Research article

Motivational capacities after prolonged interpersonal childhood trauma in institutional settings in a sample of Austrian adult survivors

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A B S T R A C T

A considerable amount of research has been conducted on the aversive impact of prolonged interpersonal childhood trauma, but data on possible associations with motivational concepts (self-efficacy, self-esteem and locus of control) in adult survivors is scarce. The purpose of this study is to investigate specific coherences between childhood abuse and adult life events with (a) motivational concepts (MC), (b) the emotion regulation strategy "goal-directed behavior" and (c) the possible mediation of emotion regulation (ER) on motivational concepts. We use data from a cross-sectional survey in Vienna (VIA-S) obtained from 220 adult survivors of prolonged interpersonal childhood trauma. In addition, we assess the Childhood Trauma Questionnaire, the Life Events Checklist for DSM-5, the subscale "Goals" (Difficulties in Emotion Regulation Questionnaire), the Short Scale for Measuring General Self-Efficacy Beliefs, the Multidimensional Self-Esteem Scale, and an extended version of the Internal-External Control Beliefs-4 Scale. An estimated multi-group path-model, divided by gender, was also conducted with the measures indicated above. Our results show that prolonged interpersonal childhood trauma directly relates to reduced self-efficacy, self-esteem, and difficulties in ER. Concurrently, ER serves as a mediator for all MC. No gender differences were observed. Associations with adult life events were only found regarding self-efficacy. This study supports the notion that prolonged interpersonal childhood trauma in institutional settings impacts ER, which further mediates MC. Despite several study limitations (e.g. lack of a control group) the presented findings underline the importance of broadening the perception of trauma sequelae as well as integrating inhibited ER strategies and MC.

1. Introduction

The disclosure and uncovering of systematic cases of severe childhood abuse that happened in the last 60 years in different care settings all around the world, led to a growing interest in research. Institutional foster care homes are often isolated systems in remote areas restricting the foster care children's access to supportive resources. Growing up in an aversive environment, they are confronted with caretakers who are simultaneously their perpetrators without a possibility to escape (Stein, 2006; Wolfe, Jaffe, Jette, & Poisson, 2003). In this state of captivity, which is also found in prisons or labor camps but also in families, prolonged, repeated trauma occurs and leaves the children under the control of their perpetrator (Herman, 1992). Experiencing multiple forms of traumatic events

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before and during institutional care increases their vulnerability (Scott-Storey, 2011). Interpersonal trauma is often prolonged and repeated, raises the risk of further traumatization, and requires adaptation to a harmful environment (Adams & Lehnert, 1997). Such prolonged interpersonal childhood trauma (in institutional care settings) involves continuing experiences of maltreatment (including physical, sexual, and emotional abuse and/or physical and emotional neglect) in early childhood and adolescence.

Multiple forms of early prolonged interpersonal trauma experiences are not only found to be associated with psychopathological symptoms but also with emotional dysregulation due to malfunction of the limbic system (Teicher, Samson, Polcari, & McGreenery, 2006). The failure to provide a secure environment and adequately support the fosterlings (institutional betrayal) adds to the already known harmful effects of childhood abuse (Smith & Freyd, 2013). Occurring symptoms – apart from PTSD – arise not only because of the traumatic experience itself but are also strongly linked to the harmful institutional setting (Platt, Luoma, & Freyd, 2016; Surìs, Lind, Kashner, & Borman, 2007). Acknowledging this fact reveals a wide spectrum of sequelae after prolonged interpersonal childhood trauma found in adult survivors (Lueger-Schuster et al., 2013; Oswald, Heil, & Goldbeck, 2010; Terry, 2008). Reported psychopathological consequences are PTSD and Complex PTSD (Knefel, Garvert, Cloitre, & Lueger-Schuster, 2015), affective disorders, anxiety disorders, substance abuse (Carr et al., 2010), and personality disorders (Bierer et al., 2003). Moreover, severe restrictions in daily life such as chronic sexual problems (Wolfe, Francis, & Straatman, 2006), general problems of maintaining social contact (Weindl & Lueger-Schuster, 2016), and occupational disadvantages (Ebbinghaus & Sack, 2013) are also reported. Additionally, prolonged interpersonal childhood trauma is associated with higher ER difficulties (Ehring & Quack, 2010) and poses a potential risk for experiencing further traumatic exposure during one's lifetime (Finkelhor, Ormrod, & Turner, 2007).

