

# **Characteristics of Women with Sexual Abuse Histories who Enter Methadone Treatment**

**Norma G. Bartholomew, M. A.**

**Grace A. Rowan-Szal, Ph.D.**

**Lois R. Chatham, Ph.D.**

**Institute of Behavioral Research  
Texas Christian University  
<http://www.ibr.tcu.edu>**

**Poster presented at the 62nd Scientific Meeting  
of the College on Problems of Drug Dependence (CPDD)  
San Juan, Puerto Rico, June 2000**

# Abstract

Women who enter substance abuse treatment with a history of sexual abuse often report more indicators of psychopathology, such as depression, anxiety, or symptoms of PTSD. This study investigates differences at admission between women with and without sexual abuse histories who entered an outpatient methadone treatment program in Texas. In a sample of 137 women, 39% reported prior sexual abuse. Using ANOVA and chi square analyses, we found that women with sexual abuse histories were more likely also to have experienced physical and emotional abuse, to report poorer family-of-origin relationships, and to report more drug-related problems. Sexual abuse patients also reported more depression, anxiety, thoughts of suicide, trouble concentrating, and trouble controlling violent behavior. Results support the need for screening for sexual abuse history during intake to assure adequate treatment planning.

# Background

Both men and women entering substance abuse treatment programs report histories of physical and/or sexual abuse. In some studies, as many as 60% all clients report such histories (Grice et al., 1995; Gil-Rivas et al., 1997; Gutierrez & Todd, 1997). Women, however, are much more likely to report a history of sexual abuse. For example, Fiorentine et al. (1999) found 61% of women reported prior sexual abuse compared to 13% of men, and Glover et. al. (1996) found 55% of women versus 29% of men disclosed sexual abuse at intake. Women also are more likely to have experienced **both** sexual and physical abuse compared to men (Gil-Rivas et. al., 1997). Similarly, in comparing women treatment clients only, those with sexual abuse histories report more problems and poorer psychosocial functioning than those without such histories (Kang et. al., 1999; Medrano et. al., 1999).

# Identified Treatment Issues for Women with Sexual Abuse Histories

- ❖ Lower self-esteem
- ❖ Depression
- ❖ Anxiety
- ❖ Mood disorders
- ❖ Suicide attempts
- ❖ Suicidal ideation
- ❖ Posttraumatic Stress Disorder (PTSD)
- ❖ Health problems
- ❖ Multiple drug problems
- ❖ HIV-risk behaviors
- ❖ Criminal history
- ❖ Ongoing victimization as an adult

# DATAR 1 & 2 Projects at TCU (1989-2000): Drug Abuse Treatment Assessment and Research

◆ 4 Methadone Programs in Texas

◆ 1500 Admissions (*60 studies*)

◆ Treatment Enhancement Strategies

- ✓ Cognitive/behavioral interventions
- ✓ Counseling manuals for skills training

◆ Intake & Treatment Process Assessments

◆ Follow-up Outcome Evaluations (1 Year)



**Funded by**  
**the National Institute on Drug Abuse**  
*(included financial support for delivery of services)*

# Research Question

Are there differences at Intake between female clients **with** and **without** a history of sexual abuse related to?

- Demographic characteristics
- Psychosocial problems
- Family relations
- Drug use
- Health problems
- HIV-risk behaviors

# Sample

- ◆ 137 Female clients admitted 1995-98
- ◆ 53 (39%) – Self-reported sexual abuse
- ◆ 84 (61%) - No self-reported sexual abuse
  
- ◆ Have you ever been abused --
  - physically (hit, slapped, beaten)?
  - emotionally (yelled at, threatened)?
  - sexually (raped, molested)?

# Demographics

	No Sexual Abuse (n = 84)	Sexual Abuse (n = 53)	Total (n = 137)
<b>Race/Ethnicity (%)</b>			
White	21	38	28
African American	10	8	9
Hispanic	69	54	63
<b>Age (%)</b>			
Under 30	33	26	31
30-35	17	19	17
36-40	11	15	13
Over 40	39	40	39
<b>% Live with Children</b>	56	68	61
<b>Highest Grade (Mean)</b>	10.1	10.2	10.1

Bartholomew, et al., Characteristics of Women with Sexual Abuse Histories who Enter Methadone Treatment (CPDD, June 2000)

# Demographics

	No Sexual Abuse (n = 84)	Sexual Abuse (n = 53)	Total (n = 137)
<b>Marital Status (%)</b>			
Single/Never Married	20	13	18
Married/Living as Married	36	40	37
Widow/Divorce/Sep	44	46	45
<b>Employed (%)</b>	19	15	18
<b>Treatment History</b>			
# Previous Drug	2.2	2.7	2.4
# Previous Alcohol	.1	0	.1

