

The Impact of Adverse Childhood Experiences on Attachment and Substance Abuse in Sexual and Gender Minority Emerging Adults



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ABSTRACT

Adverse childhood experiences (ACEs) have been linked to a number of health disparities including deficits in regulating emotions, sensitivity to stress, and substance use. Sexual and gender minorities (SGM) experience high rates of psychological distress and substance use and report higher rates of ACEs compared to their heterosexual peers. The current study found that there was significant relationship between ACEs and cocaine, prescription opioids, amphetamines, solvents/inhalants, Amyl nitrate, and MDMA when explained through Secure attachment for SGM emerging adults.

BACKGROUND

- Adverse Childhood Experiences (ACE) are associated with a number of health problems, including an increased likelihood of abusing substances (Mersky et al., 2013).
- Sexual and Gender Minorities (SGM) are more likely to use substances and are at a greater risk for polysubstance (Coulter et al., 2019) and are also shown to have a higher prevalence of ACEs compared to their heterosexual counterparts (Andersen & Blosnich, 2013).
- A recent study by Brown and Shillington (2017) found that having a positive adult relationship moderated the relationship between ACEs and substance use, but not for delinquency, for youth who had been involved with child welfare agencies due to suspected child maltreatment or neglect.
- The current study is investigating the impact of ACEs on Secure Attachment and Substance Use in SGM.

METHODS

Data

- Data were collected using Prolific, an online crowdsourcing website
- N = 1,895; ages 18-29 (Mage=23.5)
- 19% Gay/Lesbian, 55.5% Bisexual, % Straight, 12.6% Pansexual, & 7.4% Asexual. 1.7
- 59.4% were Women, 21.2 % Men, 4% Genderqueer, 3.9% Gender non-conforming, 4.1% Transgender Man, and 2% Transgender Woman.

Analytical Plan

- Model fit was assessed using the indices (CFI > .95, TLI > .95, RMSEA < .08, SRMR < .08 and chi-square difference test, p > .05) outlined by Hu and Bentler (1999) and McDonald and Ho (2002).
- Missing Data was handled using full information maximum likelihood estimation (Acocck, 2005).

METHODS

Adverse Childhood Experiences

- Measured using The Adverse Childhood Experiences Questionnaire consisted of 11 questions and responded with either 1 (Yes) or 0 (No). Question example “*Did you have a household member that was depressed, mentally ill, or attempted suicide?*” Participants were then assigned an ACE Score based on their total responses.

Secure Attachment

- Secure Attachment was measured using the item line “I often worry that my partner will not want to stay with me” from the Experiences in Close Relationships Revised (ECR-R) Questionnaire (Fraley et al., 2011) and participants responded using a five-point Likert scale from 1 (strongly disagree) to 5 (strongly agree).

Substance Use

- Participants were asked about the frequency of use for the following substances: alcohol, cannabis, tobacco, cocaine, prescription opioids, hallucinogens, amphetamines, amphetamines, and MDMA. Participants were asked to list the frequency of use for each substance on a scale from 0 (never) to 7 (every day or almost every day).

Control Variables

- The model also controlled for age, gender, gender minority identity, racial identity, and education level. Gender was controlled for a dichotomous variable in which 0=men and 1=women. Gender minority identity was controlled for as a dichotomous variable in which 0=cisgender and 1=gender minority. Race was listed as a dichotomous variable in which 0=white and 1=people of color.

Table 1. Descriptive Statistics of Variables Used

	Min	Max	Mean	Std. Deviation
ACE Score	0	11	3.22	2.51
Secure Attachment	0	7	2.09	2.38
Cannabis	0	7	1.38	2.26
Cocaine	0	5	0.19	0.59
Tobacco	0	7	3.03	1.92
Alcohol	0	7	0.17	0.61
Amphetamines	0	7	0.04	0.34
Amyl nitrate (Poppers)	0	7	0.03	0.30
Hallucinogens	0	7	0.27	1.08
MDMA (Ecstasy)	0	3	0.01	0.16
Prescription opioids	0	5	0.07	0.40
Solvents/Inhalants	0	5	0.22	0.59

