

Childhood Abuse and Alcohol Use: A Moderated Mediation Model Examining the Roles of Resilience and Negative Emotions

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BACKGROUND:

Childhood abuse remains a critical public health issue among African American and Latina women and has been linked with multiple negative outcomes, including substance abuse, negative emotions (e.g., depression and anxiety), and revictimization in adulthood. Extensive evidence has linked childhood abuse to later problematic drinking, and a factor that potentially mediates these two may be negative emotions. Resilience is defined as the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress. Previous research has demonstrated that resilience involves behaviors, thoughts, and actions that can be learned and developed and has been proposed as a buffer for substance abuse. However, no reported study has examined whether and how resilience is related to alcohol use among women with a history of childhood abuse.

AIMS:

To investigate the levels of resilience, alcohol use, childhood abuse types (e.g., emotional, physical, and sexual) and negative emotions (i.e., anxiety and depression) among ethnic minority women, and tested whether:

1. Negative emotions mediates the association between childhood abuse types and alcohol abuse
2. Resilience moderates the association between childhood abuse types and negative emotions
3. Resilience acts as a buffering mechanism in the "abuse type-negative emotions-alcohol abuse" mediation pathway.

METHODS:

This is a cross-sectional analysis from a recently completed study. 148 ethnic minority women were recruited from four Community-Based Organizations located in densely populated, multicultural, low-income urban areas in Miami.

MEASURES:

Childhood Abuse: 32-item measuring physical, emotional, & sexual abuse

AUDIT: measured alcohol consumption. A score of 8 or more is considered hazardous use

PHQ8: 8-items scale that screens for depression

Resilience: 0-items that measures the ability to recover from stress

ANALYSIS:

For the data analyses, mediation and moderation were tested using 10,000 resampling bias-corrected bootstrap confidence intervals (95% CI). Outcomes were considered statistically significant when 0 was excluded from the interval.

RESULTS:

Table 1 Demographic Characteristics of women of color with a history of childhood abuse

Demographic Characteristics	(n=148)
Age, mean (SD)	41.4 (10.6)
Race	
White	47 (32)
Black	72 (51)
Multi-racial	7 (5)
Hispanic	80 (54)
Marital Status No (%)	
Single	62 (41)
Married	37 (25)
Separated	39 (26)
Co-habitation	12 (8)
Education No (%)	
6 th grade or less	6 (4)
Some High School	37 (23)
High School Diploma	48 (32)
Some College	28 (19)
College graduate	32 (22)
Risky Behaviors mean (SD)	
AUDIT Score	13.2 (8.0)
Depression	9 (6.4)
Resilience	29.4 (7.5)
Childhood Abuse No (%)	
Emotional Abuse	114 (75)
Physical Abuse	126 (83)
Sexual Abuse	111 (73)



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Extensive evidence has linked childhood abuse to later problematic drinking and depression



Resilience is the adoption of positive emotions to reduce trauma and has the potential to act as a barrier for alcohol abuse and depression

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Figure 1. Mediation Analysis

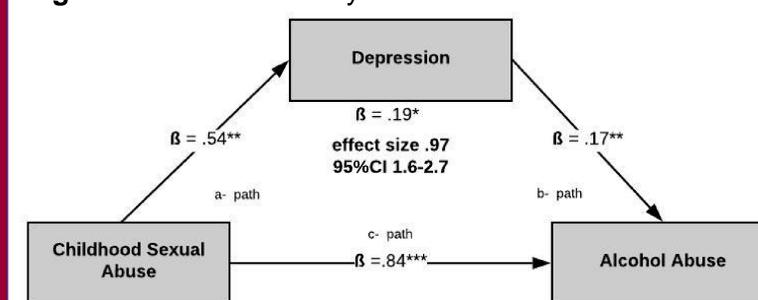


Figure 2. Moderation Analysis

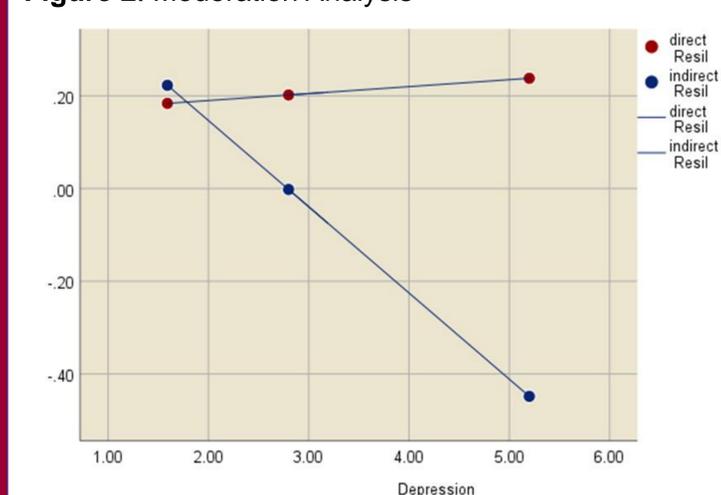
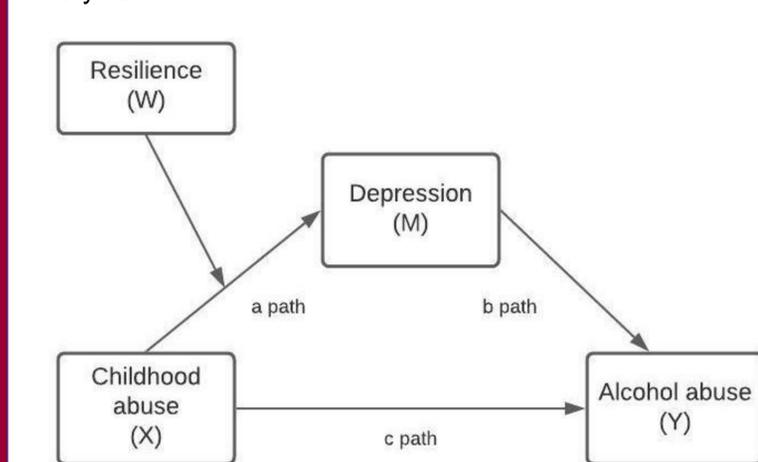


Figure 3. Conceptual Model for the Moderated Mediated Analysis



Results from the mediation model showed that the indirect effect of depression was significant for sexual abuse and alcohol abuse (effect = .097, 95% CI 1.6-2.7) but not for anxiety. Results from the moderation model indicated a significant interaction between sexual abuse and resilience in predicting depression (sexual abuse, beta = -.250, p = .001). Physical and emotional abuse were not significant in the models. Results for the moderated mediation model showed that in addition to the significant mediation pathway from sexual abuse to alcohol abuse through depression, the interaction term (sexual abuse x resilience) was significant which represents that resilience significantly moderated the association between sexual abuse and depression. Moreover, since the mediation effect of depression is the product of the path coefficient from sexual abuse to depression (path a) and the path coefficient from depression to alcohol abuse (path b) the mediation effect (a x b) was also moderated by resilience.

CONCLUSION:

This study contributes to the literature by identifying resilience as a moderator that may help break the mediation pathway from sexual abuse to alcohol use, suggesting a novel approach to intervene and reduce alcohol abuse. Increasingly resilience is considered a skill that can be improved by active learning and purposeful training. Our findings support the potential for developing or adapting alcohol intervention programs that promote resilience enhancement training for abused women.