# Results - Psychological Status

	No Sexual Abuse (n = 84)	Sexual Abuse (n = 53)	Total (n = 137)
Serious Depression**	21	38	28
Serious Anxiety***	10	8	9
Hallucinations	69	54	63
Trouble Processing Info**	33	26	31
Trouble with Violent Behavior**	17	19	17
Thoughts of Suicide*	11	15	13
Pysc Reasons Drug Use*	39	40	39

\*p<.05

\*\*p<.01

\*\*\*p<.001

# Results - Psychosocial Ratings

	No Sexual Abuse (n = 84)	Sexual Abuse (n = 53)	Total (n = 137)
<b>Social Functioning</b>			
Childhood Problems***	3.6	4.6	4.0
Hostility*	3.2	3.7	3.4
Risk-Taking*	3.6	4.1	3.8
Social Conformity	5.1	5.1	5.1
<b>Treatment Motivation</b>			
Problem Recognition	5.5	5.7	5.6
Desire for Help	6.2	6.3	6.2
Treatment Readiness	6.1	6.2	6.1

\* $p < .05$

\*\*\* $p < .001$

# Family-of-Origin Questions

- ◆ How often would you say your mother/father --
  - spent enough time with you?
  - yelled or had loud arguments with you?
  - hit or spanked you very hard?
  - made you engage in sexual acts against your will?
  - got drunk or used other drugs ?
  - did things against the law ?
  - really loved you ?
  - was a very good parent ?

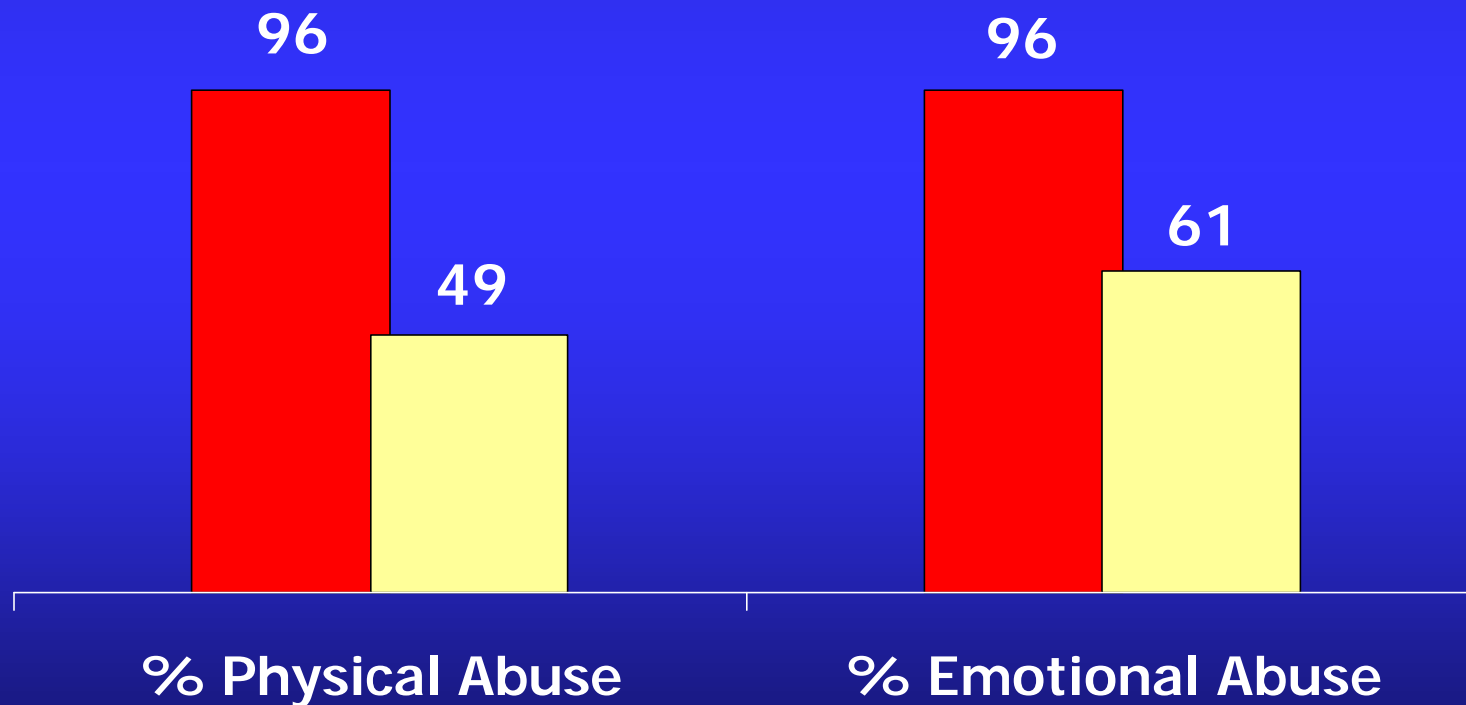
# Results

- ◆ Women with a history of sexual abuse were more likely to report:
  - Negative family-of-origin relationships
  - Family-of-origin criminality
  - Family-of-origin conflict

