



Child maltreatment types and risk behaviors: Associations with attachment style and emotion regulation dimensions



Assaf Oshri ^{a,*}, Tara E. Sutton ^b, Jody Clay-Warner ^b, Joshua D. Miller ^c

^a Department of Human Development & Family Science, University of Georgia, USA

^b Department of Sociology, University of Georgia, USA

^c Department of Psychology, University of Georgia, USA

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ABSTRACT

Child maltreatment is a robust psychosocial risk factor linked to the development of a wide range of risk behaviors among young adults. Adult attachment style and emotion dysregulation are two potential mechanisms through which maltreatment leads to risk behaviors. Yet, less is known about the specificity of the relations among different maltreatment types, attachment styles, emotion regulation strategies, and risk behaviors. The present study examined the relations among various forms of maltreatment and risk behaviors (e.g., substance use; risky sex) among 361 undergraduate students and tested whether attachment styles and emotion dysregulation might underlie these relations. Emotional, and sexual but not verbal abuse (although verbal abuse was directly related to alcohol use), were related to anxious and avoidant attachment styles, emotion dysregulation, and a variety of risk behaviors. Among the emotion regulation dimensions, impulsivity showed the strongest indirect effect from child maltreatment to risk behaviors. Results support a cross-sectional link between child maltreatment and risk behavior outcomes via attachment styles and emotion regulation. Implications for treatment and prevention of these risk behaviors in young adults are discussed.

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1. Introduction

Child maltreatment is associated with a variety of risk behaviors, yet the specific mechanisms that underlie this link are not fully understood. Difficulties with attachment style and emotion regulation (ER) are two factors that have received extensive empirical support in relation to both child maltreatment and risk behaviors (English & John, 2013; Gratz, Paulson, Jakupcak, & Tull, 2009; Maughan & Cicchetti, 2002; Wekerle & Wolfe, 1998). In fact, attachment quality and ER are primary developmental processes that can be affected by child maltreatment (Cicchetti & Valentino, 2006), turning these factors into putative mechanisms through which child maltreatment may lead to risk behaviors. More research is needed examining both maltreatment and ER in a less narrow (uni or bidimensional) manner (English & John, 2013; Maughan & Cicchetti, 2002), which may obscure differences found when using more multifaceted articulated measures. The current study examines the specificity of linkages between child maltreatment types (e.g., emotional, sexual abuse), adult attachment styles (i.e., anxious and avoidant), ER dimensions (e.g., clarity,

nonacceptance), and risk behaviors (e.g., alcohol use; antisocial behaviors) using a cross-sectional sample of young adults. Subsequently, indirect linkages between maltreatment and risk behaviors were tested via attachment styles and ER dimensions.

1.1. Child maltreatment and risk behaviors

Child maltreatment poses challenges that can channel victims into maladaptive developmental pathways eventuating in risk behavior participation over time. For instance, adolescents and young adults with child maltreatment histories report greater participation in sexual risk behaviors (Hussey, Chang, & Kotch, 2006), cannabis use (Oshri, Rogosch, & Cicchetti, 2013), and alcohol use (Shin, Miller, & Teicher, 2013). The experience of chronic stress in childhood may permeate and disrupt multiple stage-salient tasks (e.g., relational and self-regulatory capacities) that continue to develop throughout adolescence and young adulthood (Cicchetti & Toth, 2005). Although research has shown specific associations from different types of maltreatment and risk taking behaviors (Oshri, Tubman, & Burnette, 2012), more research is needed on the specific relations of adult attachment styles and ER dimensions in explaining the connection between child maltreatment and participation in various risk behaviors.

* Corresponding author. Tel.: +1 706 542 4882.

E-mail address: oshria@uga.edu (A. Oshri).

1.2. Attachment style

Attachment theory postulates that children develop the ability to regulate their emotions through supportive, sensitive parenting and secure attachment (Bowlby, 1969/1982). Attachment organization is theorized to be an evolutionary mechanism that serves the individual in coping with stressful situations. However, if parents are abusive or unavailable, children are likely to develop an insecure attachment style (e.g., anxiety) as attempts to seek out attachment figures do not provide relief from stress or fear (Mikulincer, Shaver, & Pereg, 2003). The impact of child maltreatment on attachment is established in childhood (Stronach et al., 2011), with this effect remaining relatively stable through adulthood (Weinfeld, Sroufe, & Egeland, 2000). Adult relationship researchers extended the concept of childhood attachment into adulthood using two insecure attachment dimensions (anxious and avoidant). Anxious individuals fear abandonment, are obsessive, and desire high levels of reciprocity with others whereas avoidant individuals fear intimacy and closeness and avoid committed relationships (Hazan & Shaver, 1987). Recent studies demonstrate that an insecure attachment style is a risk factor for engagement in antisocial behaviors (e.g., Allen, Porter, McFarland, McElhaney, & Marsh, 2007). Missing is research that can delineate the link between different types of child maltreatment, the two attachment styles and risk behaviors.

