Childhood trauma in treated alcoholics. Prevalence and relevance for clinical impairment
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Summary

Alcohol use disorders, i.e. alcohol abuse and dependence do occur frequently. The psychiatric criteria for these disorders focus on alcohol-related symptoms and problems (e.g. health problems, accidents, problems in social life or at work, tolerance and/or withdrawal symptoms). The amount and frequency of alcohol use are not regarded as decisive in the diagnoses. According to a recent Dutch national survey, about half a million individuals met criteria for an alcohol use disorder. About three quarters of all individuals with alcohol use disorders are male. In addition to their alcohol problems, alcoholics frequently have other psychiatric problems ("psychiatric comorbidity") such as anxiety, depression, drug abuse and antisocial personality disorder. Besides, alcoholism is associated with increased risk of medical problems and mortality.

Only a minority of alcoholics in the general population ever seeks treatment for their alcohol problems. Compared to untreated alcoholics, treatment-seeking alcoholics have more severe alcohol symptoms as well as more other mental disorders. The scientific attention to the phenomenon of comorbid psychiatric disorders among treatment-seeking alcoholics has been increasing because such comorbid cases have major clinical implications: The severity of both alcohol symptoms and psychiatric symptoms affect the outcome of alcoholism treatment in a negative way. Several possible explanations for the associations between alcoholism and other psychiatric disorders have been given. There are explanations based on a direct, causal relationship between the disorders, focusing on the question whether the psychiatric problems caused the alcohol problems or vice versa. Alternative explanations are based on the notion that it concerns different, unrelated disorders that share underlying etiologic factors that increase the risk of developing both disorders such as a common genetic predisposition or environmental factors such as childhood neglect, parental dysfunction, parental alcoholism, childhood trauma (e.g. sexual and physical abuse, early parental loss), witnessing domestic violence, and adult victimization experiences.

These explanations are, of course, not mutually exclusive. Indeed, in the literature self-medication with alcohol of psychological symptoms that are related to previous trauma is frequently cited as a possible mechanism for the co-occurrence of alcoholism and other psychiatric disorders. It is speculated that early chronic trauma affects the maturation of the systems in charge of the regulation of psychological and biological processes. This disruption
of these self-regulatory processes makes these individuals vulnerable to develop chronic affect and impuls dysregulation. In particular traumatized individuals with impaired capacities for self-regulation may seek external ("chemical") self-soothing ways to cope with intolerable feelings (e.g. fears, pain) due to trauma by using psychoactive substances with analgesic, numbing properties such as alcohol.

In this thesis we hypothesize that the risk of both (the severity of) alcohol problems and psychiatric comorbidity among treatment-seeking alcoholics might be increased through shared, environmental factors, in particular childhood trauma. The central question of this thesis is whether childhood traumatization, in particular physical and sexual abuse, is frequently reported in treated alcoholics and whether traumatized patients have a more severe clinical profile with regard to their alcohol problems and psychiatric problems than non-traumatized patients. The thesis’ three main issues are: 1) the prevalence of physical and sexual assault among treatment-seeking alcoholics (Part II); 2) the role of childhood trauma, in particular physical and sexual abuse in the development of alcohol use disorders and in the severity of drinking problems among treated alcoholics (Part III); and 3) the role of childhood trauma in comorbid clinical syndromes (Axis I) among treated alcoholics (Part IV).

Part I (Chapter 1) provides the scientific foundation for the present study. After a description of definitions and prevalence of alcohol use disorders and of treatment-seeking alcoholics, this chapter summarizes the knowledge (empirical and theoretical) about associations between childhood trauma, alcohol use disorders, and other psychiatric disorders. Based on a review of the developments in empirical research, implications for the present research are described.

The research described in this thesis is based on a sample of treatment-seeking alcoholics (N=155; 33 women, 122 men). This study was part of a larger research project on psychiatric comorbidity and treatment outcome of a consecutive series of alcoholics and gamblers applying for inpatient or outpatient treatment at the Jellinek Center in Amsterdam, The Netherlands during September 1994 - May 1995. Research instruments included structured interviews and questionnaires.

Part II (Chapters 2 and 3) of this thesis addresses the prevalence of lifetime sexual and physical abuse histories in treatment-seeking alcoholics, focusing on assessment issues
regarding the identification of individuals with such histories. Three different assessment methods were used in order to evaluate the possible influence of different methods on observed prevalence rates. Among the most important findings are the following observations: The single-item screening questions of the most widely used standard clinical instrument (the Addiction Severity Index: ASI) in the international addictions field are not particularly useful for estimating the prevalence of lifetime assault histories in treatment-seeking alcoholics, especially not in males. Findings indicating an underestimation of physical/sexual assault histories in male patients due to an exclusive focus of this instrument on assault experiences by familial perpetrators point to the clinical significance of a broader perpetrator screening. In response to multiple behavioral-specific questions histories of early and more recent physical/sexual victimization were more frequently reported, regardless of gender. The findings show that the most accurate estimates for the prevalence of lifetime physical and sexual assault among alcoholics in treatment are 51% and 29% respectively. In conclusion, the ASI method as a screen for sexual and physical assault histories could be improved, considering that men clearly outnumber women in persons applying for alcohol treatment. In Chapter 3 suggestions for improvements are provided.