# Results - Other Abuse History (Admission)

■ Sexual Abuse (n=53)

■ No Sexual Abuse (n=84)



# Results – Drug Use History

	No Sexual Abuse (n = 84)	Sexual Abuse (n = 53)	Total (n = 137)
<b>Drug Use (Last 30 days)</b>			
Alcohol	2.0	2.4	2.2
Heroin	7.3	6.9	7.2
Cocaine	.9	1.2	1.1
Marijuana*	.9	1.7	1.2
Tranquilizers*	.4	1.2	.7
Other Opiates**	.1	.8	.3
<b>% Psych Med (Last 6 Mo)**</b>	<b>14</b>	<b>35</b>	<b>22</b>
<b>Problems with Drug Use</b>			
Other drug problems*	2.3	2.6	2.4
Alcohol problems	.5	.8	.6

\*p<.05

\*\*p<.01

# Results - HIV/AIDS-Risks

	No Sexual Abuse (n = 84)	Sexual Abuse (n = 53)	Total (n = 137)
Injection drug use	275	228	257
Sex-risk behavior*	10	7	9
% Last 6 months trading, giving, or getting sex without using a condom*	9	22	15

\*p<.05

# Conclusions

- ◆ In our sample of female clients in outpatient methadone treatment, a history of sexual abuse was associated with:
  - More psychological problems
  - Poorer family relations
  - Multiple forms of abuse
  - More drug related problems
  - Higher HIV-risk behaviors
  - Greater overall treatment needs

# Conclusions

- ◆ **Screening for sexual abuse (and other forms of abuse) should be routine in substance abuse treatment programs.**
  - Further clinical assessments may be needed
  - Treatment planning to address abuse issues
  - Support groups and other interventions
  - Coordination of ancillary and referral services

# Conclusions

- ◆ **Future research should continue to address:**
  - What are the best ways to screen for abuse history?
  - Does abuse history impact treatment participation?
  - Do those with abuse histories drop out earlier?
  - What impact does abuse have on outcomes?

# References

Fiorentine, R., Pilati, M. L., & Hillhouse, M. P. (1999). Drug treatment outcomes: Investigating the long-term effects of sexual and physical abuse. *Journal of Psychoactive Drugs*, 31(4), 363-372.

Gil-Rivas, V., Fiorentine, R., Anglin, M. D., & Taylor, E. (1997). Sexual and physical abuse: Do they compromise drug treatment outcomes? *Journal of Substance Abuse Treatment*, 14(4), 351-358.

Glover, N. M., Janikowski, T. P., & Benshoff, J. J. (1996). Substance abuse and past incest contact: A national perspective. *Journal of Substance Abuse Treatment*, 13(3), 185-193.

Grice, D. E., Brady, K. T., Dustan, L. R., Malcolm, R., & Kilpatrick, D. G. (1995). Sexual and physical assault history and posttraumatic stress disorder in substance dependent individuals. *American Journal on Addictions*, 4(4), 297-305.

Gutierrez, S. E., & Todd, M. (1997). The impact of childhood abuse on treatment outcomes of substance abusers. *Professional Psychology: Research and Practice*, 28(4), 348-354.

Kang, S., Magura, S., Laudet, A., & Whitney, S. (1999). Adverse effect of child abuse victimization among substance-abusing women in treatment. *Journal of Interpersonal Violence*, 14(6), 657-670.

Medrano, M. A., Zule, W. A., Hatch, J., & Desmond, D. P. (1999). Prevalence of childhood trauma in a community sample of substance-abusing women. *American Journal of Drug and Alcohol Abuse*, 25(3), 449-462.



IBR HOME PAGE

[WHAT'S NEW](#)

[ABOUT IBR](#)

[STAFF](#)

[PROJECTS](#)

[NEWSLETTERS](#)

[PUBLICATIONS](#)

[WEB POSTERS](#)

[MANUALS](#)

[FORMS](#)

[OTHER LINKS](#)

SITE GUIDES:

[Search](#)

[Contents](#)

[Site map](#)



DATOS

The IBR conducts evaluations of drug abuse intervention programs in community and correctional settings.

[TCU Treatment Process Model](#) now available for downloading

[Counseling Manuals](#) now have sample chapters to download

[TCU Treatment Assessment Forms](#) are re-organized for easier downloading by users

<http://www.ibr.tcu.edu>

Features:

[Animated slide presentations](#)

[IBR Research Summaries](#) highlight special topics

[Current issue of Research Roundup](#)

[Publication lists](#)

[10 most popular TCU forms for downloading](#)