



Abuse Awareness: Physical and Psychological Health Consequences



Introduction

Awareness for Abuse

- Many individuals who experience sexual, physical, or emotional abuse describe trauma behaviorally but do not categorize themselves as having been abused (e.g., Goldsmith & Freyd, 2005; Koss, 1998).
- Even with substantiated severe abuse and neglect, research indicates that approximately one-third of individuals deny abuse occurrences when specifically queried as adults (Hardt & Rutter, 2004).
- In a study that analyzed data from 11,660 college students over a ten-year period, Knutson and Selner (1994) noted that most participants who reported severe physical abuse did not categorize those experiences as abusive.
- Among 1,526 university students, Rausch and Knutson (1991) found that although participants reported receiving punitive treatment similar to that of their siblings, they were more than twice as likely to identify their siblings' experiences as abusive than they were to label their own, and were more likely to view their own treatment as deserved.
- Trauma-related symptoms such as depression are more strongly related to researcher-defined abuse, based on behavioral definitions, than they are to individuals' perceptions of themselves as abused (Silvern, Waelde, Baughan, Karyl, & Kaersvang, 2000).

Betrayal Trauma

- Betrayal Trauma refers to the cognitive and emotional conflict individuals face when they are hurt in the context of relationships upon which they depend (Freyd, 1996).
- This theory explains why some individuals do not acknowledge their trauma and/or experience memory impairment for trauma—because they need to preserve an attachment to the caregiver who is also the source of maltreatment.

Costs and Benefits of Abuse Awareness

- Abuse awareness may threaten necessary relationships and provoke a sense of stigma, whereas minimizing or internalizing abuse may allow victims to maintain a sense of control and preserve caregiving attachments (Goldsmith & Freyd, 2005).
- Varia and Abidin (1999) report that those who minimize childhood emotional abuse experiences report higher levels of relationship satisfaction than individuals who acknowledged childhood emotional abuse.
- Among 1,395 university women, Harned (2004) reported that unwanted sexual experiences, rather than labeling these as sexual abuse or assault, predicted distress.
- Awareness for abuse may decrease the potential for intergenerational violence (Egeland & Susman-Stillman, 1996).

How do young adults' perceptions of having experienced childhood abuse relate to levels of reported maltreatment and current symptoms? How do these relations change over time?

Method

Participants

- N = 185 (126 females and 59 males) at Time 1
- N = 96 (71 females and 25 males) at Time 2
- Participants were recruited through the University of Oregon Human Subject Pool, and indicated that they would be willing to participate in a paid follow-up session in 1-2 years.
- At Time 1, participants' ages ranged from 18 to 32 years, with 88.6% of participants between the ages of 18 and 21.

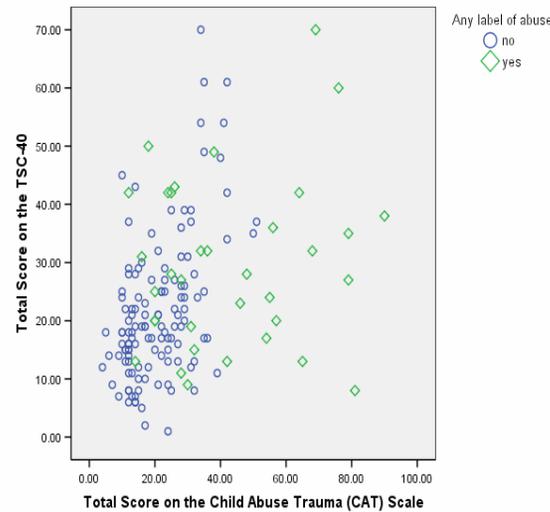
Materials

- Questionnaire items included six questions of perceptions of physical, sexual, and emotional abuse. Three questions used the word "abused" (e.g., "Would you say that you were emotionally or psychologically abused as a child (before age 17)?"), and three questions used the word "maltreated" (e.g., "Would you say that you were sexually maltreated as a child (before age 17)?").
- Trauma Symptom Checklist-40 (Elliott & Briere, 1992)
- Pennebaker Inventory of Limbic Languidness—time bound (PILL-t; Pennebaker, 1982)
- Child Abuse Trauma Scale (Sanders & Becker-Lausen, 1995)

Procedures

- The UO Human Subjects Committee approved the study protocol.
- Students signed informed consents prior to their participation.
- Participants completed anonymous surveys matched by a code that they were instructed to create using information that could not be traced to their contact information.
- After completing the surveys, participants received a written debriefing.

Relations among abuse labeling, levels of self-reported childhood maltreatment, and psychological symptoms



Partial correlation values for abuse labeling and symptoms, controlling for abuse severity

TSC-40/PILL subscale	Time 1	Time 2
Depression	.02	.33**
Anxiety	.05	.31**
Dissociation	-.07	.22*
Physical health complaints	-.02	.27*

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

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Results

• Scatter plot (top) illustrates relations among perceptions of abuse, levels of self-reported childhood maltreatment, and psychological symptoms. Table (bottom) demonstrates correlations between symptoms and labeling at Times 1 and 2.

Reported Trauma

- Levels of reported child maltreatment were highly correlated with the extent of symptoms reported on the TSC-40 ($r = .59, p < .01$).
- The CAT scale and TSC-40 had high levels of test-retest reliability ($r = .85$ and $.80$, respectively). The PILL had a test-retest reliability of $r = .69$.
- Changes in reports of anxiety, depression, childhood maltreatment, and physical health complaints were highly positively intercorrelated.

Abuse Labeling

- At Time 1, 44 individuals (23.8 %) labeled themselves as having been abused or maltreated. Twenty-five of these 44 participated in the Time 2 portion of the study.
- At Time 2, 29 individuals (30%) labeled as abused or maltreated. The change in rates of abuse labeling from Time 1 to Time 2 was not significant.

Abuse Labeling, Trauma Symptoms, and Physical Health

- At both timepoints, any abuse labeling was correlated at $r = .60 (p < .001)$ with levels of childhood abuse as measured by the CAT scale
- After controlling for abuse severity, abuse labeling was not related to symptoms at Time 1, but correlated with symptoms at Time 2. The adjacent table (left) presents correlation values.
- Regression analyses confirmed that total levels of child maltreatment and labeling abuse both emerge as significant independent predictors for depression and anxiety at Time 2.

Changes in Abuse Perceptions

- 15 students responded to abuse labeling questions differently at Times 1 and 2.
- Any change in abuse labeling from Time 1 to Time 2 was related to dissociation ($r = .22, p < .05$), anxiety ($r = .35, p = .001$), and depression ($r = .42, p < .001$).

	Labeled abused Time 1	Did not label abused Time 1
Labeled abused Time 2	19	10
Did not label Time 2	5	56

Discussion

Young adults' appraisals of childhood experiences as "abuse" or "maltreatment" may change over time, but are positively correlated with abuse severity. Relations between abuse awareness and trauma symptoms are also likely to fluctuate.

- This study indicates that clinicians should be aware that abuse perceptions have potential costs and benefits, and that changing abuse perceptions may cause distress
- Results demonstrate the depth of emotional experiences related to trauma and awareness

Future Research

- Future research should include longitudinal studies that assess the course of abuse awareness throughout the lifespan and its relation to physical and psychological health

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