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Research article

Does adult attachment style mediate the relationship between childhood maltreatment and mental and physical health outcomes?

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ABSTRACT

Attachment theory has been proposed as one explanation for the relationship between childhood maltreatment and problematic mental and physical health outcomes in adulthood. This study seeks to determine whether: (1) childhood physical abuse and neglect lead to different attachment styles in adulthood, (2) adult attachment styles predict subsequent mental and physical health outcomes, and (3) adult attachment styles mediate the relationship between childhood physical abuse and neglect and mental and physical health outcomes. Children with documented cases of physical abuse and neglect (ages 0–11) were matched with children without these histories and followed up in adulthood. Adult attachment style was assessed at mean age 39.5 and outcomes at 41.1. Separate path models examined mental and physical health outcomes. Individuals with histories of childhood neglect and physical abuse had higher levels of anxious attachment style in adulthood, whereas neglect predicted avoidant attachment as well. Both adult attachment styles (anxious and avoidant) predicted mental health outcomes (higher levels of anxiety and depression and lower levels of self-esteem), whereas only anxious adult attachment style predicted higher levels of allostatic load. Path analyses revealed that anxious attachment style in adulthood in part explained the relationship between childhood neglect and physical abuse to depression, anxiety, and self-esteem, but not the relationship to allostatic load. Childhood neglect and physical abuse have lasting effects on adult attachment styles and anxious and avoidant adult attachment styles contribute to understanding the negative mental health consequences of childhood neglect and physical abuse 30 years later in adulthood.

1. Introduction

In fiscal year 2014, there were 3.25 million referrals to Child Protection Service agencies for possible maltreatment and over 700,000 of these children were found to be victims of maltreatment (U. S. Department of Health and Human Services, 2016). The majority (75%) were victims of neglect and 17% were victims of physical abuse (U. S. Department of Health and Human Services, 2016). Numerous studies have documented the short- and long-term consequences of child maltreatment across multiple domains of functioning (Cicchetti & Toth, 2005; Gilbert et al., 2009; Hussey et al., 2006; Norman et al., 2012), including adverse physical health outcomes (Cicchetti, 2013; Wegman & Stetler, 2009; Widom, Czaja, Bentley, & Johnson, 2012). One estimate of the costs of child maltreatment exceeded \$272 billion (Fang, Brown, Florence, & Mercy, 2012).

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Although there are likely to be multiple developmental pathways through which child abuse and neglect lead to problematic outcomes in adulthood, attachment theory offers a useful framework and insecure attachment may represent an important mediator between child abuse and neglect and negative outcomes in adulthood. This paper seeks to determine the extent to which childhood neglect and physical abuse lead to insecure (anxious and avoidant) adult attachment styles and whether these attachment styles mediate the relationship between childhood maltreatment and mental and physical health outcomes.

1.1. Child abuse and neglect and attachment

Since Bowlby's (1980) early work on the importance of childhood attachment and its influence on later relationships, adult relationship researchers have extended the concept of attachment to adulthood (Mikulincer & Shaver, 2005) and in particular to close relationships. Adult attachment theory proposes that expectations and responses to interpersonal situations learned in the context of early childhood relationships provide a model for relatively stable patterns of intimate relationships in adulthood. Avoidant individuals may inhibit and control their emotions by avoiding closeness and entering committed relationships. In contrast, adults with an anxious attachment style may become obsessive and hypervigilant to potential loss and may be viewed by others as demanding and clinging.

Some research has shown that childhood family environments predict adult attachment styles (Fraley, Roisman, Booth-LaForce, Owen, & Holland, 2013). There is also evidence for the stability of attachment styles over time (Barnett, Ganiban, & Cicchetti, 1999; Bartholomew & Shaver, 1998; Shapiro & Levendosky, 1999; Toth & Cicchetti, 1996), although other work has shown discontinuity (Weinfeld, Sroufe, & Egeland, 2000). Temporal instability in attachment styles may be meaningful, since changes in a child's relationship with a parent or subsequent positive experiences with others may lead to better functioning and more secure adult attachment relationships.

