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The effects of early childhood sexual abuse on substance use among adolescent females housed in an emergency shelter

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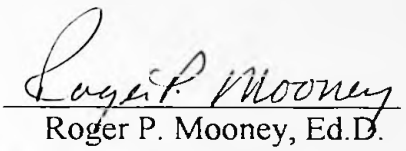
Major Professor 

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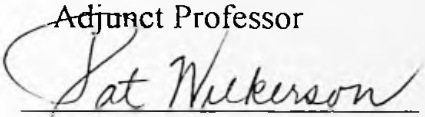

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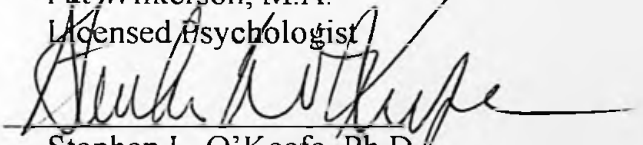

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Abstract

This research studied the effects of childhood sexual abuse on substance use in adolescent females. Eighty females from The Cherry Hill Shelter located in Daniels, West Virginia were involved in the research. This research involved a between-subjects random design. The data was analyzed using the chi-square technique. Race, history of sexual abuse, history of substance use, and residence were involved in the analysis. The results of the chi-square technique indicated that early childhood sexual abuse and substance use among adolescent females are independent of each other. Recommendations for future research were made.

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Introduction

Among substance abusers, sexual abuse affects nearly half. Wallen (1994) argues that individuals with a sexual abuse history learn to use alcohol or drugs to self-medicate the symptoms of anxiety or depression or to fight the symptoms of post-traumatic stress. The author stated that individuals with a childhood history of sexual abuse in treatment have a significantly high rate of symptoms associated with the Posttraumatic Stress Disorder (PTSD). Research has identified a subpopulation of clinically referred sexually abused children who have developed PTSD (Hussey, 1997). The author found a strong association between sexual abuse and substance abuse. Wallen (1994) also found that clinicians working with adults who experienced sexual abuse as children have high rates of substance abuse . The purpose of this study was to explore the association between sexual abuse and drug use among adolescent females.

Symptoms associated with PTSD among the victims of childhood sexual abuse include depression, anxiety, sleep disturbances, sexual dysfunction, social isolation, and suicide attempts (Wallen, 1994). According to the author, "Studies that have compared individuals in treatment to matched non-clinical samples have shown significantly higher rates of childhood sexual abuse among the treatment populations" p. 64. Unresolved issues related to childhood sexual abuse have been significant factors in relapse for a substantial subset of individuals completing substance abuse treatment. Abstinence, however, in a chemically dependent individual may create an opportunity during which childhood sexual abuse issues surface and can be treated.

Dembo, R., Dertke, M., Borders, S., Washburn, M., and Schmeidler, J. (1989) found that the prevalence of the physical and sexual abuse of children comprise an increasingly important but little understood set of issues confronting psychology and clinical researchers. According to the authors, adolescents' physical and sexual abuse experiences are significantly and positively related to the use of illicit drugs. Ireland (1994) stated that there are a number of factors that influence the likelihood that abused and neglected children may be at high risk for alcohol and drug misuse. While there is significant evidence for a connection between parental alcohol or drug abuse and child abuse, the pathway from childhood abuse and/or neglect to alcohol and/or drug misuse in adulthood is complicated by the role that environmental and/or genetic factors play. Cupoli (as cited in Dembo et. al, 1989) stated that sexually abused children "have specific problems related to the sexual nature of the abuse, and related to the awful insult to the child's developing trust" (p. 352).

Kilpatrick (1997) stated that the National Women's study (NWS) estimated that approximately 9.8 million adult American women have experienced a completed rape at some point across their lifespan. Much of the research supporting the relationship between assault and substance use comes from studies of women seeking treatment for substance use or dependence or both. According to Jarvis (1998), research indicates that alcohol abuse or dependence is more highly linked to sexual assault as a consequence than as a precursor. The author states that "rates of childhood sexual abuse reported in studies of women in drug and alcohol treatment programmes have been as high as 74%" (p. 2). There are several possible explanations for the relationship between childhood sexual abuse and later substance use. Women may use substances as self-medication to

cope with the memory of abuse. Jarvis felt that substance use might also be an attempt to fight low self-esteem arising from childhood sexual abuse and other traumas.

