

Attachment and the Impact of Adolescent Maltreatment on the Frequency of Substance Use

Rajan S. Hayre, Natalie Goulter, & Marlene M. Moretti Simon Fraser University, Burnaby, BC, Canada



INTRODUCTION

- Adolescents seek independence and may engage in risk taking behaviors such as substance use.
- Attachment theory suggests that the quality of the parent-child relationship can have lasting effects on the child's emotional and social development. Research demonstrates that insecure attachment in children and youth is related to problems in affect regulation.
- Evidence shows that compared with securely attachment adolescents, teens who are anxious and avoidant in their attachment demonstrate higher levels of substance use.
- Maltreatment can disrupt or diminish the development of secure parent-child attachment. While the attachment bond may be just as strong among maltreated youth and their parents, the nature of this bond does not promote the development of adaptive regulatory functions and strategies. These children experience challenges in regulating their emotions, thoughts, behaviors and interpersonal strategies. These children are also at an increased risk of substance use.

PRESENT STUDY

The current study examined the role of avoidant and anxious insecure parent-adolescent attachment as a mediator of the relationship between adolescent psychological and physical maltreatment and substance use in a sample of teens with serious behavior problems.

- Based on past research we predicted that exposure to psychological maltreatment and physical maltreatment would increase risk for cigarette, alcohol, marijuana, and other drugs use.
- Further, we hypothesized that the effect of psychological and physical maltreatment on substance use would be mediated through adolescent-parent attachment and we explored differential effects for attachment avoidance versus attachment anxiety.

METHODS

Participants

548 youth (47.6% female; Mage = 12.90, SD = 2.78)

Measures

Maltreatment. Psychological and physical maltreatment was measured with the Revised Conflict Tactics Scale (CTS-R). Internal consistency was good for psychological ($\alpha = .88$) and physical ($\alpha = .88$) maltreatment.

Attachment. Adolescent-Parent Attachment Inventory (APAI) is a measure to assess attachment anxiety and attachment avoidance. Internal consistency was good to excellent for anxious ($\alpha = .84$) and avoidant ($\alpha = .90$) attachment.

Substance use. Tobacco, Alcohol, and Drugs Survey-Version 3 assessed frequency of cigarette smoking, alcohol consumption, marijuana smoking, and use of other drugs (e.g., cocaine, heroin, ecstasy) over the past 30 days. Internal consistency was adequate ($\alpha = .72$).

RESULTS

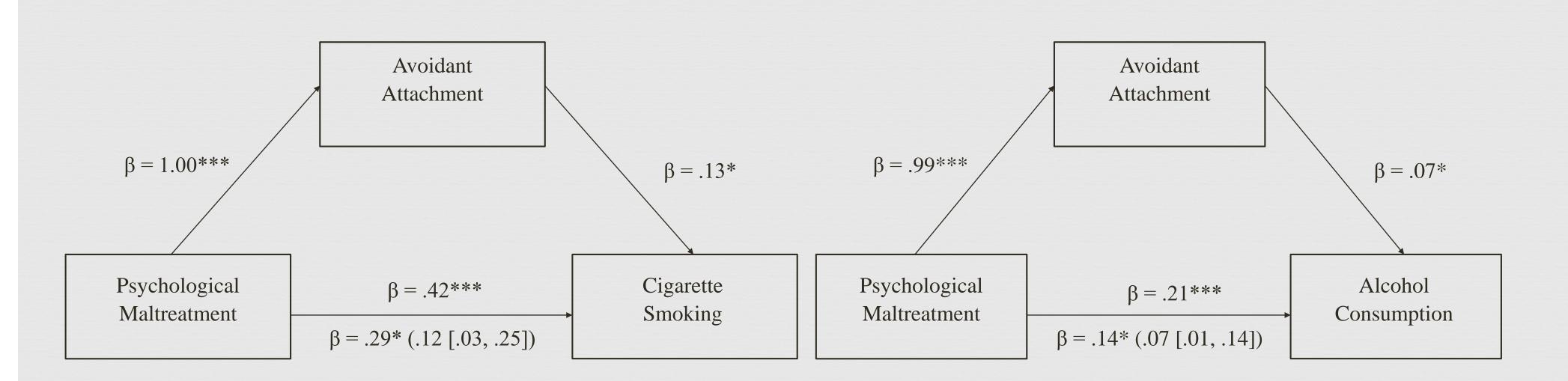


Figure 1. Mediation of the association between psychological maltreatment and cigarette smoking by avoidant attachment. 95% Confidence Intervals (CI). *** p < .001; ** p < .01; * p < .05.

