

# Childhood physical and verbal abuse, emotional



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In this study, I wanted to study gender differences in negative aftereffects related with stages of childhood physical and verbal abuse. I intend to study a sample of 200 college students. I predict that both forms of abuse are correlated to attachment struggles, including a variety of unfavorable psychological symptoms. My hypothesis, established on the attachment theory, is that the influence of a child's attachment or bond to one parent could regulate harsh emotional aftereffects of abuse by the other parent. This prediction was only partially supported. Strength of the mother-daughter attachment moderated several of the adverse psychological symptoms in response to mistreatment by fathers, but mother-son attachment did not so moderate. Strength of the father-son attachment also did not moderate the symptoms associated with mistreatment perpetrated by mothers, nor did the father-daughter attachment. These results suggest that, among other relevant factors, sex differences should also be taken into account in treatment and prevention efforts.

Keywords: Childhood physical abuse . Verbal abuse . Attachment theory. emotional symptoms . Substance abuse

## Introduction

Directed by the attachment theory, I intend to investigate gender variations in psychological indicators and substance use linked with self-reported stages of childhood physical or verbal abuse in a college sample. Studies have discovered that gender differences in the intensity of described unfavorable consequences related with different types of childhood bodily and emotional mistreatment (Crittenden et al. 1994; Thompson et al. 2004;

Yamamoto et al. 1999). Attachment theorists has also elected that as a child is ill-treated, keeping a safe attachment figure that the individual is able to trust is capable of having a shielding or regulating effect (Bacon and Richardson 2001; Howe 2005).

Preceding studies regarding females have revealed that parental attachment is to some extent defensive against the harmful effects of child sexual abuse (Aspelmeier et al. 2007), but there has not been any similar research concluded on physical or verbal abuse. In this analysis, the major issue is if the influence of attachment to a parent could be capable of having a interceding effect on the harsh effects of maltreatment by the other.

### Synopsis of the Attachment Theory

The attachment theory (Ainsworth et al. 1978) suggest that initial parent-infant connection provides the fundamental purpose of guaranteeing the protection and refuge of the infant, in addition to offering the foundation for the growth of personality, social interaction, and influence guidelines throughout their lifespan. Ainsworth (1978) examined mother-infant dyads and identified several different attachment styles. Secure infants, when reunited with mother after being left for a time with a stranger, would quickly be comforted upon the mother's return. Insecurely attached infants would react differently; the anxious/ambivalent infants would continue to be anxious and upset upon the mother's return and would take some time to quiet, while the avoidant would typically be less responsive to the mother's return, ignoring the mother's presence or acting with indifference. Main and Solomon (1986) later proposed a fourth category, disorganized-disoriented,

to classify those children who had no coherent care-seeking strategy, usually because they had been maltreated or neglected.

According to attachment theory, those with a history of secure attachment tend to have both a sense of self-efficacy

as well as an expectation that others will be responsive to their emotional needs. Therefore, during times of distress, those who are securely attached tend to seek support from others, fully expecting that they will be able to make effective use of it (Bowlby 1988). Those with a history of insecure attachment, on the other hand, tend to have negative expectations, and therefore could potentially have difficulty with regulation of negative affect. Such problems tend to put one at risk of using alcohol or drugs as a means to cope or to regulate the negative emotions (Brennan and Shaver 1995; Cooper et al. 1998).

### Childhood Mistreatment and Mental Health Problems

Childhood physical and verbal mistreatment has been linked to a wide range of adverse psychological symptoms, as well as substance abuse problems (for reviews see Downs and Harrison 1998; Malinosky-Rummell and Hansen 1993). In a study that combined verbal, physical, and sexual abuse into a single abuse category, Styron and Janoff-Bulman (1997) found that college students who had been abused in childhood tended to have less secure childhood and adult attachments than their non-abused counterparts. Those abused also tended to report being more depressed. In their review of the long-term effects of physical abuse in childhood, Malinosky-Rummell and Hansen (1993) noted that most of the studies that examined the relationship