At least three major possibilities exist that might explain the relationship between substance use and sexual assault (Kilpatrick, 1997). Women with drug and/or alcohol use problems may be more at risk to assault than their counterparts without substance use problems because of impaired ability to detect predatory assailants or because of increased exposure to such assailants associated with the lifestyles of those who use substances. Violent assault, on the other hand, may lead to substance use. After a violent assault, women may increase use of drugs to cope with assault-related PTSD or other assault-oriented psychiatric problems. Extremely high levels of negative affect create a drive that leads individuals to engage in behaviors that quickly reduce negative emotions. Behaviors such as situational escape and consumption of alcohol or drugs are examples. Substance use and assault have a reciprocal relationship. The substance use-violent assault relationship among women may be a vicious cycle in which victimization increases substance use; this, in turn, increases the chance of revictimization, which increases the chance of further substance use.

Overall the research indicates that there is a significant relationship between substance use and sexual abuse. Ireland (1994) stated that there is a strong relationship between early childhood sexual abuse and high rates of substance abuse. The purpose of this study was to explore the relationship between early childhood sexual abuse and substance use among female adolescents in an emergency shelter. With this knowledge mental health professionals will be better equipped to identify those at risk for substance abuse in adolescence. The hypotheses were:

H_0: Early childhood sexual abuse and substance use among adolescent females are independent of each other.

H_1: There is a statistically significant association between early childhood sexual abuse and substance use among adolescent females.

Method

Subjects:

Eighty female subjects were involved in the research. The subjects were randomly chosen from the admissions at The Cherry Hill Shelter in Daniels, WV. The Cherry Hill Shelter is a non-profit emergency shelter which serves children from the ages of seven to 17. There are eight beds and admissions are arranged through the Department of Health and Human Resources (DHHR). The children are wards of the state due to neglect, or abuse, or incorrigibility.

Procedure:

Permission was obtained from the Director of The Cherry Hill Shelter to conduct the research. The subjects were randomly selected from the admissions to the shelter between 1997 and 1999. The data was obtained from the clinical record (see data sheet Appendix A). If the clinical record was incomplete, the person was eliminated from the study.

Operational Definition of Sexual Abuse:

A youngster who was 13 years of age or younger and had experienced (more than one time) either touching sex organs, showing his/her sex organ, or intercourse with an adult over the age of 18 was classified as being the victim of sexual abuse.

Results

Analysis of Data:

This study involved an ex-post facto research design. The independent variable was sexual abuse. There were two levels of the independent variable: sexual abuse and no sexual abuse. The dependent variable was substance abuse. The analysis involved nominal data. The research involved a between subjects random design. The data was analyzed with the chi-square technique. The chi-square technique is a non-parametric test which provides a measure of the significant difference between the observed number of cases and the expected number of cases falling into each category. The results indicated $X^2(1, N= 80) = .298$, $p < .05$. The null hypothesis was accepted and the alternative hypothesis was rejected. Early childhood sexual abuse and substance use among adolescent females are independent of each other

The descriptive statistics are in Table I. There were 71 white subjects and 9 nonwhite subjects. Forty-two percent of white subjects used drugs while 33% of the nonwhite subjects used drugs. Thirty percent of white subjects were sexually abused while 22% of the nonwhite subjects were sexually abused. Given the limited number of nonwhite subjects, the percentages may be misleading. Thirty-three percent of the subjects lived with the parents, 40% lived with relatives other than parents, and 44% lived in foster care. Twenty-eight percent of the subjects who lived at home were sexually abused, 20% who lived with relatives were sexually abused, and 44% who lived in foster care were sexually abused. Forty-nine of the 80 subjects were in the age range of 13-15, 18 subjects were in the age range of 16 or older, and 11 subjects were in the age range of ten to12. Only two were nine years old or younger.

Fifty-six percent of the 16 or older age group used drugs, while 28% were sexually abused. Thirty-three percent of the 13-15 age group used drugs, while 35% were sexually abused. In the ten to 12 age group, 55% used drugs, while 36% were sexually abused (See Table 1). Wallen's (1994) research suggests that the older females may be reluctant to admit to the sexual abuse because of awareness of the social mores associated with sexual abuse.