Individuals who are exposed to prolonged interpersonal childhood trauma experience loss of control resulting in reduced positive expectations for future undertakings (Simmen-Janevska, Horn, Krammer, & Maercker, 2014). They experience an inability to successfully strive for personal goals, which hinders the development of motivational concepts (MC), such as self-efficacy, self- esteem, and locus of control (LOC) (Simmen-Janevska, Brandstatter, & Maercker, 2012). Especially in late childhood and adolescence interpersonal childhood trauma negatively affect MC (Kim & Cicchetti, 2003; Turner, Finkelhor, & Ormrod, 2010).

1.1. Self-efficacy

Perceived self-efficacy is one's belief in the ability to succeed in specific situations (Bandura, 1997) and it is the essential basis for motivation (Bandura & Locke, 2003) as well as an important factor for psychological functioning. Strong associations are found between self-efficacy, general stress, and PTSD in adolescents and adults following exposure to collective trauma, such as natural disaster (Luszczynska, Benight, Cieslak, Kissinger et al., 2009). Higher levels of self-efficacy correlate with better somatic health and supports adaptation after traumatic events (Luszczynska, Benight, & Cieslak, 2009; Simmen-Janevska et al., 2012).

1.2. Self-esteem

Self-esteem is an individual's evaluation of their qualities and self-worth, and develops during childhood (Baumeister, 1998). Experiencing traumatic events, especially in adolescence, can diminish self-esteem (Schütz, 2005). Studies show that self-esteem is directly impaired by traumatic experiences (Stein, Leslie, & Nyamathi, 2002; Yen, Yang, Wu, & Cheng, 2013), and childhood abuse has a negative effect on participants' confidence who already had suffered from low self-esteem (Sachs-Ericsson et al., 2010). Furthermore, previous research associates low levels of self-esteem with higher traumatic stress symptoms (Finzi-Dottan & Karu, 2006), aggressiveness, and depressive symptoms (Matsuura, Hashimoto, & Toichi, 2013), as well as substance abuse (Stein et al., 2002). Therefore, a positive perception of oneself is a particularly relevant component throughout someone's life circle and (Simmen-Janevska et al., 2014) supports aging contentedly (Baltes & Baltes, 1990).

1.3. Locus of control (LOC)

LOC is the perception of one's control over an event by which one is affected (Rotter, 1966). Internal LOC refers to an individual's behavior as the main controlling factor, while external LOC refers to instances as chance, luck, fate, or the influence of other individuals. Until now, the relation between LOC and trauma severity is not entirely clarified. Research conducted so far reports that individuals who have experienced higher levels of loss and trauma show stronger positive associations between psychopathological symptoms, such as PTSD, and external LOC (Brown, Mulhern, & Joseph, 2002; Mellon, Papanikolau, & Prodromitis, 2009). Interestingly, children who have experienced domestic violence show no associations between LOC and PTSD (Kilpatrick & Williams, 1998). Further, no significant relations between internal LOC and PTSD after intense trauma exposition (high battle intensity) are observed. Positive associations between internal LOC and psychological distress are only found in individuals who have been exposed to less traumatic circumstances (Brown et al., 2002; Solomon, Mikulincer, & Benbenishty, 1989).

1.4. Emotion regulation for goal-directed behavior

Adaptive ER is important for the ability to maintain positive motivation attitudes. In order to enable achieving personal goals and expectations, adaptive ER inhibits inappropriate or impulsive behavior and regulates emotional responses while experiencing negative emotions (Diamond & Aspinwall, 2003; Gratz & Roemer,2004). ER is learned in interaction with primary caregivers and their early attachment relations (Calkins & Hill, 2007). The caregiver's own ER strategies serve as a model for developing children, and help to label and understand their own emotions. Hence, an abusive environment, lacking secure attachment relations and role