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of physical abuse to emotional problems were conducted among females. These studies reported that physical abuse is associated with a variety of emotional problems, such as anxiety, depression, somatization, hostility, and dissociation in both inpatient and community

samples. Malinosky-Rummell and Hansen (1993) were rather cautious in concluding that there is a link between

physical abuse and a later risk of substance abuse, although there was some evidence for it, because most of the studies reviewed did not adequately control for the effect of parental substance abuse or other potentially relevant variables. Sex differences have been found in the long-term effects of physical abuse. Thompson et al. (2004) in a nationally representative survey found that men tend to experience more physical abuse during childhood but that it is generally more detrimental for girls. Physical abuse was associated with acquiring a mental health condition in

adulthood among women, but not for men. However, no sex difference was found in the effects of abuse on alcohol

or drug use. Crittenden et al.(1994), while noting that victims of physical abuse tend to be at risk for depression and social aggression, pointed out that males and females tend to react differently. Males tend to externalize problems

(e. g., conduct problems, social aggression) whereas the females tend to internalize them (e. g., depression). In a study that assessed both physical

and emotional maltreatment, Yamamoto et al. (1999) concluded, in their Japanese

sample, that physical abuse tended to be related to a greater risk of generalized anxiety disorder, and emotional abuse to a risk for major depression. In addition, they noted that mothers' abuses tended to more often be associated with psychopathology among males, whereas fathers' abuses were more often associated with psychopathology among females.

Experiencing verbal abuse or aggression in childhood has been shown to be associated with greater risk for internalizing disorders, such as anxiety and depression (Sachs-Ericsson et al. 2006; Warner et al. 2007). Teicher et al. (2006) concluded that childhood exposure to parental verbal aggression is a potent form of mistreatment, being associated with depression, anxiety, dissociation, and hostility.

Although various studies have found sex differences in the mental health sequelae of various forms of childhood

mistreatment, we were unable to find any studies that examined the relative influence of attachment to mother and

attachment to father on sons' and daughters' reaction to experiencing various levels of mistreatment in a nonclinical

sample. Therefore, we designed this pilot study to begin to identify potential associations and to use attachment theory as an interpretive framework.

Hypotheses

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Based on the child mistreatment literature, we predicted that higher levels of physical mistreatment and of verbal

mistreatment in a non-clinical sample of university students would be related to adverse psychological symptoms

associated with trauma (anxiety, depression, dissociation, sleep, and sexual problems) and to increased alcohol and

drug problems. We also predicted that levels of both physical and verbal mistreatment would be associated with

self-reported attachment difficulties with parents.

We formulated two sets of hypotheses that would test all possible combinations concerning sex differences. The first

set predicted that the college students' attachment to the same sex parent (e. g., son-father attachment, motherdaughter attachment) would moderate the sequelae of the level of mistreatment of the other parent (e. g., verbal or physical mistreatment of sons by the mother, or of daughters by father). In the second set of hypotheses, we planned to test whether the parent-child attachment to the opposite sex parent (e. g., daughter-father attachment, sonmother attachment) would moderate the sequelae of mistreatment at the hands of the other parent (e. g., mother's

mistreatment of daughters, father's mistreatment of sons).

Method

## Participants

We recruited 272 university students, mostly Caucasian (88. 2%) and never married (96. 7%), from general psychology courses at a mid-sized mid-western, rural, liberal arts university. The average age of participants was 18. 9 (SD= 1. 41); 137 (50. 4%) were female and 135 (49. 6%) were male.

## Procedures

Students enrolled in general psychology classes volunteered to participate in this study via a software sign-up program utilized by the university psychology department. Volunteering for this study was one of several options for

students to fulfill a general psychology course research requirement.

Graduate student research assistants were

recruited and trained to administer research materials using scripted instructions. Study participants provided voluntary written informed consent and completed the research instruments outside of class time in large group settings. The order in which survey instruments were administered was counterbalanced to control for within subject response bias.

## Instruments

### Demographics.

Participants responded to a demographic questionnaire, reporting their sex, age, ethnicity, educational level, marital status, and religious preference.



