

Domestic violence and alcohol use: Trauma-related symptoms and motives for drinking [☆]

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Abstract

Alcohol use is frequently associated with posttraumatic stress disorder (PTSD), especially in the face of chronic traumatic experiences. However, the relationship between alcohol use and symptoms associated with chronic trauma exposure has not been evaluated. This study examined alcohol use in recently battered women ($N=369$). Differences were found in trauma symptoms between abstainers, moderate drinkers, and heavy drinkers, with heavy drinkers reporting more severe symptoms. Mediation analyses suggest that the relationship between drinking and trauma symptoms is mediated by drinking to cope, which has not been previously demonstrated in a battered population. Results suggest the importance of assessing trauma symptoms and motives for drinking in understanding alcohol use in recent survivors of domestic violence.

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1. Introduction

Compared with men, women are disproportionately exposed to chronic types of interpersonal violence (IPV), such as domestic violence (Kessler, Molnar, Feurer, & Appelbaum, 2001; Jones, Hughes, & Unterstaller, 2001). Chronic traumatic events have been implicated in more severe post-trauma symptomatology, such as depression, PTSD, and complex PTSD (CPTSD), a proposed diagnosis intended to address trauma-related psychopathology (Herman, 1992; Roth, Newman, Pelcovitz, van der Kolk, & Mandel, 1997). Chronic traumatic events have also been associated with increased problems with alcohol use (Clark & Foy, 2000; Simpson, 2003; Stewart, 1996). However, the relationships among IPV, alcohol use, trauma symptoms, and motives for drinking have been relatively unaddressed in the literature. This study examines alcohol use among battered women from a community sample. Particular attention is paid to the predictive value of trauma symptoms and motives for heavy episodic drinking.

1.1. *Exposure to chronic traumatic events and trauma symptoms*

As noted above, chronic traumatic events have been associated with multiple negative sequelae. The term “complex PTSD” has been proposed to capture a broad range of affective, behavioral, and interpersonal symptoms (Herman, 1992) thought to be associated features of PTSD (Roth et al., 1997), including changes in affect regulation, difficulties with impulsivity, alterations in consciousness or attention, disruptions in sense of self, disruptions in interpersonal relationships, somatization, and changes in beliefs (Allen, Coyne, & Huntoon, 1998; Ford & Kidd 1998; Roth et al., 1997). Follow-up studies examining CPTSD across various types of chronic traumatic IPV found support for the clinical usefulness of the symptom constellation (e.g., Ford & Kidd, 1998; Roth et al., 1997).

1.2. *Exposure to chronic traumatic events and alcohol use*

Exposure to repeated interpersonal traumatic events also has been associated with alcohol use and alcohol use disorders (Nelson et al., 2002; Volpicelli, Balaraman, Hahn, Wallace, & Bux, 1999). Specifically, IPV is associated with greater likelihood of alcohol-related consequences in women (Rice et al., 2001). In a large prospective study, IPV during the first year of marriage was predictive of heavy episodic drinking one year later (Testa, Livingston, & Leonard, 2003).

1.3. *Trauma symptoms and alcohol use*

The relationship between chronic traumatic events and both alcohol-related consequences and heavy episodic drinking appears to be explained by PTSD symptoms (for reviews, see Jacobsen, Southwick, & Kosten, 2001; Stewart, 1996), such that those meeting criteria for PTSD are also more likely to experience negative consequences related to drinking and to engage in heavy episodic drinking. Further, research examining the functional relationships among trauma, PTSD, and alcohol use has consistently found that drinking is motivated by various coping-oriented reasons. These include using alcohol to medicate sleep difficulties (Nishith, Resick, & Mueser, 2001) and to reduce negative affect (Cannon et al., 1992), tension (Simpson, 2003), and PTSD hyperarousal symptoms (Stewart, Conrod, Samoluk, Pihl, & Dongier, 2000). In addition, associations have been found between alcohol consumption and higher levels of intrusive symptoms of PTSD (Read, Brown, & Kahler, 2004).

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