

# ***THE RELATIONSHIP BETWEEN CHILDHOOD ABUSE AND DRUG DEPENDENCE***

*Thesis*

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عصام

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

"قَالُوا سُبْحَانَكَ لَا عِلْمَ لَنَا إِلَّا هَا  
عَلَّمْتَنَا إِنَّكَ أَنْتَ الْعَلِيمُ الْحَكِيمُ"

الآية ٣٢ من سورة البقرة

## **Abstract**

**Objective:** this study examines the impact of childhood abuse differentiated by type and severity on the emergence of the current problem of substance dependents with consideration to gender difference

**Subjects:** two groups of Egyptian subjects of both sexes aged 18-30 were compared in the study: 30 substance dependence hospitalized patients and 30 healthy subjects as control.

**Method:** members of the two groups were subjected to full psychiatric examination, using a semi-structured interview and early trauma inventory (ETI) was used to assess childhood sexual, physical, emotional abuse and total abuse scores in both groups.

**Results:** substance dependent patients showed statistically significant higher scores of all abuse domains, differences were highly significant for sexual abuse in females and for physical abuse in males.

**Conclusion:** There is an association between all types of abuse in childhood and the development of drug dependence in young adults in both sexes. This association is stronger for sexual abuse in females and for physical abuse in males

### **Key Words**

Childhood abuse, drug dependence, addiction

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## LIST OF ABBREVIATIONS

<b>ACE</b>	Adverse Childhood Experiences
<b>APA</b>	American Psychiatric Association
<b>ASPD</b>	antisocial personality
<b>BPD</b>	borderline personality disorder
<b>CA/D</b>	cannabis abuse and dependence
<b>CPA</b>	childhood physical abuse
<b>CSA</b>	childhood sexual abuse
<b>DSM-III</b>	Diagnostic and Statistical Manual of Mental Disorders, 3rd edition
<b>DSM-IV-TR</b>	Diagnostic and Statistical Manual of Mental Disorders, 4th ed; Text revision
<b>ECA</b>	epidemiologic catchment area
<b>ETI</b>	early trauma inventory
<b>PA</b>	physical abuse
<b>PDE</b>	personality disorder examination
<b>PTSD</b>	post traumatic stress disorder
<b>SA</b>	sexual abuse
<b>SUDs</b>	substance use disorders
<b>SUPs</b>	substance use problems

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# *INTRODUCTION*

## **INTRODUCTION AND AIM OF THE WORK**

Drug and alcohol abuse is an enormous social problem due to individual suffering as well as associated disruption of families and communities through criminality and violence and health care costs (*WHO, 1998*).

In Egypt the *national research on addiction (2009)* revealed that 9.6% of subjects included in the study (no=40083, non clinical sample) reported substance abuse, 1.6% of them are substance dependents (*Mental Health Secretariat 2009*).

Addiction is the desire or compulsive need to continue taking the drug and to obtain it by any means with tendency to increase the dose (*Hoffman, 1982*). Drug dependency is a state arising from repeated periodic or continuous administration of a drug that results in harm to the individual or sometimes to the society (*Goldstien & Kalant, 1990*).

Early psychoanalytic formulations postulated that drug users, in general, suffered from either a special form of affective dysregulation (tense depression) that was alleviated by drug use or from a disorder of impulse control in which the search for pleasure was dominant. More-recent formulations postulate ego defects, which are evinced by the addict's inability to manage painful affects (guilt, anger, anxiety) and to avoid preventable medical, legal, and financial problems. The newer formulations postulating ego defects are to some degree the older formulations with a modest change in terminology that gives greater weight to the inability to

cope with painful affects than to the intensity or abnormality of the affects per se. It is postulated that some substances pharmacologically and symbolically aid the ego in controlling those affects and that their use can be viewed as a form of self-medication (*Koob & Le Moal, 1997*).