## Attachment Scales.

A variety of quantitative methods is available to measure attachment to parents. However, each suffers from particular problems such as having poor psychometric properties, being excessively long, using a time-consuming interview format, or simply being a categorical description with which one identifies (Stein et al. 1998). In order to obtain benefits of a multifactor, psychometrically sound, continuous-measure scale, this study used Reinert's (2005) adaptation of an Attachment to God scale (Rowatt and Kirkpatrick 2002), substituting " my mother" and " my father" for the original scale's " God." Based on Hazan and Shaver's (1987) prototype measure of attachment (a forced-choice measure composed of three paragraphs describing characteristics of a secure, an avoidant, and an anxious/ambivalent attachment), the Attachment to God scale was developed by Rowatt and Kirkpatrick (2002) and proved to be a psychometrically sound 9-item continuous scale, upon which the attachment to parents scales were based. Factor analysis confirmed that the scale has a 3-item Anxious Attachment subscale and a 6-item Avoidant Attachment subscale (Rowatt and Kirkpatrick 2002). The 7-point Likert scale (from not at all true to very true) items are summed to produce the attachment scores, with higher scores indicating greater insecurity, i. e., more anxious or avoidant attachment characteristics. All items were worded in the past tense and participants rated their childhood relationship with each of their parents, and lower scores indicated a more secure attachment. In Reinert (2005), reliability coefficients for the adaptation were quite good: Anxious Attachment to Mother, . 77; to Father, . 82; Avoidant Attachment to Mother, .

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88; to Father, . 89. Table 1 shows Cronbach's alphas for this scale and its subscales in this study, as well as the reliability coefficients for each of the other scales and the subscales used in this study.

#### Psychological Symptoms.

For a brief symptom checklist, we chose the Trauma Symptom Checklist-40 (TSC-40) (Briere and Runtz 1989; Elliott and Briere 1992) because it is "... a measure of traumatic impact, perhaps most notably (but not exclusively) in the area of long-term child abuse effects" (Briere and Runtz 1989, p. 153). We used five of the scale's subscales: Anxiety, Depression, Dissociation, Sexual Problems, and Sleep Disturbances. The TSC-40 is a reliable and valid instrument in both nonclinical and clinical populations (Elliott and Briere 1992; Zlotnick et al. 1996). The instrument was designed to measure psychological symptoms associated with people who have been traumatized by various forms of abuse. Table 1 shows Cronbach's alpha for the scale and each of the subscales.

#### Substance Use Measures.

To measure participants' continuum of alcohol and drug use, we chose two Substance Abuse Subtle Screening Inventory - 3 (SASSI-3) subscales, the Face Valid Alcohol (FVA) and the Face Valid Drug (FVD) scales. The FVA consists of 12 items that measure actual use of alcohol; the FVD has 14 questions on drug use behavior

and consequences (Miller & Lazowski, 1999). These scales assess use of drugs and alcohol over the past six months on a 4-point scale (0= never, 1= once or twice, 2= several times, 3= repeatedly).

### Childhood Mistreatment Scales.

To measure experience of mistreatment in childhood (17 years of age or younger), we selected a self-report index (Briere and Runtz 1988) that lists 12 acts of verbal mistreatment and physical mistreatment perpetrated by mother or by father. Response options (0= never to 6= daily or almost daily) were summed for items in each mistreatment category to estimate degree of childhood mistreatment, verbal and physical, perpetrated by each parent for each category. Respondents marked the 7-item verbal subscale twice, once for each parent. It included such items as, " Insult you," " Ridicule or humiliate you," " Embarrass you in front of others." In their original study, Briere and Runtz (1988) reported Cronbach's alphas of . 87 for mother and . 87 for father. In the present study, we found a Cronbach's alpha of . 91 for verbal mistreatment by mother and . 90 by father. The 5-item physical mistreatment

subscale items included such phrases as, " Slap you," " Beat you," " Kick you." Cronbach's alphas for physical mistreatment by mother and by father in Briere and Runtz (1988) was . 78 and . 75, respectively. We found reliability

coefficients of . 91 and 90, respectively.

