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## The impact of individual forms of childhood maltreatment on health behavior<sup>☆</sup>

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### Abstract

**Objective:** This study examines the unique contribution of five types of maltreatment (sexual abuse, physical abuse, emotional abuse, physical neglect, emotional neglect) to adult health behaviors as well as the additive impact of exposure to different types of childhood maltreatment.

**Method:** Two hundred and twenty-one women recruited from a VA primary care clinic completed questionnaires assessing exposure to childhood trauma and adult health behaviors. Regression models were used to test the relationship between childhood maltreatment and adult health behaviors.

**Results:** Sexual and physical abuse appear to predict a number of adverse outcomes; when other types of maltreatment are controlled, however, sexual abuse and physical abuse do not predict as many poor outcomes. In addition, sexual, physical, and emotional abuse and emotional neglect in childhood were all related to different adult health behaviors. The more types of childhood maltreatment participants were exposed to the more likely they were to have problems with substance use and risky sexual behaviors in adulthood.

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**Implications:** The results indicate that it is important to assess a broad maltreatment history rather than trying to relate specific types of abuse to particular adverse health behaviors or health outcomes.

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## Introduction

The long-term psychological effects of childhood maltreatment have been well documented in the literature. Increased rates of depression, anxiety, PTSD, eating disorders, antisocial behavior and personality disorders all have been linked to a history of childhood maltreatment (Braver, Bumberry, Green, & Rawson, 1992; Edwards, Holden, Felitti, & Anda, 2003; Gross & Keller, 1992; Kent, Waller, & Dagnan, 1999; MacMillan et al., 2001; McCauley et al., 1997). These psychological problems may take severe forms. For example, McCauley et al. (1997) found that primary care patients who had experienced maltreatment as children were more likely to have recent suicidal ideation, suicide attempts, and hospitalizations for psychiatric complaints.

Recently, researchers have begun to examine more closely adverse childhood experiences in an attempt to isolate any differential impact of various types of maltreatment. There is evidence that both physical and sexual maltreatment are significant predictors of psychopathology across the lifespan (Kaplan et al., 1998; Lange et al., 1999; MacMillan et al., 2001). Thompson, Wonderlich, Crosby, and Mitchell (2001) examined the contribution of both physical and sexual abuse to eating behaviors in adolescents and found that sexual abuse was a significant predictor of multiple weight regulation practices independent of physical victimization. Kaplan et al. (1998) found that physically abused adolescents with no history of sexual abuse are at higher risk of depression and conduct disorder than adolescents with no abuse history. While most research has focused on the impact of physical and sexual abuse, a limited number of studies have begun to examine other types of maltreatment. When Kent et al. (1999) examined the impact of emotional abuse and neglect in addition to physical and sexual abuse on disordered eating attitudes in adult women, they found that only emotional abuse had a significant effect.

In addition to examining different types of childhood maltreatment, some researchers have begun to examine the impact of exposure to multiple types of maltreatment. Lange et al. (1999) found that the number of different types of childhood abuse participants were exposed to predicted more detrimental psychological effects in adult women. Bagley (1996) examined the interaction of sexual, physical and emotional child abuse and found that these forms of maltreatment in combination were more powerfully associated with adult psychiatric sequelae than sexual abuse alone, emphasizing the importance of assessing multiple forms of maltreatment when predicting later psychological outcomes. Edwards et al. (2003) found a dose-response relationship wherein the number of types of maltreatment experienced in childhood was associated with poorer mental health functioning among adult men and women in the community.

There is increasing recognition that the impact of childhood maltreatment extends to physical health as well. Researchers have begun to examine the impact of child maltreatment on health and health behaviors that have a known impact on health outcomes (e.g., exercise, substance use, diet, sexual behaviors). Female primary care patients who reported childhood sexual abuse report physical symptoms more frequently and visit their primary care provider more often than non-sexually abused women (Hulme,

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