Part III addresses the possible associations between childhood trauma, trauma-related distress and (the severity of) alcohol use disorders. Chapter 4 describes a systematic review of empirical studies in a diversity of populations concerning the relevance of childhood sexual and/or physical abuse for developing alcohol use disorders later in life. Information concerning the role of other childhood circumstances in the association between childhood abuse and alcoholism is analyzed as well. In evaluating results of the available studies, several methodological limitations are considered. This review shows that prospective studies do not indicate a significant association between childhood sexual or physical abuse and alcoholism, however, these studies have some serious design drawbacks. In contrast, most retrospective studies do provide support for the notion that childhood sexual or physical abuse is related to alcoholism, particularly cross-sectional studies among women employing rigorous methods (e.g. utilizing larger samples, relatively adequate assessment methods for alcohol problems and childhood abuse, and including several possible confounders). Based on the available studies it is concluded that the empirical evidence is insufficient to draw conclusions about relationships between childhood sexual and physical abuse and alcoholism
among men. Among women, however, there is a higher likelihood of alcohol problems if they were sexually or physically abused as children. Some explanations for an association between childhood abuse and alcohol problems in line of the self-medication assumption are discussed and some suggestions for future research are presented.

In Chapter 5 the focus is on the question whether traumatized treatment-seeking alcoholics do report more severe alcohol problems than their non-traumatized counterparts. Our study extends previous research regarding this topic by evaluating associations of a broad spectrum of adverse environmental factors (childhood and adult sexual/physical victimization, early parental loss, witnessing domestic violence, perceived parental dysfunction) and a diagnosis of posttraumatic stress (PTSD) with the severity of drinking problems in a sample of treatment-seeking alcoholics. Findings indicate that the severity of drinking problems (based on two frequently clinically applied severity indices) in treated male alcoholics is related to neither trauma nor childhood neglect (i.e. perceived parental dysfunction). However, among female alcoholics, both trauma (childhood dual abuse) and neglect (perceived maternal dysfunction) might be associated with drinking problems severity, but replication of results in a larger sample is needed. Based on the findings presented in Part III of this thesis it is concluded that although childhood abuse (especially sexual abuse) appears to increase the prevalence of an alcohol use disorder (both abuse and dependence), particularly in women, it does not appear to increase the severity of alcohol dependence. Some possible explanations for these findings are discussed, including that childhood abuse is associated with alcohol dependence, insensitive to the severity of the dependence or that childhood abuse is related more strongly to less severe levels of alcohol problems, generally underrepresented in clinical samples.

Part IV of this thesis deals with the question whether childhood trauma and neglect, in particular physical and sexual abuse, are important factors for a better understanding of comorbid lifetime Axis I symptoms (i.e. affective and anxiety disorders, suicide attempts) in treated alcoholics. Chapter 6 reports on psychiatric comorbidity specifically associated with childhood abuse (i.e. physical abuse only, sexual abuse only, or a combination of physical and sexual abuse), controlling for the potential confounding effects of other negative childhood experiences (early parental loss, witnessing domestic violence, parental alcoholism and/or dysfunction) and adult victimization experiences. Our findings clearly indicate that
childhood abuse, more specifically sexual abuse and dual abuse, is an important factor for the presence of comorbid anxiety disorders in treated alcoholics, particularly regarding social phobia, agoraphobia, and PTSD. The findings on the particular importance of childhood dual abuse in comorbid PTSD support earlier ones reported in other populations. Contrary to our expectations, childhood physical or sexual abuse is not specifically related to the presence of comorbid affective disorders or suicide attempts. Rather, for these types of comorbid psychiatric distress perceived maternal dysfunctioning in childhood is of particular importance. Among the most important findings in this Chapter is the observation that compared with the other environmental risk factors, childhood sexual and dual abuse contribute independently to a more severe clinical profile (i.e. the variance in the number of comorbid diagnoses), implicating more complex cases in abused versus nonabused alcoholic patients. These findings confirm earlier ones in other clinical populations. In addition, more severe and intrusive forms of early sexual abuse as well as early multiple traumatization are associated with complex symptom constellations, including PTSD, agoraphobia, social phobia, dysthymia and suicidality. Besides, other negative childhood or adult experiences or circumstances are also relevant for a better understanding of psychiatric comorbidity in treated alcoholics such as major depression, generalized anxiety, PTSD and suicide attempts. Overall, findings point to the need for greater clinical attention to the role of childhood stressors in the evaluation and treatment of alcoholic patients. They underline the importance of routine assessment of childhood trauma and possible trauma-related disorders in individuals presenting to alcohol treatment services.

