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# History of Childhood Physical Discipline and Risky Drinking: The Role of Coping Motives

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## Introduction

Research shows that 1 in 15 Americans abuse or are dependent on alcohol (Fuller-Thompson, et al., 2016). This statistic is especially alarming given the deleterious medical, psychosocial, and economic costs of alcohol abuse (Brick, 2012). Risky drinking is linked to injuries; violence; school failure; attempted or accidental suicide; and sex-related risks like unplanned pregnancy and sexually transmitted infections (Kuntsche, et al., 2005).

Research examining risk factors have found that children who have experienced parental physical abuse face increased risk for problematic drinking in adolescence (Balázs, et al., 2017) and a two-fold probability of developing alcohol dependence (Fuller-Thompson, et al., 2016). One possible explanation is the influence of emotional distress in motivating increased use of alcohol. In fact, individuals who cite their reason for drinking as a way to regulate emotions may be a particularly high-risk group. Coping motives for drinking have been linked to increased risk for problematic drinking (Aurora, et al., 2016).

The current study examined the interplay between physical discipline (including abuse) and coping motives in predicting risky drinking. Specifically, we expected childhood physical abuse ratings to predict current risky drinking in emerging adults. Further, given prior research on drinking motives (Haynes et al., 2018), we predicted that the extent to which participants endorsed emotional coping as their motivation for drinking would mediate to some extent the relation between physical abuse history and current risky drinking.

## Method

### Participants

- Participants were 260 college students (202 females) part of a larger online study about cognitive and affective risk factors for interpersonal violence
- Ages 18-36 years ( $M = 19.88$ ,  $SD = 1.96$ )
- 68.8% Caucasian, 28.8% African American, 3.1% Hispanic, 2.3% Asian, 1.9% American Indian, 1.6% other race/ethnicity

### Measures

- Parent-Child Conflict Tactics Scales (CTSPC; Straus, 1979) to assess recalled childhood physical discipline.
- Drinking Motives Questionnaire (DMQ; Cooper, 1994), coping subscale to measure coping motives for drinking.
- Alcohol Use Disorders Identification Test (AUDIT; World Health Organization, 1982) to obtain information about risky drinking.

## Results

Correlational analyses indicated that past physical abuse and risky drinking were negatively correlated  $r = -.160$ ,  $p < .029$ . Coping motives were positively correlated with risky drinking;  $r = .544$ ,  $p < .001$ .

We used the PROCESS macro (Hayes, 2013; model 4) to examine the ability of coping motives to mediate the relation between childhood physical abuse and current ratings of risky drinking. Analyses were mean centered. Although coping motive was a significant predictor of risky drinking,  $b = 0.68$ ,  $SE = 0.09$ ,  $p < 0.01$ , the expected mediational model was not supported. In the full model, approximately 30% of the variance in risky drinking was accounted for by the predictors ( $R^2 = .30$ ).

## Discussion

The current results revealed expected associations, but also novel ones. Specifically, greater motivation to drink for coping with emotions was associated significantly with higher levels of risky drinking. Contrary to expectations, self-reported childhood physical abuse was negatively correlated with risky drinking. It may be that greater alcohol consumption facilitates under-reporting, or decreased recall, of parent-child difficulties. Although both past physical abuse and current coping motives were each positively associated with risky drinking, the expected mediational model was not supported. Overall, however, physical abuse and coping motives explained a significant amount of variance in risky drinking.

It is important to note that the current data comes from a non-clinical sample with mainly low to moderate alcohol use, so associations may look differently when including higher levels of problematic drinking. The generalizability of the current findings is limited by the reliance on self-report measures because alcohol consumption may be under-reported. On the other hand, given that motives and emotions are difficult to assess externally, use of a self-report online survey may facilitate the honest report of constructs that are internal to individuals. Possible future research would do well to examine directly the use of alcohol (e.g., biological measurement rather than self-report) to determine if drinking decreases as an outcome of successful intervention for coping skills.

**Table 1. Correlations among study variables**

Study Variable	1.	2.	3.
1. Recalled Physical Discipline	1		
2. Coping Motives	-.084	1	
3. Problematic Drinking	-.160*	.544**	1

\* $p < .05$ ; \*\* $p < .01$

