The Role of Substance Abuse in the Lives of Childhood Trauma Survivors

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Background & Purpose

Traumatic events early in life have been associated with substance abuse problems and mental health disorders in adults (CDC, 2013). Depression, anxiety, post-traumatic stress disorder, and emotion dysregulation may result from childhood abuse and neglect. The development of addiction is a result of complex interactions among genes, environment, chronic stress, and neurobiology (Stephens & Wand, 2012; DeBellis et al., 1999), but one theory of substance use associated with mental distress is “self-medication,” that is, persons with mental health conditions use substances for short-term benefit, i.e., relief from stress and psychological pain.

Study aims:
1) To summarize critical childhood events for a sample of 8 women trauma survivors, who were in treatment for addiction, and
2) To identify the experience and meanings of substance use in their lives.

Methods

Qualitative descriptive design with semi-structured 1-hour interviews were used to explore common themes and the meanings of trauma and substance use for 8 women childhood trauma survivors in treatment for addiction. Participants were identified in a primary care clinic at a residential drug treatment center. The narratives were audio recorded, transcribed, then coded, summarized, and clustered into themes (Sandell & Barroso, 2003). Identification of concepts and themes was a dynamic, ongoing effort as these elements were expanded, then collapsed to derive the most meaningful interpretations of the data provided by the women. Concepts representing themes and groups of themes were defined as the analysis proceeded. NVivo software was used for data management.

Sample Characteristics: Age: range 27-46; median: 36
Years of education: mean 11th grade
Race: 4 Caucasian; 4 African-American
Mental illness: Depression (4), Bipolar Disorder (3), Anxiety (2), PTSD (1), ADHD (2), Schizophrenia (1)

Findings

All of the women had experienced severe stressors in childhood, including repeated episodes of abuse and neglect over time, betrayals within their caregiving system, and a general lack of nurturance.

Themes

Diffuse boundaries, exploitation, and role reversal:
LaToya: “My mother was just wrong. We were kind of like her personal slaves. At the age of 4, I was molested by my uncle… for a long, long time. . . . At about fourteen my mother had an in-house boyfriend who came to stay with us, and he be into sexually abusing me too. . . (then) . . . the same uncle who abused me when I was four ended up coming back and staying with us. . . there was a lot of abuse.”

Dawn parented her siblings and even her mother, doing tasks such as preparing food and feeding younger children, and “covering” for her mother when she was cheating on her boyfriends or husbands. “My mom put men before she did me. . . I was being the adult at seven years old.” Dawn left her mother at 13 and never returned home.

Amber sought her mother’s attention, but was rejected. She “got very angry with me…anyone I tried to talk to her about anything she was like, ‘oh your feelings, I’m so sick of hearing about your feelings. Everybody has feelings. I have feelings.'”

Betrayal by family members:
The women who disclosed their abuse encountered disbelief and anger from their family members. Instead of being comforted and protected, they were punished.

When Tamara disclosed her molestation to her aunt: “she beat me with a hairbrush and sent me back to bed and told me not to say nothing.”

When Shannel’s molestation progressed to rape, she went to a relative for help, but her mother became enraged with her and forced her out of the house.

Guadalupe disclosed her molestation to her grandmother who told her to “stop lying. . . . (just) go sit down somewhere.’ So after that . . . the same uncle who abused me when I was fourteen ended up coming back and staying with us. . . there was a lot of abuse.”

Dawn’s mother abused her and sent me back to bed and told me not to say nothing.”

Using drugs and alcohol to cope

Most of the women recounted early exposures to drugs or alcohol and for some, initiation of regular use began in early adolescence. Substances provided a profound relief to their unhappiness and sense of isolation. Use of substances compounded their woes and several ended up working as prostitutes to support what had become an addiction.

At 14, Deanna began to drink vodka every day: “it was like the depression went away. I was like all the other kids. . . . I had never felt that before. . . I know now that when I picked up and drank and drugged, it helped me. . . not feel what I had always felt. It helped take away that emotional pain.”

Quanda was drinking and using drugs by age 13, “a joint while I walked to the bus stop. . . lunch break at school. . . walking home. . . I’d have a bottle of Vodka in my book bag and I’d be taking sips throughout classes, or moonshine. Soon my drinking got real heavy and I got real promiscuous with it. . . if it was ok for my uncle to do this then it’s ok for other guys to do it.”

Shannell: “Every day was just like get up. . . get some more money to get high again. Whether it was prostitution, or you know sell whatever I could sell just to get me some money.”

Insight: Getting Help

The women used drugs and alcohol as a means of survival during their adolescent years, but later recognized the harmful consequences of addiction.

Dawn nearly died due to a cocaine-related cerebral aneurysm. She was fighting for her life while she realized that she needed drug treatment.

Deanna said: “I know I needed help (crying). And had I gotten the help I needed I don’t know if I’d be sitting where I am today.”

* Names have been changed

Conclusions

The participants in this study coped as best they could as children in dangerous and abusive situations. Not one received therapy or external support to live in a safer environment. The promiscuity and drug use they engaged in as adolescents may have been the best means they had to cope with dire circumstances.

These 8 women share a common history of abuse followed by drug use and high-risk behaviors. This history is shared by many such women and nurses are in a pivotal position to make a difference in their lives. Nurses may be able to:

- identify high-risk children and initiate prevention interventions
- practice “trauma-sensitive” care
- assist women survivors to obtain therapy
- impact policies to prevent childhood abuse and treat its extensive ramifications

Unless women such as these receive effective trauma therapy, they will remain at high risk for relapse.

References

- De Bellis, M., & Barroso J. (2003). Qualifying the findings is qualitative studies. Qualitative health research, 15(2), 691-698.

Participants were 

- 7 female
- 1 male

- Age: 27-46
- Education: 11th grade

- Mental health: Depression (4), Bipolar Disorder (3), Anxiety (2), PTSD (1), ADHD (2), Schizophrenia (1)

- Sample size: 8

- Qualitative design, semi-structured interviews

- NVivo software used for data management

- The study was approved by the Institutional Review Board.