



Prospective Study on Childhood Emotional Abuse, Resilience, and Physical Health in the United States

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Background

Limited literature has found a relationship between **childhood emotional abuse & adverse physical health risks**.

One study reported that women who were maltreated as children experienced a higher likelihood of poor physical health. Emotional abuse was the strongest indicator of trauma symptoms linked to poor physical health in women (Martsolf et al., 2004).

Another study found that women who experienced child maltreatment demonstrated higher levels of mental occurrence (anxiety, depression, and post-traumatic stress) and poorer physical health (Spertus et al., 2003).

There are mixed findings on the relationship between childhood emotional abuse & **resilience**.

Resilience is the capacity to recover or adapt well in the face of adversity. Genetic, developmental, neurobiological, cultural, religious/spiritual, and psychosocial factors have been associated with resilience (Yehuda et al., 2006).

Hypotheses

1. Childhood emotional abuse will be correlated with adverse physical health outcomes and risks.
2. Childhood emotional abuse will be negatively correlated with resilience.
3. Resilience will be positively correlated with better physical health outcomes.

References

Martsolf, D. S., Draucker, C. B., & Chapman, T. R. (2004). The physical health of women in primary care who were maltreated as children. *Journal of Emotional Abuse, 4*(1), 39-59. https://doi.org/10.1300/J135V04n01_03

Spertus, J. L., Yehuda, R., Wong, C. M., Halligan, S., & Seremetis, S. V. (2003). Childhood emotional abuse and neglect as predictors of psychological and physical symptoms in women presenting to a primary care practice. *Child Abuse & Neglect, 27*(11), 1247-1258. <https://doi.org/10.1016/j.chiabu.2003.05.001>

Yehuda, R., Flory, J. D., Southwick, S., & Charney, D. S. (2006). Developing an agenda for translational studies of resilience and vulnerability following trauma exposure. *Annals of the New York Academy of Sciences, 1071*(1), 379-396. <https://doi.org/10.1196/annals.1364.028>

Methods

Secondary data analysis of the Longitudinal Studies of Child Abuse and Neglect (**LONGSCAN**) study **Longitudinal study** with coordinating center at the University of North Carolina and data were collected in 5 different locations

Survey and administrative data were collected at a set interval with **1,354 children** starting at age 4 or younger until the age of 18 (ages 4, 6, 8, 10, 12, 14, 16, 18).

Emotional abuse was assessed by the occurrence and frequency of parental behaviors and aspects of the parent-child relationship that may be considered psychologically neglectful or psychologically abusive.

Physical health outcomes and risk were assessed with items measuring mental health status (anxiety, depression, ADHD) and health status (STDs, chronic health issues).

Resilience was assessed with four broad domains: existence of familial and extrafamilial supportive adults; religiosity/spirituality and religious institution involvement; prosocial extracurricular activities; and history of leadership and honors.

Table 1 Pearson's correlation between psychological abuse score at age 12 and physical health outcomes at age 18. All other health outcomes (e.g., allergies, asthma, skin conditions) were not significantly related with psychological abuse (alpha-level = .05) and are not presented in this table.

Health outcomes and risks:	Fears/phobia	STD other than HIV/AIDS	Cerebral Palsy	Diabetes
Ever	.017	.043	.737	.270
Psychological Abuse Score	Elementary School	.066*	-	.764*
	Middle School	.042	.712*	-.171
	Last Year	.013	.072*	.867**

* $p < .05$, ** $p < .001$

Table 2 Prevalence of resilience factors in children who experienced emotional abuse

Resilience Factor	Percentage
Could go to an adult who is not a relative with a serious problem	17.8%
Could go to an adult with a serious problem	23.4%
Been captain or co-captain of a team	75.5%
Been a part of a volunteer group	78.3%
Been a member of a club at school	81.1%
Viewed religion/spirituality as important	82.7%
Been a part of a sports team	87.2%
Won a sports medal/ribbon/trophy/award	88.6%
Had an adult who encouraged/believed in them make a difference in their life	90.8%
Had an adult who encouraged/believed in them	93.9%

Results

Statistically significant correlations existed between the presence of psychological abuse at age 12 and various **health outcomes and risks** (e.g., fears/phobias, STDs other than HIV/AIDS, cerebral palsy, diabetes [$p < .05$]), at various effect sizes.

Of the health outcomes, psychological abuse had the highest Pearson's correlation with cerebral palsy. Psychological abuse indicators at age 12 were significantly correlated with having cerebral palsy at age 18 ($r = .867, p = .003$).

The magnitude of some statistically significant correlations were low ($r < .10$).

Resilience factors at age 14 were not statistically significantly correlated with emotional abuse at age 12 or physical health outcomes at age 18.

Conclusion

Childhood emotional abuse was significantly correlated with some adverse health outcomes and risks ($p < .05$), although at various effect sizes ranging from small to large. Resilience factors were not significantly correlated with emotional abuse or adverse physical health outcomes.

Strengths

- Large sample size ($N = 1,354$)
- 2-year and 6-year follow-up

Limitations

- Correlational study, cannot demonstrate causality
- Self-report response; may be difficult to verify accuracy
- Results may not be generalizable to populations outside of the United States

Global Research Implications

- Consider that the prevalence of emotional abuse internationally might vary depending on cultural perceptions of emotional abuse
- Determinants of resilience in one individual, organization, or community may differ from those in another, e.g., when examining differential coping strategies among those with abuse histories
- Examine how these relationships replicate internationally
- Investigate determinants of resilience in various communities
- Examine physical health and resilience factors after age 18

Global Clinical Implications

- Work to foster less prevalent resilience factors in individuals who experienced childhood emotional abuse
- Consider the physical effects of psychological trauma