Psychological maltreatment significantly predicted cigarette use (β = .424, SE = .122, p < .001, CI [.184, .663]); this was partially mediated by avoidant attachment (β = .130, SE = .058, CI [.025, .253]), and remained significant after controlling for sex (β = .321, SE = .141, p = .023, CI [.044, .598]) and age (β = .149, SE = .032, p < .001, CI [.087, .212]).

Figure 2. Mediation of the association between psychological maltreatment and alcohol consumption by avoidant attachment. 95% Confidence Intervals CI). *** p < .001; ** p < .01; * p < .05.

Psychological maltreatment significantly predicted alcohol use (β = .207, SE = .067, p = .002, CI [.075, .339]); this was mediated by avoidant attachment (β = .068, SE = .032, CI [.012, .139]), and remained significant after controlling for sex

 $(\beta = .145, SE = .077, p = .062, CI [-.007, .297])$ and age $(\beta = .106, SE = .018, p < .001, CI [.070, .141]).$

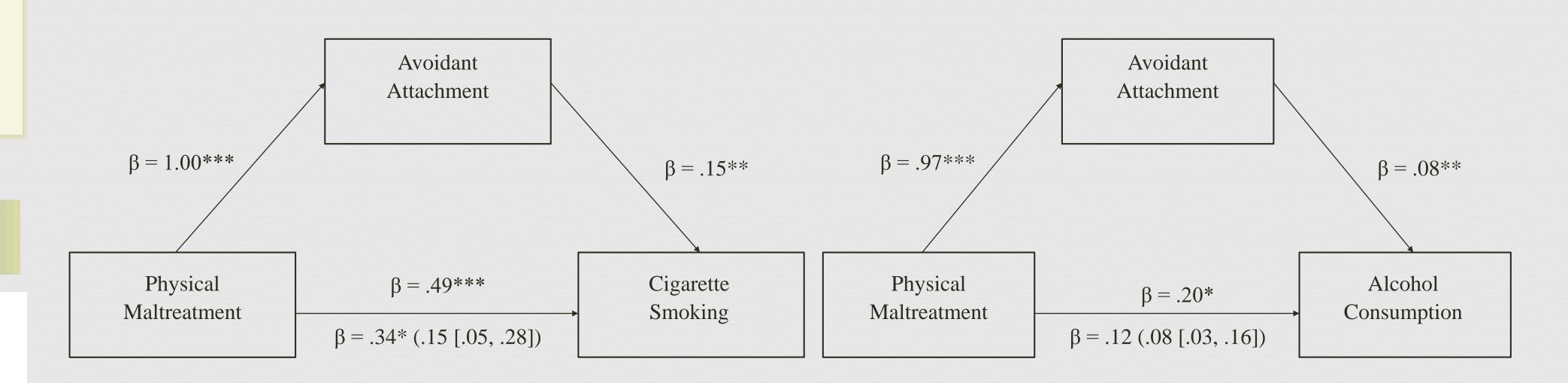


Figure 3. Mediation of the association between physical maltreatment and cigarette smoking by avoidant attachment. 95% Confidence Intervals (CI). *** p < .001; ** p < .01; * p < .05.

Physical maltreatment significantly predicted cigarette use $(\beta = .488, SE = .163, p = .003, CI [.168, .808])$; this was partially mediated by avoidant attachment $(\beta = .145, SE = .059, CI [.046, .279])$, and remained significant after controlling for sex $(\beta = .399, SE = .141, p = .005, CI [.122, .675])$ and age $(\beta = .170, SE = .032, p < .001, CI [.108, .233])$.

Figure 4. Mediation of the association between physical maltreatment and alcohol consumption by avoidant attachment. 95% Confidence Intervals (CI). *** p < .001; ** p < .01; * p < .05.