1.3. Emotion regulation

ER is formed through a range of socialization experiences during development (Aldao, Nolen-Hoeksema, & Schweizer, 2010) and is composed of multiple facets reflecting the individual's strategies to achieve emotional control. For example, attention to the occurrence of various emotions and the ability to correctly identify emotions are thought to be central to effective emotion modulation. Similarly, awareness, acceptance, and use of effective strategies to modulate emotions and subsequent arousal have been shown to play a key role in ER (Gratz & Roemer, 2004). The greatest plasticity of ER occurs during childhood and adolescence when cognitive and emotional capacities are rapidly forming (John & Gross, 2004). Parents and other caregivers serve as the primary source of emotion socialization in childhood and adolescence, and abusive parenting is related to poor ER strategies among children (Shipman & Zeman, 2001). For example, experiential avoidance has been hypothesized and recently shown as one behavioral characteristic that affects the risk for psychological difficulties linked to experiences of childhood abuse (Gratz, Bornovalova, Delany-Brumse, Nick, & Lejue, 2007). Theoretically, in the process of evaluating and interpreting their emotions, abuse victims may be reinforced via secondary emotional responses (e.g., anxiety) to avoid "aversive" emotions (Gratz et al., 2007). Maladaptive emotion regulation strategies are associated with multiple risk behaviors (Simons, Maisto, & Wray, 2010). Thus, child maltreatment may be linked with risk behaviors via ineffective ER strategies. An effective test of this hypothesis requires the use of a multivariate analytic strategy such as structural equation modeling that can parse relevant constructs into specific and smaller components while accounting for their shared method error variances.

1.4. The present investigation

The aim of the present study is to examine the direct and indirect effects that account for the multivariate associations between child maltreatment types and risk behaviors in young adults. The specific hypotheses and aims of the present study are as follows. First, we examine the specificity of associations between child maltreatment types, attachment anxiety and avoidance, and with six

dimensions of ER. Second, the study tests which adult attachment styles and emotional regulation dimensions are most strongly related with four risk behaviors: alcohol use, drug use, condom use, and antisocial behaviors. Lastly, the last aim is to identify direct and indirect linkages between child maltreatment types and risk behaviors via attachment styles and ER dimensions. We hypothesize significant indirect links between child maltreatment types and risk behaviors via insecure attachment styles and reduced ER.

2. Methods

2.1. Participants

Participants were 361 undergraduate students in a U.S. public University (225 women and 135 men; 1 unknown). 315 participants were White, 16 were Black, 15 were Asian, and 9 were of Hispanic ethnicity; 6 chose "other" for their racial/ethnic status. Mean age was 19.1 (SD = 1.7, range 19–32). Participants completed the assessments in small groups in a classroom setting with sufficient space from one another to allow for privacy; they received research credit for their participation. Written informed consent was obtained from each participant.

2.2. Measures (alphas reported for the current sample)

2.2.1. Child abuse and trauma scale (CATS)

The CATS (Sanders & Golas, 1991) is a 38-item self-report measure (0 = Never to 5 = always) in which items are summed then averaged to form each subscale: of physical, verbal, emotional, and sexual abuse. Revised subscales were used on the basis of analyses presented by Poythress, Skeem, and Lilienfeld (2006). Four items were used to assess physical abuse and emotional abuse ($\alpha = 0.71$, $\alpha = 0.82$, respectively), and three items were used for verbal abuse and sexual abuse ($\alpha = 0.77$, $\alpha = 0.86$, respectively).

2.2.2. Experiences in close relationships – Revised scale (ECR-R)

The ECR-R is a 36-item self-report measure of adult attachment consisting of two subscales: (1) anxiety and (2) avoidance (Fraley, Waller, & Brennan, 2000). Both anxiety ($\alpha = 0.92$) and avoidance ($\alpha = 0.93$) were measured with 18 items answered on a 1 = Strongly Disagree to 7 = Strongly Agree scale. Items were summed and averaged to form each subscale. High scores represent a more insecure attachment, either anxious or avoidant, while low scores represent a more secure attachment style.

2.2.3. Difficulties in Emotion Regulation Scale (DERS)

The DERS (Gratz & Roemer, 2004) is a 36-item self-report measure (1 = Almost Never to 5 = Almost Always) of difficulties with ER. The DERS comprises six subscales: (1) *clarity* – lack of clarity of emotional responses ($\alpha = 0.78$), (2) *strategies* – limited access to ER strategies perceived as effective ($\alpha = 0.89$), (3) *awareness* – lack of awareness of emotional reactions ($\alpha = 0.74$), (4) *impulsivity* – difficulties controlling behavior when experiencing negative emotions ($\alpha = 0.84$), (5) *goals* – difficulties engaging in goal-directed behaviors when experiencing negative emotions ($\alpha = 0.84$), and (6) *nonacceptance* – lack of acceptance of emotional responses ($\alpha = 0.89$). High scores for each subscale represents greater difficulty in that domain of ER.

2.2.4. Alcohol use/drug use/condom use

Five z-scored items from the Crime and Analogous Behavior (CAB) scale (Miller & Lynam, 2003) were used to measure alcohol use (i.e. use of alcohol, age of first use, current pattern of use, ever binge drinking, number of binge drinking episodes in the last

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