Table 1

Descriptive statistics for the variables of race, age, residence, drug use, and sexual abuse

	DRUG USE	SEX ABUSE
RACE		
White (N=71)	42%	30%
Other (N=9)	33%	22%
RESIDENCE		
With parents	33%	28%
With relatives	40%	20%
Other	44%	44%
AGE		
16 + (N=18)	56%	28%
13-15 (N=49)	33%	35%
10-12 (N=11)	55%	36%
9 or below (N=2)	-	-

DISCUSSION

Overall the results indicated that early childhood sexual abuse and substance use among adolescent females are independent of each other. The null hypothesis was accepted and the alternative hypothesis was rejected. Much of the research found a significant relationship between a history of sexual abuse and a history of substance use. The adolescent females involved in this study may have been reluctant to admit to the sexual abuse. The adolescents may have been afraid the admission would significantly effect placement on discharge from the facility or require a longer confinement. Most of the adolescents wanted to return home regardless of the living situation. Wallen (1994) found that adult clients acknowledged that they had had childhood sexual issues that they were reluctant to reveal but admitted to certain childhood experiences that they found troubling. Sexual abuse was masked to conform to societal mores.

The descriptive data from Table 1 suggest the average adolescent drug abuser admitted to the shelter tends to be white, living in foster care, and 16 years of age or older. The average adolescent victim of sexual abuse tends to be white, living in foster care, and below the age of 16. It is not surprising that adolescents who abuse drugs or are victims of sexual abuse would be taken from the home. Also one would assume the older adolescent would be less likely to be a victim of sexual abuse. The older adolescent would be less likely to be intimidated by a perpetrator. Sexual activity in older adolescents would more likely be a matter of choice rather than force.

Much of the research has been carried out on samples of institutionalized youth. The sample of adolescents in this study may be qualitatively quite different from the samples of institutionalized youth in other studies. Although the research indicated a relationship may exist, it may not be generalizable to noninstitutionalized populations. In previous research, there is some indication that the relationship between childhood maltreatment and alcohol and/or substance misuse may be more complex than originally hypothesized. As Ireland (1994) quotes Dembo et al (1990), "a direct relationship between maltreatment and certain types of adolescent substance misuse has not consistently been identified." Previous research (Ireland, 1994) indicates that the prevalence and frequency of alcohol and/or drug misuse in maltreated children has not consistently been significantly greater than individuals without a history of maltreatment. Ireland states that delinquency may serve as a mediator variable between childhood maltreatment and adolescent alcohol and/or substance misuse. Abused children may be more likely to become delinquents and delinquents are more likely to become involved in alcohol and/or substance abuse. The omission of delinquency as an independent variable in this research may have obscured the underlying relationship. Further research needs to include delinquency as a variable. These findings may reflect the impact of delinquency on alcohol and/or substance use problems, not the effects of child abuse on adolescent alcohol and or substance misuse.

The low number of African-Americans and other races in the study questions the ability to generalize about the effect of race. There were 71 white subjects, five African Americans, and four others (two Bi-racials, one Hispanic, and one Milano). The inclusion of race as a variable could enhance future studies. Other limitations in this

study involve the population with which the sample was drawn. The subjects were primarily from southern West Virginia. The sample was a rather homogeneous group of white young females from rural areas which would restrict generalizability.

The results of this study may have deviated from the previous research since most involved institutionalized youth. Thus, this study evidenced a need for future research to be carried out on non-institutionalized youths. A factor that proved to be significant in this study was residence prior to the placement in the shelter. The typical sexually abused person was living in foster care prior to admission to the shelter. The data did not indicate if the abuse occurred in the home which triggered foster care, or if the abuse occurred while the person was in foster placement.

Overall the results indicate there is not a significant relationship between childhood sexual abuse and substance use in adolescent females. I would recommend future research involve both the child and the parents. Having the parents involved may provide significant information. Research suggested some may be reluctant to disclose a history of sexual abuse, thus having the parents' reports may provide more valid information concerning the history of abuse. The sample needs to be more diverse in regard to race and residence. I would also recommend delinquency be included in future research as a mediator variable between childhood sexual abuse and substance use.

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Appendix A

Literature Review

Among substance abusers, sexual abuse affects nearly half (Hussey, 1997). Although sexual abuse is not a DSM diagnosis, its' contribution to the development of major psychopathology in victims is to be systematically examined. Wallen (1994) argues that individuals in treatment with a childhood history of sexual abuse have a significantly high rate of symptoms associated with the post traumatic stress disorder (PTSD). By studying children and young adults, improvements in identifying and treating emerging pathology can be gleaned before personality structures become more rigidly defined and less apt to improve from therapeutic interventions. Symptoms associated with PTSD among victims of childhood sexual abuse include depression, anxiety, sleep disturbances, sexual dysfunction, social isolation, and suicide attempts (Wallen, 1994). Older victims of childhood sexual abuse who had been sexually victimized before the last reported assault were at significantly higher risk for developing major depressive disorder.