RESULTS

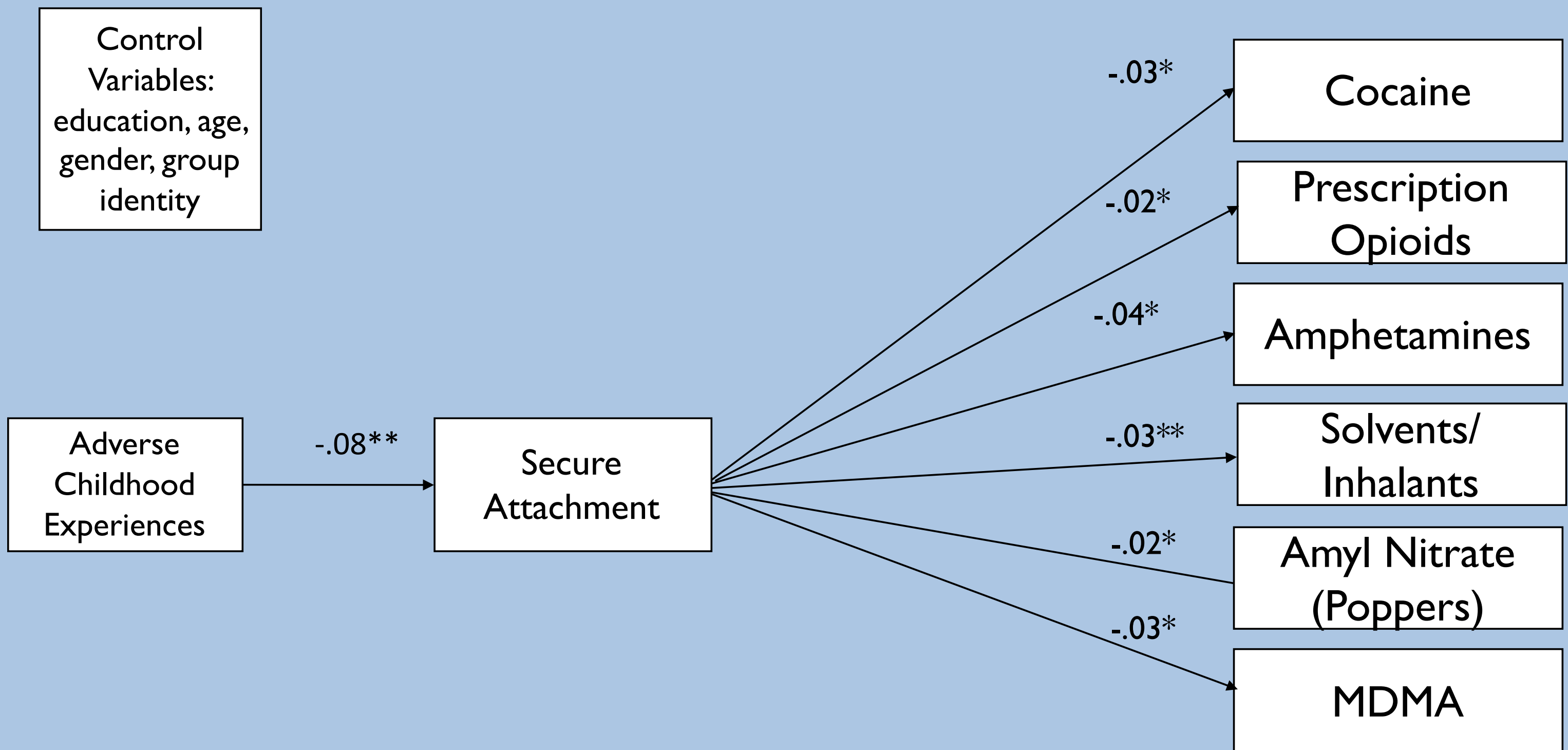


Figure 1 Path Analysis

*p < .05, **p < .01, ***p < .001

CONCLUSIONS

- Our research echoes the findings that SGMs experience unique challenges when compared to their heterosexual peers and, as such, need equally nuanced treatment and competencies from their healthcare practitioners.
- The elevated rates and risks of both substance use and ACEs is indicative of the demand for SGM informed treatment.
- Clinicians working with SGM should be aware of the higher instance of both ACEs and Substance Use and the role that secure attachment plays.
- Implications of this study are numerous for those involved in disease prevention and health promotion of SGM individuals.

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