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# ALCOHOL DEPENDENCE AND DOMESTIC VIOLENCE AS SEQUELAE OF ABUSE AND CONDUCT DISORDER IN CHILDHOOD

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## ABSTRACT

**Objectives:** To examine in the Navajo population: (1) the importance of childhood abuse as a risk factor for conduct disorder; (2) the importance of each form of abuse and conduct disorder as risk factors for alcohol dependence; and (3) the relative importance of each form of abuse, conduct disorder, and alcohol dependence as risk factors for being a perpetrator and/or victim of domestic violence.

**Method:** The study is based on a case-control design. Cases (204 men and 148 women) between the ages of 21 and 65 were interviewed in alcohol treatment program and matched to community controls. There were two groups of controls: alcohol dependent (374 men, 60 women) and nonalcohol dependent (157 men, 143 women). When adjusted for stratification by age, community of residence, and sex, the combined control groups comprise a representative sample of the Navajo male and female population 21–65 years of age.

**Results:** The prevalence of physical and sexual abuse before age 15 is within limits observed in other populations. Each form of abuse is a risk factor for conduct disorder. Along with conduct disorder, physical abuse is a risk factor for alcohol dependence. Physical abuse and alcohol dependence are independent risk factors for being involved in domestic violence as both perpetrator and victim. There appears to have been no secular trend in the incidence of childhood abuse over the past several generations, but there is suggestive evidence that domestic violence has become more common.

**Conclusions:** Physical abuse is a significant risk factor for alcohol dependence as well as for domestic violence independent of the effects of alcohol abuse. The effects of sexual abuse with regard to both domestic violence and alcohol dependence do not appear to be significant. © 1998 Elsevier Science Ltd

*Key Words*—North American Indians, Alcohol dependence, Abuse, Conduct disorder.

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## INTRODUCTION

The causes, consequences, and secular trends of abuse of children have been of increasing interest in the past several decades. Much of that concern has manifested itself in American Indian communities as well. In this paper we use data from a study of alcohol use and abuse by Navajo Indians to examine one small piece of the problem: the degree to which abuse in childhood is a risk factor for alcohol dependence and domestic violence.

The evidence from Native American communities, limited though it is, indicates that child abuse is not unknown (US Congress Office of Technology Assessment, 1990). For Navajo children, White and Cornely (1981) and Hauswald (1987) report a rate of 13.5 per 1,000. Drawing on a medical chart review and staff survey at the San Carlos (Apache) Indian Health Service Hospital, Fischler (1985) found a rate of 5.7 per 1,000. For Cheyenne River Sioux Reservation children, Wichlacz, Lane, and Kempe (1978) reported a rate of 26 per 1,000, derived from a register of suspected cases. In a study of an Alaskan village, one third (28 of 84) of the native children were considered to have severe problems of abuse, neglect, and homelessness related to poverty and demoralization in the village (Jones, 1969); and a study in an unidentified southwestern Indian community reported a history of childhood sexual abuse of 49% among women and 14% among men (Robin, Chester, Rasmussen, Jaranson, & Goldman, 1997). The reported age-specific incidence rate of abuse of children less than 18 years of age on the Navajo Reservation in 1992-95 varied between 3.3 and 4.3 per 1,000 (Northern Navajo Medical Center, 1996). Because these data come from the Navajo Criminal Justice System and represent reported cases, they are very likely much lower than the true incidence.

Human service providers who work with Indian children and adolescents in the Albuquerque and Phoenix Indian Health Service (IHS) attributed abuse and neglect "to chaotic family situations and to other mental health problems such as alcoholism and depression" (Piasecki, Manson, Biernoff, Hiat, Taylor, & Bechtold, 1989; see also Lujan, DeBruyn, May, & Bird, 1989). Indeed, there are data to support the association of alcohol abuse by parents and other caretakers and the abuse of Indian children. Based on a case-control study in several Southwestern Indian communities DeBruyn, Lujan, and May (1992) claim that alcohol abuse is a necessary but not sufficient cause of abuse and neglect. They also observed that in addition to alcohol abuse, abuse of other substances by parents, "histories of divorce, death in the immediate family, single-parent households, alcohol abuse by grandparents, and deaths in the family associated with alcoholism" were all risk factors for abuse of children. And an early case-control study of neglected infants in one Navajo community indicated that neglected infants were especially likely to have mothers who were single, widowed, or divorced and who came from smaller families than did controls (Oakland & Kane, 1973). Although none of these is inconsistent with what is known from studies of nonIndian populations (e.g., Mullen, Martin, Anderson, Romans, & Herbison, 1996), virtually all studies in Indian communities have been of cases known to official agencies. Thus their reported severity as well as the significance of multi-problem families may be greater than would be found in community surveys.

What is less clear than the risk factors for abuse are the long term sequelae. Studies in other populations indicate that there are a number of untoward consequences, including depression (Mullen, Martin, Anderson, Romans, & Herbison, 1996), a wide variety of other psychiatric as well as somatic complaints (McCauley et al., 1997), and violence (Widom, 1989). There is some disagreement about alcohol abuse, however. In a recent review of the literature and report of a retrospective cohort study of abused and nonabused children, Widom, Ireland, and Glynn (1995) have suggested that studies of clinical populations tend to show an association between the experience of childhood abuse and subsequent alcohol dependence, but that in

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