Childhood abuse, defined as sexual, physical, and/or emotional maltreatment, increasingly has become the focus of clinical and research attention during the past three decades. The past decade, in particular, has witnessed the growth of abuse-related research targeting children and adolescents. Although many unanswered questions remain about childhood abuse, the emerging picture is that childhood abuse is common, is associated with many negative consequences, and represents a major public health problem (*Green, 1993*). Childhood abuse is associated with increased risk for a plethora of short-term (*Beitchman et al., 1991*), intermediate-term (*Tebbutte et al., 1997*), and long-term sequelae (*Beitchman et al., 1992*).

It is difficult to assess the impact of childhood traumatic events on the psychiatric disorders in adulthood, as neither prospective research studies, nor experimental approaches are possible. Nevertheless, an increasing number of retrospective reports suggest that psychiatric disorders may be related to childhood psychological traumas such as neglect, physical or emotional abuse (*Ellason & Ross, 1997*).

Studies have found that childhood abuse increases the risk for a variety of psychological and behavioral problems (e.g., depression, substance abuse, aggression, delinquency), cognitive and neurophysiological deficits (*Carrey et al., 1995*), and psychiatric disorders (*Brown & Anderson, 1991; Mullen et al., 1993*).

## **HYPOTHESIS:**

We postulate that a contributing factor of the pathogenesis of substance dependence is the presence of abuse (emotional, physical and sexual) during the childhood period of substance dependents.

## **AIM OF THE WORK:**

This study aims to examine the impact of childhood abuse differentiated by type and severity on the emergence of the current problem of substance dependents.

REVIEW OF LITERATURE

# CHAPTER 1

## **CHILD ABUSE**

"Every child, despite having individual differences and uniqueness is to be considered of equal intrinsic worth and hence should be entitled to equal social, economic, civil and political rights, so that he may fully realize his inherent potential and share equally in life, liberty, and happiness. Obviously, these value premises are rooted in the humanistic philosophy of our Declaration of independence." In accordance with these value then, any of commission or omission by individuals institution, or society as a whole, and any conditions resulting from such acts or inaction, which deprive children of equal rights and liberties and/or interfere with their optimal development, constitute, by definition, abusive or neglectful acts or conditions (*Gil, 1975*).

### **I-Contemporary definitions of child abuse**

*Gil (1975)* has suggested a value based definition of child abuse. This definition views child abuse as inflicted gaps or deficits between circumstances of living which would facilitate the optimal development of children, to which they should be entitled, and their actual circumstances, irrespective of the sources or agents of the deficit.

There are three major forms of child maltreatment; physical abuse (*Kempe et al., 1962*), sexual abuse (*Finkelhor, 1979*) and psychological or emotional abuse (*Garbarino and Gillian, 1980*).

Each form of abuse can, however, be characterized in the same way into active and passive ones. "Active abuse" involves violent acts in a physical, sexual or emotional context, and represents the exercise of physical, force; so as to cause injury or forcibly interfere with personal

freedom. "Passive abuse" refers to neglect, which can only be considered violent in the metaphorical sense, as- it doesn't involve physical force (*Fontana, 1973*).

Although these two categories have been described as representing a continuum, abuse is generally defined as an interventional act of commission, neglect as an act of omission of needed care to a child. To decide whether an act is intentional, it requires discerning the motivation of the perpetrator and evaluating all the circumstances surrounding the incidence (*Straus, 1979*). Victims of child maltreatment are unlikely to be subjected to only one type of abuse.

*Kempe and Kempe (1978)* described the sequence in which child abuse has been recognized in the community:

First, it was seen as having little to do with the wider community but, rather attributable to social or psychiatric deviants.

Second, attention was paid to more florid forms of physical abuse.

Third, the focus turns to physical neglect, infants who fail to thrive and more subtle forms of abuse such as poisoning.

Fourth, emotional abuse, emotional deprivation and rejection are recognized.

Fifth, sexual abuse is recognized.

It has been realized that most maltreated children have a history of more than one type of abuse. It is estimated that the average child receiving protective services has experienced two to three forms of maltreatment (*Cicchetti and Toth, 1995*), Studies attributing outcomes to