Maltreatment and Physical Health Problems among Adolescents and Young Adults: Indirect Effects of Attachment and Affect Regulation

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BACKGROUND

- Extensive research has examined the impact of childhood maltreatment on physical health; however, research examining the specific effects of different types of maltreatment on health outcomes has produced equivocal results and most studies have been retrospective or cross-sectional.1,2
- Compared with other forms of maltreatment (e.g., physical, sexual), less is known about the impact of emotional abuse on later-life mental and physical health outcomes.3,4

METHOD

Participants

- 179 adolescents (46.4% female) recruited from a youth forensic center (53%), a provincial mental health facility (45%), and probation offices (2%). Measures in the current study were first completed at enrollment (Time 1 [T1]) when youth were on average 15.34 years (SD = 1.59) and at follow up (Time T2 [T2]) when youth were on average 19.93 years (SD = 1.59).

Measures

- Covariates: age, sex, and neighborhood violence (Community Violence Measure).3
- Maltreatment Experiences (T1): Family Background Questionnaire.5

- Attachment Security (T1): Comprehensive Adolescent – Parent Attachment Inventory.9
- Affect Regulation (T1 & T2): Affect Regulation Checklist.12
- Physical Health (T2): Child Health and Illness Profile – Adolescent Edition.11

Statistical Analyses

- Missing data estimated using multiple imputation.12
- Multiple mediation regression analyses were conducted with model 6 of the PROCESS macro version 2.16.3. using 10,000 bootstrapped samples.13
- Indirect effects are considered significant if the 95% confidence intervals (CI) do not include a 0 value.

RESULTS

- Emotional abuse was the most commonly experienced maltreatment (84.4% maternal; 84.9% paternal); followed by neglect (57.3% maternal; 72.2% paternal), and physical abuse (49.7% maternal; 53.6% paternal).
- Emotional maltreatment and the cumulative number of maltreatment experiences significantly predicted physical health problems, and there were indirect effects through insecure attachment (CI [.003, .014], [.009, .047]) and adolescent and adult dysregulated affect (CI [.001, .003], [.002, .012]; Figure 1 and 5).
- Physical maltreatment, neglect, and interparental violence did not predict physical health problems (Figures 2-4); however, the indirect pathways through insecure attachment (CI [.003, .025], [.003, .015], [.001, .017]) and adolescent and adult dysregulated affect were significant (CI [.001, .005], [.001, .003], [.001, .004]).
- When controlling for all other forms of maltreatment, the indirect pathways from emotional maltreatment through insecure attachment (CI [.004, .016]) and adolescent and adult dysregulated affect (CI [.001, .005]) to physical health problems remained significant. No other significant direct or indirect pathways emerged for the other forms of maltreatment.

CONCLUSION

- Findings add to the mounting evidence that emotional abuse has deleterious health consequences that remain significant even after controlling for other forms of maltreatment.3,4
- Emotional maltreatment disrupts the adolescent-parent attachment relationship, compromising the availability of the caregiver to provide safe haven and secure base. The lack of a secure attachment with parents deprives children and adolescents of a ‘regulating other’ who not only provides soothing and promotes downregulation, but also facilitates the development of the child’s capacity for self-regulation.
- Attachment insecurity and attenuated affect regulation may account for the relationship between different forms of parental perpetrated maltreatment and poor physical health, supporting equifinality (i.e., diverse paths leading to the same outcome) and informing developmental models of maltreatment.

REFERENCES