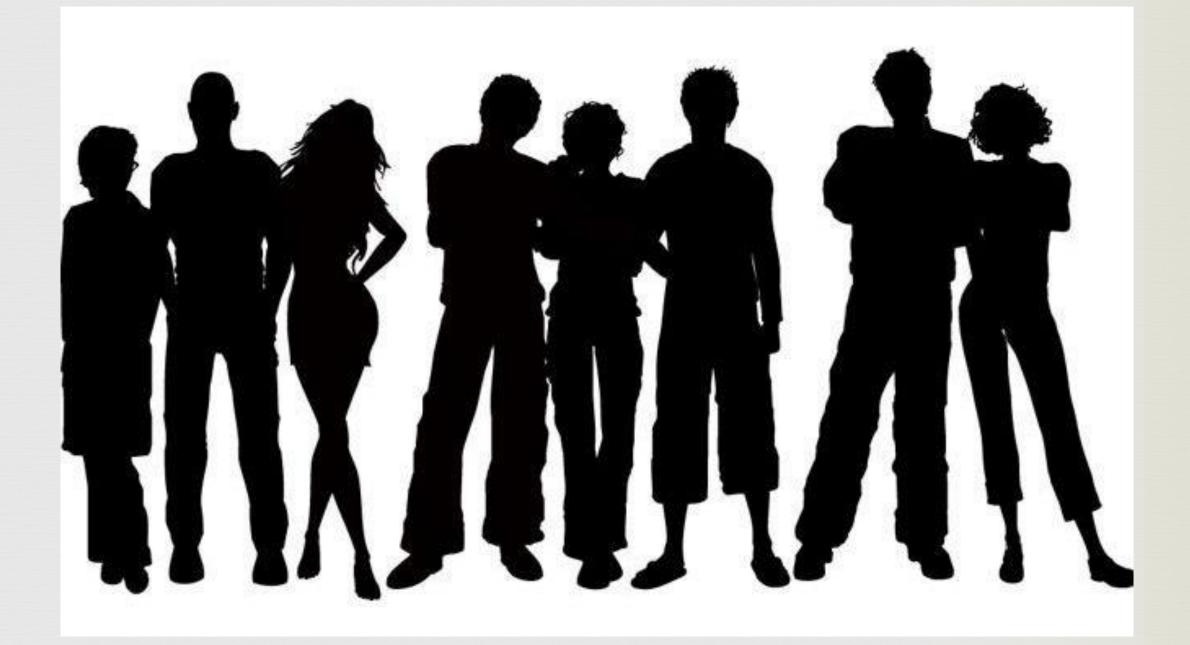
Physical maltreatment significantly predicted alcohol use $(\beta = .198, SE = .090, p = .028, CI [.021, .375])$; and this was mediated by avoidant attachment $(\beta = .079, SE = .033, CI [.026, .155])$, and remained significant after controlling for sex $(\beta = .177, SE = .078, p = .023, CI [.024, .330])$ and age $(\beta = .126, SE = .018, p < .001, CI [.092, .161])$.

DISCUSSION

- Maltreatment was directly related to increased use of substance use. The effect of maltreatment on substance use was mediated through avoidant attachment. Specifically the relationship between psychological maltreatment and cigarettes and alcohol was mediated through an avoidant attachment and the relationship between physical maltreatment and cigarettes and alcohol was also mediated through an avoidant attachment.
- The role of avoidant attachment on risk for substance use may reflect several different processes. First, avoidantly attached teens may not turn to their parents for comfort and reassurance but rather to their or to substance use to regulate difficult feelings. Second, avoidantly attached teens may present more challenges to parental monitoring since they may not disclose activities, limiting opportunities for parents to discuss health choices, set limits, and provide guidance to their teen.

CONCLUSION

- These findings demonstrate the significance of an avoidant attachment as the mechanism through which psychological and physical maltreatment impact substance use.
- Therefore, interventions such as Connect, might provide important benefits for the youth in terms of initiation and control of substance use by strengthening the parent-child relationship. In doing so, this may moderate many of the serious repercussions of substance use and dependence on mental and physical health and well as social and vocational functioning in adolescence and across the lifespan.



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