



## The relationship between adult health and childhood maltreatment, as moderated by anger and ethnic background<sup>☆</sup>



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### ABSTRACT

Childhood maltreatment, anger, and racial/ethnic background were examined in relation to physical health, psychological well-being, and blood pressure outcomes. This study used data from a diverse sample of African American, Latino, and Caucasian participants ( $N = 198$ ). Results from a series of multiple regressions indicated anger and total childhood maltreatment were robust predictors of poorer health. Although correlational analyses found maltreatment from the mother and father were associated with poorer health outcomes, when considered as part of the regression models, only a relationship between maltreatment from the mother and physical health was found. Greater anger scores were linked with lower blood pressure, particularly systolic blood pressure. Generally, more psychological and physical symptom reporting was found with greater anger scores, and higher levels of total maltreatment also predicted physical symptoms. The pattern of interactions indicated anger was more detrimental for African American participant's (and marginally so for Latino participant's) physical health. Interestingly, interactions also indicated total childhood maltreatment was related to fewer symptoms for Latino participants. Although child maltreatment may be viewed as a moral and/or human rights issue, this study provides evidence that it can also be viewed as a public health issue. Our study demonstrated that known health risk factors such as anger and maltreatment may operate in a different pattern dependent on ethnic/cultural background. The findings suggest health and health disparities research would benefit from greater exploration of the differential impact of certain moderating variables based on racial/ethnic background.

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### Introduction

Although child maltreatment may be viewed as a moral and/or human rights issue, it can also be viewed as a public health issue. The World Health Organization has classified interpersonal violence as a health issue worthy of placement on the global public health agenda and has noted that understanding and preventing the health consequences associated with experiences of violence is essential for supporting victims, repairing infrastructure, and reducing loss of productivity in society (Krug, Mercy, Dahlberg, & Zwi, 2002).

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The link between experiences of maltreatment in the family and health are thought to be a result of prolonged exposure to traumatic circumstances that may be long lasting and leave an individual vulnerable to later physical or psychological disorders. For example, one study found early traumatic experiences between ages 6 and 11 were a significant contributor to poor health even in old age (Krause, Shaw, & Cairney, 2004). The present study adds to this body of knowledge by investigating whether a propensity toward negative affective states (i.e., anger) moderates the relationship between childhood maltreatment and adult physical health, blood pressure, and mental well-being. The specific mechanisms through which maltreatment and anger can affect and shape the health and well-being of individuals from different ethnic/racial backgrounds remain relatively underexplored topics of empirical research and will be addressed by this study.

### *Experiences of Child Maltreatment and Health*

A provocative question is whether experiences of childhood maltreatment can lead to adverse physical and mental health effects years later in adulthood. Researchers have found physical child abuse to be associated with certain adult medical conditions. For example, individuals reporting physical maltreatment during childhood also reported a significantly lower health-related quality of life (Corso, Edwards, Fang, & Mercy, 2008; Repetti, Taylor, & Seeman, 2002). In terms of medical conditions, physical abuse and maltreatment were linked with increased reports of gastrointestinal symptoms, pain, headaches, diabetes, obesity, irritable bowel syndrome (IBS), fibromyalgia, genitourinary symptoms, and respiratory symptoms (Drossman, Talley, Lesserman, Olden, & Barreiro, 1995; Goodwin, Hoven, Murison, & Hotopf, 2003; Sachs-Ericsson, Medley, Kendall-Tackett, & Taylor, 2011).

Heckman and Westfield (2006) found combined physical/emotional abuse in childhood was associated with chronic pain and somatic symptoms (e.g., back or muscle pain, dizziness). When emotional abuse was examined independently, it was associated with increased reports of fibromyalgia, chronic fatigue syndrome, IBS, migraine headaches, chronic pain, and dyspepsia (Sansone, Pole, Dakroub, & Bulter, 2006; Talley, Boyce, & Jones, 1998).

Few studies have examined a direct relationship between childhood maltreatment and blood pressure related health risks. Springer, Sheridan, Kuo, and Carnes (2007) analyzed population-based survey data from middle-aged adults and concluded physical abuse during childhood was associated with greater odds of depression, high blood pressure, and cardiac risk factors. However, not all research studies have been successful in correlating childhood maltreatment directly to high blood pressure, and the results have been mixed. Studies with adolescents (12–18 years old) found physical childhood maltreatment was unrelated to blood pressure, and witnessed parental violence was linked to higher diastolic blood pressure (Clark, Thatcher, & Martin, 2010). Also noted, studies with younger children (5–13 years old) found witnessed marital violence was associated with increased heart rate and cortisol secretion, but not blood pressure (Saltzman, Holden, & Holahan, 2005). Overall, it is still unclear whether experienced childhood maltreatment contributes to elevated blood pressure in young adults.

Children who are maltreated are also at greater risk for poorer psychological functioning in adulthood. Childhood maltreatment has been linked to a wide range of emotional and behavioral problems in adulthood, which include anxiety, depression and posttraumatic stress disorder (PTSD; Kaplow & Widom, 2007; Repetti et al., 2002; Thompson, Kingree, & Desai, 2004). Longitudinal studies of children who suffered interpersonal violence (physical assault, sexual assault, and/or witnessed violence) found an increased prevalence of PTSD, depressive disorders, anxiety, and use of mental health and social services at later life follow-up (Kilpatrick et al., 2003; Yanos, Czaja, & Widom, 2010).

The gender of the perpetrator has not often been examined separately as a risk factor for poorer health, despite indications that perpetrator gender is known to impact other areas of functioning. For example, with a female sample, it was found that maternal physical abuse and paternal psychological maltreatment were associated with dissociation symptoms, but only paternal psychological maltreatment was associated with anxiety and depression, and only maternal physical abuse was linked with suicidal ideation (Briere & Runtz, 1988). Thus, the question of whether perpetrator gender differentially impacts physical and psychological health outcomes, although speculative, is warranted.

There are few investigations that have examined similarities and/or differences in the impact of maltreatment on health based on racial/ethnic group membership. In one such study a greater prevalence of depression and suicidal attempts was found in both Caucasian and African American adults who reported more childhood maltreatment experiences (Thompson, Kaslow, Lane, & Kingree, 2000). However, the extent to which maltreatment is equally predictive of physical and psychological health outcomes for individuals from different racial/ethnic groups suffers from a lack of empirical scrutiny.

### *The Relationship Between Anger and Health*

A growing body of evidence indicates that emotional states, whether positive or negative, can impact the cardiovascular and immune systems. Studies have linked anger to immune system function with couples categorized as high total anger showing greater reductions in the percentages of cells which stimulate immune activity and fight bacteria, after a discussion involving conflict (Suinn, 2000). Other studies have found higher anger scores were positively associated with coronary heart disease in a population with normal blood pressure (Williams, Nieto, Sanford, & Tyroler, 2001).

When looking more specifically at certain types of trait anger, cardiovascular outcomes differed. Meta-analytic reviews of the literature indicated anger expression had an inverse relationship with systolic and diastolic blood pressure (actually lessening risk for high blood pressure), while anger suppression was attributed more to increased readings on both forms of blood pressure measurement (Schum, Jorgensen, Verhaeghen, Sauro, & Thibodeau, 2003; Suls, Wan, & Costa, 1995). For

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