Definition of Sexual Abuse

Finkelhor documented the first operational definition of sexual victimization (as cited Dembo et al., 1989). A number of questions were asked to ascertain the youths' history of sexual victimization by adults. "Have you ever had a sexual experience with an adult?-such as touching sex organs, showing your sex organ, intercourse, etc." Respondents answering yes to this question were then questioned how many of these experiences they had. Youths' claiming more than one such experience were asked to think when was the first time they had had a sexual experience with an adult. All youths

having one or more sexual experiences with an adult were asked a number of questions regarding the initial experience. These interrogations inquired about their age, the nature of their relationship with the adult, what exactly occurred during the incident, whether the adolescent was threatened or forced to comply, and their reaction to the experience. Following Finkelhor's definition, all youngsters who were 13 years of age or younger at the time of their first sexual experience with a person over the age of 18 were considered to have been sexually victimized.

Impact of Sexual Abuse

Although Hussey (1997) stated that "sexual abuse is not a single, unitary phenomenon that has been linked to any particularly recognizable syndrome, nor does it necessarily lead to later psychological disturbance," (p. 29), a substantial amount of clinically referred children and adolescents who have been sexually abused have shown to be the case symptoms including sleep disturbance, depression, dysphoria, suicide attempts, hypersexuality, fear, mistrust, and sadness. There are two general pathways that explain the relationship between sexual abuse and drug abuse: (1) substance abuse may lead toward increased risk of sexual abuse and (2) sexual abuse may lead towards increased risk of later substance abuse. The first pathway expresses the fact that adolescents who abuse drugs place themselves as prey to others because of impaired judgment and the inability to protect themselves. The second pathway expresses the fact that sexual abuse may lead to substance abuse as a means to cope with feelings of betrayal and memories of abuse. The adolescent may turn to drugs as a way to "numb" pain and humiliation. Hussey stated that because of increasing numbers of clinical referrals who admit to a past involving abuse, there must be systematic and effective

screening protocols that can assist practitioners in rapidly and accurately identifying major risk factors and focusing their therapeutic interventions with specialized, effective treatment regimens.

Hussey (1994) entailed a sampling frame consisting of all youngsters admitted to the adolescent psychiatric unit at St. Vincent Charity Hospital and Health Center from August 1988 to May 1991. From the sample of 423 adolescents, 87 who had been sexually abused were successfully matched on an individual basis with 87 adolescents without a known history of sexual abuse. Matching criterion entailed age, race, gender, socioeconomic status, and psychiatric diagnosis. Of 174 subjects, 158 were white, 14 were black, and 2 were Hispanic (Hussey, 1994). There were 130 female subjects in total, 65 who had been sexually abused, and 44 male subjects, 22 who had been sexually abused. In regard to psychiatric diagnosis, 138 were adjustment disorders, 26 were major depression, 4 were bulimia, 2 were oppositional defiant disorder, and 2 were schizophrenia.

The major differences between groups found in this study involved the use of mood-altering substances (Hussey, 1994). On nearly every measure of substance abuse the trend was for those with a history of sexual abuse to have scores indicative of more serious substance abuse involvement than those in the control group. The statistical analysis indicated significant differences between the groups. Abused adolescents were found to be more likely to engage in drug use, to use marijuana and stimulants more often, to report more frequent use of drugs, to be younger when they first started using drugs, to get intoxicated, and to score higher on the Adolescent Drinking Index. The information indicated that 78% were sexually abused before age 13 and 62% were abused

before age 11. The average age of the first reported drink or alcohol use in the abuse group was 11.6 years and the average age of first reported drug use was 12.4 years. The majority of those in the abuse group were sexually abused before starting chemical use. Hussey found that the victims of childhood sexual abuse may not consciously remember the experience and , even if they are aware of it, they may be reluctant to admit it. In a sample of 217, 31 (33% of the women and 9% of the men) admitted to being sexually abused as children. The author found that most of the subjects with a history of sexual abuse had fathers or mothers with an alcohol or drug problem. Fewer reported a positive relationship to the mother. Most were still troubled by childhood experiences and had been physically abused in childhood. Very few reported a positive relationship with their father. The findings recommend that a structured protocol be included at the time of admission in order to provide indicators of childhood sexual abuse among individuals entering substance abuse treatment. The results indicated that those who were sexually abused were more likely to report that they had been physically or sexually abused as adults.