Chapter 7 describes a study examining trauma and dissociation in treatment-seeking alcoholics. Although there is consistent evidence for a trauma-dissociation relation in general population samples and in psychiatric patients, contradictory findings on this relation have been reported among substance abusers. Our study attempts to resolve these inconsistencies by testing a series of hypotheses as to why a trauma-dissociation relation might be absent in treated alcoholics. Findings suggest that the absence of such a relation in an alcoholic population is not likely to be due to measurement problems of childhood abuse or dissociative symptoms. Rather, a trauma-dissociation link may not exist in alcoholic patients, particularly not in men, and these individuals may attempt to modulate their state by using alcohol or drugs (chemical dissociation) due to a low dissociative capacity or diminished tendency to use psychological dissociation. Based on gender differences in adaptive response
patterns of traumatized children, it is speculated that chemical dissociation in response to trauma is more common in men, whereas psychological dissociation as response to trauma is more common in women. Further research is needed to elucidate whether the absence of a trauma-dissociation relation is characteristic of alcoholics or of men.

Finally, in Part V (Chapter 8) the major findings presented in this thesis are discussed in the context of recent scientific developments. It is concluded that the observed childhood abuse rates among treated alcoholics - i.e. childhood physical abuse 14%, childhood sexual abuse 24% and combinations of childhood physical and sexual abuse 7% - are substantially higher than reported among adults in the general population. The prevalence rates regarding exposure to lifetime physical (51%) or sexual (29%) assault in treatment-seeking alcoholics stress the need for a routine, comprehensive pre-treatment trauma assessment. Based on an update of the empirical literature, it is concluded that childhood physical and sexual abuse are - in some way - associated with the development of alcoholism in adult life in both genders. The evidence is particularly compelling for early sexual victimization in women. However, further prospective research is needed to be able to make more firm statements on this topic. Additional studies that attempt to link the neurobiology of childhood trauma-related negative affect symptoms with the neurobiology of alcohol use disorders are needed to further examine the potential mediating role of trauma-related symptoms in the childhood abuse-alcoholism relationship (the self-medication hypothesis). Such research may be very revealing exploring possible gender differences. In addition, childhood trauma and neglect may be significant for the clinical course of alcoholism among female alcoholics but not male alcoholics. Further (neuroimaging) studies are needed to examine gender differences in trauma response patterns and to evaluate the potential existence of substance abuse as a form of chemical dissociation in alcoholics, particularly males. Furthermore, the findings stress the importance of childhood trauma (sexual abuse and dual abuse), particularly chronic and pervasive trauma regarding psychiatric comorbidity in treated alcoholics. Compared to nonabused patients, abused patients in some respects present more complex symptom constellations, suggesting more complicated cases. We, therefore, suggest that in the evaluation and treatment of alcoholic patients childhood stressors and adult victimization experiences as well as trauma-related symptoms should be recognized. Little is known about the treatment of early traumatized alcoholics. As the treatment of choice, the current standard
of care regarding early traumatized patients in general is suggested, including stabilization and reduction of symptoms.

Throughout the thesis, limitations of the study are discussed such as the cross-sectional nature of the sample, the retrospective assessment of abuse histories, the reduction of statistical power due to the complex study design, restrictions to the generalizability of findings and limited sample size, particularly of female alcoholics. No indications for selective non-response were found, however, outpatients and patients born outside the Netherlands were underrepresented in the sample. The results, however, are in line with those earlier reported. In addition, this study extends previous research in this area by including both female and male alcoholics, by including a broader range of negative childhood circumstances, by assessing symptoms with a diagnostic instrument, and by using multivariate statistical techniques.

In summary, this thesis makes a valuable contribution to our growing understanding of the possible role of early (chronic) traumatization in the development of alcohol problems, and in the severity of alcohol problems and comorbid clinical symptoms in treated alcoholics. It is the first Dutch study on the prevalence of childhood traumatic exposure and trauma-related symptoms among a consecutive series of treatment-seeking female and male alcoholics. The findings clearly point to the importance of routine screening for traumatic exposure and of assessment of trauma-related symptoms in treated alcoholics. More particularly, findings highlight the clinical significance of information regarding childhood trauma for a better understanding of part of the symptoms as a reaction to trauma. Further research is necessary to get a more complete picture of the significance of early traumatization for clinical outcome among treated alcoholics.