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## ORIGINAL ARTICLE

# Child maltreatment, revictimization and Post-Traumatic Stress Disorder among adults in a community sample

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### KEYWORDS

Childhood  
Maltreatment;  
Revictimization;  
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Disorder;  
Emotional Abuse;  
Ex-post facto study.

**Abstract** *Background/Objective:* Childhood maltreatment (CM) has been associated with revictimization and post-traumatic stress disorder (PTSD). However, this relation is hardly examined in South European countries, and in community samples. We tested these associations in a convenience sample of 1,200 Portuguese adults in the community. *Method:* Data were collected using self-report questionnaires, the Post Traumatic Diagnostic Scale (PDS) and the Childhood Trauma Questionnaire–Short Form (CTQ-SF). Odds ratios, logistic and hierarchical regression were used to analyze the data. *Results:* Exposure to CM increased more than twofold the risk of being revictimized and threefold a PTSD diagnosis. Highly prevalent traumatic events such as accidents were associated with CM. More than 30% of adults with PTSD were exposed to emotional abuse. After adjusting for demographics, emotional abuse remained a significant predictor for revictimization and PTSD, having the largest effect on the prediction of PTSD severity ( $\beta = .24$ ). *Conclusions:* Findings underline the injurious potential of emotional abuse during childhood in adults in the community. More knowledge is needed about the mechanisms linking CM with further traumatic exposure and PTSD across the lifespan to better inform preventive and therapeutic actions.

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**PALABRAS CLAVE**

Maltrato infantil;  
revictimización;  
Transtorno de Estrés  
Postraumático;  
abuso emocional;  
estudio *ex-post facto*.

**Maltrato infantil, revictimización y Trastorno de Estrés Postraumático en adultos de una muestra comunitaria**

**Resumen** *Antecedentes/Objetivo:* El maltrato infantil (MI) se ha asociado con la revictimización y con el trastorno de estrés postraumático (TEPT). Sin embargo, esta relación es poco conocida en los países del Sur de Europa y en muestras comunitarias. Estas asociaciones se analizaron en una muestra de conveniencia compuesta por 1.200 adultos portugueses. *Método:* Los datos fueron obtenidos usando la Escala de Diagnóstico Post Traumático (PDS) y el Cuestionario de Trauma Infantil-Versión corta (CTQ-SF), y analizados con odds ratios y regresiones logísticas y jerárquicas. *Resultados:* La exposición a MI aumentó más del doble el riesgo de percibir revictimización y tres veces el diagnóstico de TEPT. Los eventos traumáticos frecuentes, como accidentes, se asociaron con CM. Más del 30% de los adultos diagnosticados con TEPT indicaron haber sufrido abuso emocional. Tras ajustar por factores demográficos, el abuso emocional predijo significativamente la revictimización y fue el predictor con mayor efecto en la gravedad del TEPT ( $\beta = 0,24$ ). *Conclusiones:* Nuestros hallazgos confirman el potencial nocivo del abuso emocional en la infancia para los adultos de la comunidad. Se necesita más conocimiento sobre los mecanismos que relacionan el MI con la exposición traumática y el TEPT para informar mejor sobre posibles acciones preventivas y terapéuticas.

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Although exposure to early adversity is accepted as risk factor for poor health across lifespan, the underlying mechanisms for this relation remain hardly understood (Moffitt, 2013). Child maltreatment (CM) consists of abusive or neglectful acts perpetrated by parents or caregivers, having the potential to “harm, potentially harm or threaten a child” (Gilbert et al., 2009, p. 68). It has been associated with mental problems in adults, particularly post-traumatic stress disorder (PTSD) (Breslau et al., 2014; Scott, Smith, & Ellis, 2010). Although physical abuse (PA) and sexual abuse (SA) have been the most studied CM forms, emotional abuse (EA), physical neglect (PN) and emotional neglect (EN) occur as frequent as well. Based on a series of meta-analyses, estimated worldwide prevalence was 177 for PA, 267 for EA, 113 for SA and 163 for neglect (N) per 1,000 inhabitants (Stoltenborgh, Bakermans-Kranenburg, Alink, & van IJzendoorn, 2015).

Consequences of CM can remain relatively unnoticed in the short term and become manifest in later life stages (Pratchett & Yehuda, 2011). CM takes place during sensitive developmental periods, occurs mostly in chronic patterns and is frequently perpetrated by emotionally important figures/persons (Pratchett & Yehuda, 2011). Such specificities are thought to have consequences for the individual’s biological (e.g., sensitization of the HPA-axis), cognitive and social functioning (e.g., negative cognitions about the self and others, impaired intimate relationships), which have been found to be consistent risk factors for PTSD (DiGangi et al., 2013).

The proposed version of the International Classification of mental health disorders specified complex PTSD as resultant of exposure to chronic stressors, such as PA and SA during childhood (Keeley et al., 2016). However, such stressors are often hidden by subsequent traumatic events. Looking into the nature of symptoms and better assessing pre-trauma

risk factors can improve the prevention and the selection of treatment protocols for PTSD (DiGangi et al., 2013; Keeley et al., 2016; Timimi, 2014).

Revictimization refers to the exposure of subjects who were victimized during childhood to subsequent traumatic events (TEs) (Widom, Czaja, & Dutton, 2008). Experiencing adversity during childhood was found to increase the risk for exposure to additional TEs across the lifespan (Miron & Orcutt, 2014; Widom et al., 2008). Sexual abuse and PA were found to be predictive of revictimization in psychiatric inpatient men (Cloitre, Tardiff, Marzuk, Leon, & Portera, 2001), in victims of substantiated CM (Widom et al., 2008) and in a community sample (Desai, Arias, Thompson, & Basile, 2002). Emotional abuse and SA during childhood predicted adult rape in college women, while PA did not (Messman-Moore, Walsh, & DiLillo, 2010). In subjects with substantiated CM, PA and SA and N predicted further exposure to TEs (physical assault/abuse, sexual assault/abuse, kidnapping and/or stalking and having a family/friend murdered or commit suicide) (Widom et al., 2008).

Problems such as emotional dysregulation (Messman-Moore et al., 2010; Young & Widom, 2014) and failure to discriminate non-threat and threat related cues (Chu, Bryant, Gatt, & Harris, 2016) were found among CM exposed adults. These factors can reduce the ability for subjects to identify risks and to display adequate protective behaviors. Sleeping disorders were also suggested to increase the risk for accidents among CM subjects (Kendall-Tackett, 2002).

Although revictimization studies among CM victims do exist, findings are overrepresented for women and for exposure to SA and PA (Widom et al., 2008). Analyzed samples are frequently biased: they consisted of substantiated cases and/or economically disadvantaged groups which have an increased risk for exposure to cumulative adversity, or—the opposite—university college students having a better

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