There is a significant amount of empirical research which suggests a significant relationship exists between child abuse and drug use (Dembo et al., 1989). The results indicate that the more juveniles are abused, the more likely they are to abuse drugs. According to the authors, the inattention to child abuse as a variable in conceptual schemas examining the process by which youths become associated with drugs is logical. First, ten years ago when the major schemes were formulated, the issue of child abuse was not important. Secondly, child abuse experiences and illicit drug use are often camouflaged phenomena and it is difficult to observe enough instances of their

coexistence to consider them to be related. Third, the focus of the schemes on sociocultural factors as precursors of drug abuse left little chance for child abuse variables to be considered important. In the Dembo et al. study, the authors found 46% of the youths were sexually abused one or more times in their lives, 55 of the 66 victimized cases occurred when the youths were aged 13 or younger. In the study of college students, Finkelhor (1979) reported that 19.2% of the females and 8.6% of the males reported sexual victimization as children or young adolescents (as cited in Dembo et al., 1989). A variety of questions were asked regarding the adolescent's use of eleven categories of drugs: (1) tobacco, (2) alchohol, (3) marijuana, (4) inhalants, (5) hallucinogens, (6) cocaine, (7) heroin, and the non-medical use of (8) barbiturates, (9) tranquilizers, (10) stimulants, and (11) analgesics. The youths' use of tobacco was probed by asking them how many cigarettes they smoked during the 30 days prior to entering the detention center. In the Dembo et al. study, three key questions were asked about the youths' alcohol use: (1) how long ago they first consumed alcohol, (2) the most recent time they used alcohol, and (3) how many different days in the past 30 days they consumed alcohol. In the detention center study, ninety percent of the youths claimed they used alcohol one or more times in their lives, compared to 65% of the NIDA survey youths; 62% of the detainees indicated they used alcohol within the past month, in comparison to 27% of the youths surveyed by NIDA; and 38% of the detention center youngsters said they had used alcohol on five or more different days in the 30-day period preceding their interview versus 6% of the NIDA survey group (Dembo et al., 1989). Probing the intercorrelation of these three alcohol use variables found a positive

relationship to exist between recency of alcohol use and the number of days in the past 30 days alcohol was used (Dembo et al., 1989).

In the detention center study, the major intent was to learn the relative contribution that the youth's history including physical abuse and sexual abuse experiences and several interaction variables made in predicting their use of tobacco, alcohol, and their use of illicit drugs across the lifespan (Dembo et. al, 1989). A table was produced which shows the overall results for 10 predictors to account for 32% of the variance in the youth's tobacco use, 16% of the variance in their use of alcohol, and 38% of the variance in their lifetime illicit drug use. Ethnicity is significantly related to the youth's claimed tobacco, alcohol, and overall lifetime illicit drug use. For the most part, predominantly white detainees tend to be more involved in the use of each of these categories of drugs than Blacks. Age is related positively to the youths' alcohol use; and male status offender cases report frequent and recent tobacco use than any other subgroup of detainees. The most significant finding of this study is that sexual victimization and physical abuse experiences both relate greatly to the youths' substance use only in the case of their use of illicit drugs.

Finkelhor (1986) attempted to identify the initial effects of sexual victimization that occur within two years of the termination of abuse . One initial effect is the negative emotional effects that abused children endure. The emotional effect includes anger and hostility. Research has shown that 45% to 50% of 7 to 13 year olds showed hostility levels that were quite elevated . Another initial effect is guilt and shame. DeFrancis reported that 64% of his sample expressed guilt (as cited in Finkelhor, 1986). Anderson et al. , however, observed guilt reactions in only 25% of the victims (as cited in

Finkelhor, 1986). Also, sexual abuse is reported to have a significant effect on self-esteem, however, this effect has not been empirically supported. In DeFrancis' study, 58% of the victims reported feelings of inferiority or a lack of worth as a result of being abused (as cited in Finkelhor, 1986). Physical complaints indicative of anxiety and distress were documented in the empirical literature as well as in clinical journals. In their observations of female adolescent victims, Anderson et al. found that 17% had reported sleep disturbances and 5% to 7% reported changes in eating habits after the abuse (as cited in Finkelhor, 1986). Tufts found that 27% of 4 to 6 year old children scored higher than clinical and general population norms on a sexual behavior scale that included having had sexual relations, open masturbation, excessive sexual curiosity, and frequent exposure of the genitals. Other effects included trouble adjusting in school, truancy, running away from home, and early marriages by adolescent victims.

