified. Their responses to questions, such as how people had helped them, may have been altered somewhat through their current perspective of abstinence from drug use. The impression, however, is that the women were generally interested and responsive in the interviews, appreciated the opportunity to tell their stories, and typically made every attempt to answer the questions as candidly and accurately as possible.

The unique nature and current life circumstances of the women in this study pose some interesting questions and further research. In further studies with post-treatment cohorts it will be interesting to see whether women with high social support get a greater benefit from treatment than those with low support. Further investigations with larger numbers of subjects and the use of regression techniques may help to differentiate the pathways of influence of different types of childhood trauma and mediating factors such as self-esteem, self-efficacy, loneliness, homelessness, and so on. Additionally, post-treatment follow-up qualitative studies with these women may further explore their social support networks and relationships with family members.

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