### Results

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We calculated descriptive statistics and tested for sex differences in the study's scales using a MANOVA procedure, Wilks' lambda = .956,  $F(7, 264) = 1.72$ ,  $p = .10$ ,  $\eta^2 = .04$ . We followed up with a second test of the scales, this time replacing the full scales with their respective subscales, along with the remaining scales of the study, to determine subscale gender differences. The MANOVA revealed significant sex differences, Wilks' lambda = .835,  $F(15, 256) = 3.61$ ,  $p < .001$ ,  $\eta^2 = .17$ . Table 1 displays scale and subscale means, standard deviations, Cronbach's alpha

reliability coefficients, and also which means differ by sex, as indicated by univariate procedures performed following the MANOVA analyses.

We transformed each of the variables to z-scores prior to our analyses because several scales were not normally

distributed. We found sex differences in the TSC-40 scale and several of its subscales (see Table 1), therefore we

tested the first research question by calculating both in males and in females the Pearson correlations among verbal

and physical mistreatment and the various TSC-40 subscales and the scales that indicate attachment difficulties.

Results show that each form of mistreatment is positively related to most of the TSC-40 subscales and to most of the

scales of attachment difficulties (see Table 2). Some interesting sex differences emerged. Physical Mistreatment

was not significantly related to Anxiety or Sleep Disturbances in males, but was significantly related for females. In males, both Verbal Mistreatment and Physical Mistreatment were positively related to the SASSI-3 FVD

scale, whereas in females only Physical Mistreatment was positively related to the FVD scale. In males, Physical

Mistreatment was unrelated Avoidant Attachment to Mother, whereas in females, Physical Mistreatment was related

to having a problematic avoidant attachment to Mother.

To test the moderation hypotheses, we used the multiple regression technique with the symptom measure, e. g., TSC-

40, as the independent variable and, in Step 1, entered the verbal (or the physical) mistreatment measure and the

attachment to mother (or to father) measure. In Step 2, we entered the interaction term to test for moderation. Our

strategy was to first test for moderation using the full TSC-40 scale and if the interaction was significant or approaching significance, we would proceed to examine its subscales. If the interaction was clearly not significant in the TSC-40 scale, we did not continue using the procedure on its subscales and concluded there is no moderation. For substance abuse measures, given the correlational results (see Table 2), we tested for moderation in females only in the Physical Mistreatment condition, and among males in both

mistreatment conditions for the independent variable SASSI-FVD, using the same regression strategy outlined above.

Table 3 presents all of the moderation interactions that were significant. All of the significant moderation was

among the females, with Attachment to Mother moderating the sequelae of verbal mistreatment and physical mistreatment by father. When we tested for moderation by Attachment to Father in the sequelae of verbal or physical mistreatment by mother, we found no sign of moderation.

For males, there was no evidence of moderation of Attachment to Father on the mistreatment sequelae (TSC-

40 and SASSI-FVD) when mistreatment was perpetrated by the mother, nor was there any evidence of moderation by Attachment to Mother on the mistreatment sequelae when the perpetrator was the father.

### Conclusion and Implications

Consistent with previous research, we found that childhood verbal and physical mistreatment are related to long-term adverse psychological and behavioral outcomes. We also found important sex differences. Although verbal and

physical mistreatment psychologically affected both sexes similarly, males also tended to be at greater risk for turning to drugs if verbally mistreated than do females. Both sexes are at risk if physically mistreated. These sex-related propensities should be taken into consideration both in treatment

and prevention efforts in order to effectively assist those who may be dealing with a history of childhood mistreatment.

Our finding that the mother-daughter attachment is a particularly potent as a moderator between the verbal

mistreatment, as well as the physical mistreatment, perpetrated by the father provides some important clues for the

treatment process. Fostering a positive and supportive mother-daughter relationship may buffer some of the

negative emotional effects. Males, on the other hand, may need support to cope with the greater risk to turn to

substances.

Finally, this study provides evidence that attachment theory can be a useful framework to understand at least some aspects of the complex relationship between parental attachment and the long-term effects of childhood mistreatment. It also provides a useful theoretical framework that may guide more effective treatment and prevention efforts.