Studies investigating the trends indicate that children who suffer more than one incident of abuse also seem to have more long-term effects (Finkelhor, 1986). When the abuse is carried out by fathers or stepfathers, there is a more negative impact on the child than if the abuse was carried out by other perpetrators. If the abuse is carried out by males rather than females and adults rather than teenagers, the effects of sexual abuse appear to be more detrimental. The association between age and trauma and the type of sex act has not yet been studied carefully.

Much has been written about the cycle of violence and the relationship between childhood abuse and delinquency (Ireland, 1994). A child who is victimized might turn to drugs and alcohol to cope with memories of abuse. This early coping strategy might persist into adulthood despite the fact that the maltreatment has ended. In general, a

direct correlation between childhood maltreatment and adolescent substance abuse has not been consistently found. Drug abuse was more common among the control group. Those who reported sexual abuse did not differ from those who did not in the frequency of alcohol or marijuana use. The results indicated that females were more likely to report regular use of certain drugs the earlier the age of initial drug use.

Dembo et al. examined the relationship between maltreatment, substance abuse, and emotional and/or psychological functioning in a group of detained juveniles (as cited Ireland, 1994). Dembo et al. found a direct relationship between sexual victimization (but not physical abuse) reported at the first interview and marijuana use reported during the follow-up interview, and a direct link between physical victimization (but not sexual abuse) reported during the initial interview and cocaine use during the follow-up interview (as cited in Ireland, 1994). After controlling for background variables, the relationship between childhood victimization and juvenile arrests for substances was not significant.

There has been a consistent absence of literature focusing on adolescents (Singer, 1990). Herman, in a matched sample of 60 female psychiatric outpatients found a considerably higher number of female victims had abused drugs or alcohol (35%) than did the control group (5%) with merely seductive fathers (as cited in Singer, 1990). This study was designed to investigate the correlation between sexual abuse and substance abuse in an adolescent clinical population . The study entails a matched comparison group design to compare possible differences between groups in substance abuse patterns. The study's sampling group included all patients admitted to an inpatient adolescent psychiatric unit over a two-year period. From those patients, each of 48

adolescents who had been sexually victimized was individually matched with an adolescent without a known history of such abuse. Subjects were matched for age, race, sex, and primary psychiatric diagnosis . Each subject completed a 10-page self-report questionnaire designed to measure his/her substance abuse patterns. Information from this questionnaire accompanied by a certified drug counselor provided the basis for a complete drug and alcohol assessment of all subjects. The total amount of subjects included 64 females and 32 females. Of the subjects in the abuse group, 69% reported regular marijuana use as compared with 52% of those in the control group; 21% of the abuse group compared with 10% of the control group indicated regular use of depressants. Statistically significant differences were noted between groups in the regular use of cocaine and stimulants. Of the abuse group, 23% compared with 6% of the control group reported regular use of cocaine and 29% of the abuse group versus 13% of the control group reported regular use of stimulants. However, clear differences emerged between groups with respect to frequency of substance abuse such as alcohol. Of the abuse group, 43% compared to 31% of the control group indicated drinking at least once a week, whereas 46% of the abuse group compared with 19% of the control group reported taking drugs at least once a week. The results indicate that significant differences in drug and alcohol use patterns were found between adolescents with known histories of sexual victimization and a matched group of adolescents not known to have been sexually victimized. A greater number of adolescents who have been sexually abused were found to make regular use of cocaine and stimulants than their control group counterparts. The sexually abused were also found to abuse alcohol more frequently, use

drugs more frequently, get intoxicated more frequently, and have significantly more number of times they had been high on drugs.

