



# Child maltreatment and adult health in a national sample: Heterogeneous relational contexts, divergent effects?☆



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## ABSTRACT

**Objective:** This study considers the long-term health consequences of child maltreatment. Distinct from previous research, we examine the effects of maltreatment in the context of more general parental evaluations.

**Method:** Analyses used retrospective and current data from the Midlife Development in the United States (MIDUS) study.

**Results:** A considerable proportion of middle- and older-age adults who experienced frequent maltreatment nevertheless evaluated the relationship with their offending parent as “excellent”, “very good”, or “good” (e.g., 47% for physical and emotional maltreatment by mothers). Maltreated respondents generally evaluated their maltreating parents less favorably than non-maltreating parents, but there was considerable variation in these recollected relationships. Adults who experienced child maltreatment reported a greater number of chronic medical conditions and physical symptoms and lower self-rated health, but effects were smaller when they had positive relationships with their parents than when one or more of the relationships was perceived as negative.

**Conclusions:** These findings highlight a common and seemingly paradoxical pattern among MIDUS participants: the co-presence of harsh parental behavior and positive recollections of parental relationships during childhood. Moreover, these surprising patterns of retrospective interpretation predict very different experiences of adult health – health problems are most pronounced among maltreatment in cases where the respondent had a generally negative relationship with one or more of his or her parents.

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## Introduction

Maltreatment during childhood has a lasting effect on health over the life course. Many studies link retrospective reports of physical and emotional maltreatment to adult health problems, including cancer (Morton, Schafer, & Ferraro, 2012), obesity (Greenfield & Marks, 2009), chronic disease (Felitti et al., 1998; Springer, Sheridan, Kuo, & Carnes, 2007), and self-rated health (Irving & Ferraro, 2006). Cogently summarizing this body of research, Greenfield argues that “child abuse can be considered as a life-course social determinant of health” (2010, p. 53).

Instructive as this literature has been, research on the long-term health effects of child maltreatment has seldom attended to the heterogeneity of family context existing in abusive and non-abusive homes. Evidence for such heterogeneity has been

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growing over the past several decades. An observational study of 71 physically abusive American mothers and fathers, for instance, identified two divergent parental clusters – one that was negative, insensitive, and harsh, but another that was primarily positive, sensitive, and engaged in the course of parent-child interaction (Haskett, Scott, & Ward, 2004). Similar findings emerge from an earlier prospective study of 44 abusive mothers followed from their child's infancy until preschool (Farber & Egeland, 1987). In spite of such adverse conditions, the authors report that slightly over half of these young children were securely attached to their mothers. In addition, children's interpretation of maltreatment can vary greatly, even within a single society or ethnic group (Cyr, Michel, & Dumas, 2013). Whereas some children interpret abusive parenting as unfavorable or unjustified, others may recall this event as discipline and, therefore, appropriate parenting during that historical period (Wind & Silvern, 1994, p. 441). Indeed, families develop distinct scripts for what is "normal" and expected in the household (cf., Handel & Whitchurch, 1994, pp. 173–175).

This heterogeneity in parenting styles and a child's assessment of parenting may play a pivotal role in explaining the diverse outcomes that have been observed among maltreated children. For example, Chandy, Blum, and Resnick (1997) report that the perception of at least one parent as caring can decrease risky behaviors such as suicidal ideation and drug use among male Minnesota high school students who report being sexually abused. Another study among physically maltreated high school males and females corroborates the importance of parental support, showing that adolescents with helpful, loving, and supportive parents are less likely to drink alcohol, smoke, or attempt suicide than those reporting less parental support (Perkins & Jones, 2004). Exploring the common co-presence of support and maltreatment within a household, Wind and Silvern (1994) find that recalled warm parenting has an association with adult women's self-esteem and depression distinct from the effects of recalled physical maltreatment. Rikhye et al. (2008) also document a significant effect of paternal bonding on adults' quality of life above and beyond the contribution of child maltreatment.

Taken together, these studies imply a critical role for the family context within which maltreatment occurs. Haskett, Nears, Ward, and McPherson (2006) note that "though the family environment of maltreated children tends to be much more dysfunctional than that of nonmaltreated children, individual differences in parenting and family processes are evident and are predictive of diversity in outcomes for abused and neglected children" (p. 804, emphasis added). Little research, however, has moved beyond mental health and risk behaviors to examine how differences in parent-child relationships may influence long-term physical health among adults.

The purpose of this research is to address that gap. Starting from the assumption that physical or emotional maltreatment is not a homogeneous early life experience, this article considers people's capacity for positive recollections of family life intermixed with memories of maltreatment. The goal is to assess whether long-term effects of child maltreatment on adult health vary along these bases of experiential incongruity. Specifically, we consider whether the health consequences of child maltreatment differ according to the quality of recalled parental relationships.

Using data from a nationally representative survey of American adults, this study poses three basic questions. First, to what extent do respondents demonstrate mixed recollections of childhood experiences of maltreatment but *generally positive recollections* of childhood relationships with their abusive parent? Second, how do adults recall their childhood relationships with a non-abusive parent in homes where they were maltreated by another parent? Assuming that these two questions provide some level of heterogeneity, we turn to our third and central research question: do the long-term health consequences of child maltreatment differ depending on how respondents recall their childhood relationship with their parents? Throughout this article, we will refer to child maltreatment in a general sense, but specify particular physical and emotional forms when operationalizing the construct.

*Theoretical background:* The life course perspective provides a general way to conceptualize how heterogeneous childhood experiences may influence health outcomes in middle- and older-adulthood (Elder, 1998; Kuh & Ben-Shlomo, 2004). Applying this perspective, the current article focuses on one aspect of the childhood context that could signify key points of divergence in the maltreatment-health association: general recollections of relational quality with parents. Do some adults remember their childhood relationship with a parent in positive terms despite harsh treatment from one or more parents? And do these adults fare better than those who recall negative overall relationships with one or both of their parents?

The scenario we address in this study – the possibility of good relations amidst maltreatment – is also informed by recent theorizing on family solidarity, specifically the idea that paradox plays a central role in family processes (Bengtson, Giarrusso, Mabry, & Silverstein, 2002). Briefly, family solidarity theory posits six distinct dimensions of family life that seek to explain how and to what extent the family unit integrates its members (affectual, consensual, functional, associational, structural, and normative solidarity). The overriding aspect of this theoretical framework most important for the current study is the fact that within each dimension, both positive and negative aspects of family relationships can co-exist; the presence of one does not imply the preclusion of the other. As Bengtson et al. explicate, "family relationships that are more negative on a particular dimension may consist of some people who are content to be more tenuously connected along that dimension, and thus, exhibit satisfaction with their family" (Bengtson et al., 2002, p. 571). For example, mothers often express feeling close to their adult daughters, but nevertheless report that they get on their nerves with some frequency (Pillemer & Suito, 2002). Simply put, conflict – exemplified in the current study as child maltreatment – is not "the same as the absence of affection" (Bengtson et al., 2002, p. 575). This conception of intergenerational relations views families as complex systems that embody both conflict and cohesion.

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