If parents are neglectful or physically abusive, children may be more likely to develop insecure attachment styles (e.g., avoidant or anxious). Indeed, researchers have reported high levels of insecure attachments in maltreated children (Baer & Martinez, 2006; Cicchetti, Rogosch, & Toth, 2006; see Cyr, Euser, Bakermans-Kranenburg, & Van Ijzendoorn, 2010 for a meta-analysis).

There is also evidence to suggest that outcomes vary by type of maltreatment (Moran, Vuchinich, & Hall, 2004). English, Bangdiwala, and Runyan (2005) noted an "emerging consensus that different types of maltreatment need to be examined separately, as each appears to have distinct antecedents and consequences" (p. 442). Gauthier, Stollak, Messe, and Aronoff (1996) suggested that neglect may have a different psychological meaning for children, compared to physical abuse, pointing out that neglect often represents psychological rejection and abandonment, whereas physical abuse does not. Given the important role of the caregiver in the development of a person's attachment, the lack of adequate care that defines childhood neglect is consistent with a prediction of poor quality attachment. Neglected children may learn that they are not effective in communicating their needs and obtaining maternal cooperation to meet their needs, so they increase their demands. If this behavior results in attention, then they will maintain a pattern of clinging and demanding behavior. If their behavior does not result in attention, then they may become depressed and withdrawn and feel unworthy of attention. Physically abused children may feel that they are worthy of attention, even if it is harsh and punitive and may develop an active fear of closeness leading to avoidance in relationships. Furthermore, for children who are removed from the home (temporarily or for longer periods of time) or are placed in foster care, this physical and psychological separation from the mother is also likely to lead to insecure attachment.

There is empirical support for the theoretical specificity of the effects of certain types of maltreatment on attachment across the life span. Unger and De Luca (2014) found that childhood physical abuse was associated with avoidant attachment in adults. In contrast, neglected children were more likely to manifest anxious attachment (Finzi, Ram, Har-Even, Shnit, & Weizman, 2001), compared to physically abused and control group children. Recent work by Oshri, Sutton, Clay-Warner, and Miller (2015) showed different associations between child maltreatment and attachment styles in adults, reinforcing the need to examine these relationships for different types of abuse and neglect.

1.2. Attachment and mental and physical health

Secure attachment has been associated with well-being and mental health (Mikulincer & Shaver, 2007). Children with insecure attachments, compared to those with secure attachments, were more likely to manifest psychopathology in adulthood (Cicchetti, Rogosch, & Toth, 1998; Easterbrooks, Biesecker, & Lyons-Ruth, 2000) and to engage in risky behaviors (Oshri, Rogosch, & Cicchetti, 2013). An insecure attachment has been shown to be a risk factor for depression among adults (Hankin, Kassel, & Abela, 2005; Roberts, Gotlib, & Kassel, 1996) as well as other forms of psychological dysfunction (Riggs et al., 2007; Sroufe, Carlson, Levy, & Egeland, 1999).

Other research indicates that attachment relationships and the quality of close relationships affect immune functioning, neuroendocrine functioning, and reactions to stressful events (Coan, Schaefer, & Davidson, 2006; Kidd, Hamer, & Steptoe, 2011; Kiecolt-Glaser, Glaser, Cacioppo, & Malarkey, 1998) and studies have focused on heart rate, blood pressure, and electrodermal reactivity to laboratory stressors (e.g., Diamond, Hicks, & Otter-Henderson, 2006; Fraley & Shaver, 2000; Fraley, Waller, & Brennan, 2000; Kim, 2006). Maunder, Lancee, Nolan, Hunter, and Tannenbaum (2006) found that anxious attachment was associated with greater self-reports of stress or distress, whereas avoidant attachment was associated with differences in physiological regulation of heart rate. In another study, Dewitte, De Houwer, Goubert, and Buysse (2010) found that anxious attachment was related to physical (cortisol) and subjective emotional distress responses, whereas avoidant attachment was related to subjective and behavioral responses to distress. Puig, Englund, Simpson, and Collins (2013) prospectively found that insecure attachment assessed in infancy

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