Only recently have medical researchers begun to examine associations between childhood victimization and adult health risk behaviors and disease (Felitti, 1998). The relationship between childhood sexual abuse and household dysfunction and adult morbidity has been relatively ignored in empirical literature. The Adverse Childhood Experiences (ACE) Study was undertook in a primary care setting to provide a description of the long-term relationship of childhood experiences to important medical and public health problems. The baseline data from this study has been used to provide an overview of the prevalence and interrelation of exposures to childhood abuse and household dysfunction. The author correlated the number of categories of deleterious childhood exposures and risk factors and those diseases that underlie many of the leading causes of death in adults. Three categories of child abuse were used: psychological, physical abuse, or contact sexual abuse. There were four categories of exposure to household dysfunction during the childhood years: exposure to substance abuse, mental illness, violent treatment of mother figure, and criminal behavior in the household. These 7 categories of childhood exposures to victimization and household dysfunction were used in the analysis. Using criteria from both the study questionnaire and the Health Appraisal Clinic's questionnaire, 10 risk factors that contribute to the leading causes of mortality in the United States were chosen. The risk factors included smoking, obesity, sedentary lifestyle, depression, suicidal attempts, alcoholism, drug abuse, parenteral drug abuse, sexual promiscuity, and a history of having a sexually transmitted disease. There was also an assessment of the relationship between childhood exposures and disease

conditions that are among the leading causes of mortality in the United States. The prevalence and risk increased for smoking, severe obesity, physical inactivity, depressed mood, and suicide attempts as the number of childhood exposures increased. Overall, a significant relationship was found between the breadth of exposure to victimization or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults.

The National Women's Study estimated that approximately 9.8 million adult American females have experienced a violent physical assault and some 12.1 million have experienced a violent rape at some point in their lives (Kilpatrick,1997). Adult females abused as children are more likely to manifest depression, self-destructive behavior, anxiety, feelings of isolation, poor, self-esteem, a tendency toward revictimization, and substance abuse (Finkelhor, 1986). Research has continuously concluded that adult women who were victimized as children were more likely to manifest substance abuse than their nonvictimized counterparts (Singer, 1990). Some of the research supporting the correlation between assault and substance abuse comes from studies of females seeking treatment for substance abuse, use, dependence, or some combination of these (Kilpatrick, 1997). These studies produce findings that indicate rates of lifetime physical or sexual assault are much higher among women seeking treatment for chemical use disorders than among women without such problems. At least three major possibilities exist which may explain the correlation between substance use and violent assault. According to the first explanation, women with substance use problems may be more vulnerable to violent assault than their peers without substance use problems because of lack of insight into choosing acquaintances or of the lifestyles

associated with substance use. After a violent assault, women may increase chemical use to deal with assault-related PTSD or other assault-related mental health ailments. The study demonstrated increased risk, not causation (Kilpatrick, 1997).

Women with a history of childhood sexual abuse more frequently reported stimulants as their main problem drug and reported an earlier age of first intoxication and earlier use of inhalants (Jarvis, 1998). Studies suggest that adolescence is a crucial time for the influence of childhood sexual abuse experiences on substance abuse. Rates of childhood sexual abuse reported in studies of women in drug and alcohol treatment programmes have been as high as 74%. There are several possible explanations for the relationship between childhood sexual abuse and substance use. Paone et al. suggested that women might use substances as self-medication to cope with the trauma of abuse (as cited in Jarvis, 1998). Studies involving adolescents have linked sexual abuse with an earlier onset of alcohol and other drug use, more excessive use of alcohol, and more frequent intoxication. Paone et al. state that substance use might also be an attempt to combat impaired self-esteem arising from childhood sexual abuse (as cited in Jarvis, 1998). Substance abuse may add to the woman's trauma, resulting in a reciprocal effect where substance abuse and intoxication could increase the risk of further victimization, thereby prolonging alienation and continued substance abuse. Another factor that exists with both CSA and substance abuse is parental substance abuse. Pederson and Rose indicated that parental substance abuse is both a risk factor for childhood sexual abuse and a predictor of substance abuse by the offspring (as cited in Jarvis, 1998). However, these studies demonstrated that CSA was still a significant predictor of alcohol abuse or dependence, after controlling for the effects of parental substance abuse. One hundred

and eighty women receiving either substance treatment or CSA counseling volunteered to participated in a study of women's health. The results indicated women with a past involving CSA were more likely than other women to report experiences of physical abuse and neglect during childhood. A greater proportion of the Drug and alcohol group with CSA reported physical abuse and emotional neglect during childhood. Women in the drug and alcohol group had three times the odds of having stimulants as their main abused drug as the drugs and alcohol only group. The hypothesis that CSA would predict earlier initial onset and greater severity of chemical use was only partially supported. Among substance abuse clients, the main difference in substance abuse between CSA survivors and other women was an earlier age of initial intoxication. The study also found that CSA survivors reported cocaine and amphetamines as their problem drug more frequently than other women. With regard to self-esteem, this study found all groups of women reporting average self-esteem. The child with sexual abuse with drugs and alcohol tended to be abused during their adolescence by someone outside the family, whereas the CSA only group typically reported incestuous CSA during early childhood.

Swett (1994) hypothesized that there would be a higher rate of alcoholic drinking in new women patients on an adult psychiatric inpatient unit than among outpatients as measured by the Michigan Alcoholism Screening Test (MAST). Furthermore, the author hypothesized that those with a history of abuse would have higher MAST scores than the others. A self-rating packet comprised of relevant background questions was completed routinely on a voluntary basis by 88 consecutive females at the time of their admission to a hospital for problems with alcohol abuse. The self-rating packet included the MAST with weighted scores, demographic information, a questionnaire regarding victimization

history, and the Dissociative Experiences Scale (DES). If one of the women patients had had a drink in the year prior to coming to the hospital, she was asked to complete the MAST. Only 20 patients were given a clinical diagnosis of alcohol abuse during the hospitalization. When a score of 7 or more on the MAST was used as an indicator of alcohol problems, 38% were categorized as currently having alcohol problems. A total of 71 of 88 women reported a history of physical and/or sexual abuse at sometime. Forty-eight had both types of abuse, 13 had physical abuse only, 10 had sexual abuse only, and 17 had no history of abuse. Sixty-seven of the 71 abused patients reported that their first episode of victimization occurred before the age of 18 years.

All three teetolars (defined as never having had a drink) also reported a history of being both physically and sexually victimized. As for the 20 patients who claimed no drinking in the year prior to admission, 14 reported a history of both types of victimization, two reported being physically abused only, one being sexually abused, and three claimed no history of abuse

Identification of Victims of Sexual Abuse:

Identification can be facilitated using The Adolescent Drug and Alcohol Inventory (Hussey, 1997). This is a device created by Mark Singer to measure adolescents' perceptions, attitudes, and behaviors related to excessive drinking and the abuse of drugs. The inventory consists of three groups of items—sociodemographic variables, adolescents' self-reports on their drug and alcohol use and its consequences, and subscales measuring the perceived benefit of drinking and drug use. Another instrument used is The Adolescent Sexual Concern Questionnaire (ASC). The ASC is a 29-item paper-and-pencil sexual victimization screening instrument designed to be used

in the context of a structured interview by a psychologist who is familiar with the dynamics of physical and sexual abuse. Items entailed include physical and sexual abuse as well as a wide range of issues including physical appearance, birth control, concerns about sex, venereal disease, AIDS, homosexuality, homophobia, and sexual deviance.

Treatment of Victims of Sexual Abuse

Treatment may include a combination of promoting positive adaptive functioning and preventing or treating maladaptive dysfunction (Hussey, 1997). There are a number of various therapies to be used with adolescents which include cognitive, behavioral, client-centered, psychodynamic, and family therapy approaches. The key to success in treatment involves matching treatment models and interventions with client needs. Recently an emergence of a novel phenomenon, dual-diagnosis, has forced mental health professionals to develop programs to address both psychiatric and substance-abuse issues in a highly specialized and individualized way. The author identifies three general stages in recovery and survivor work which include denial, acceptance, and working through of issues. The author also identified six general treatment principles to help guide practitioners in their clinical work with multiproblem dually diagnosed youths.

(1) Two of the most crucial intervention skills in working with multiproblem youths are the ability to prioritize treatment issues and the ability to problem-solve the implementation of interventions.

(2) Multiple problems are often dealt with on multiple levels at the same time.

(3) The mental health professional should examine the careful matching and integration of different treatments depending on the symptom pattern and its deeper dynamics.

(4) Several psychiatric symptoms and problems can be exacerbated by the use of mood-altering substances.

(5) Good supervision and a forum to examine countertransference issues must exist.

(6) Males and females may have to have individualized treatments.

In order to prevent substance abuse in sexually abused children, mental health professionals may have to foster the development of alternative coping skills.

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Appendix B

DSM-IV criteria for Substance Abuse

Criteria for Substance Abuse:

A. A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:

(1) recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household)

(2) recurrent substance use in situations in which it is physically hazardous (e.g. driving an automobile or operating a machine when impaired by substance use)

(3) recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct)

(4) continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights)

B. The symptoms have never met the criteria for Substance Dependence for this class of substance.

Appendix C

Data Sheet

Appendix C

Data Sheet

Age:

Race:

Sexually abused: yes /no

Substance abuse: yes/no

Where resided prior to shelter: