

DIFFERENTIAL ADULT SYMPTOMATOLOGY ASSOCIATED WITH THREE TYPES OF CHILD ABUSE HISTORIES

JOHN BRIERE

University of Southern California School of Medicine

MARSHA RUNTZ

University of Manitoba

Abstract—Using scales specifically developed for this purpose, the present study examined university women's retrospective reports of childhood sexual, physical, and psychological abuse as they related to three types of current psychosocial dysfunction. Multivariate analysis revealed that, as hypothesized, history of psychological abuse was uniquely associated with low self-esteem, physical abuse was linked to aggression toward others, and sexual abuse was specifically related to maladaptive sexual behavior. This analysis also indicated that although there were unique effects of each type of abuse, physical and emotional abuse were often present together—a combination associated with generalized psychosocial problems.

Key Words—Psychosocial dysfunction, Physical abuse, Sexual abuse, Psychological abuse.

INTRODUCTION

RECENT RESEARCH on the long-term impacts of childhood sexual abuse has linked molestation experiences to a variety of later problems and symptoms, including depression (Briere & Runtz, 1987; Gold, 1984; Peters, 1988), interpersonal difficulties (Briere & Zaidi, 1989; Herman, 1981; Tsai & Wagner, 1978), sexual problems (Jehu, Gazan, & Klassen, 1984; Maltz & Holman, 1987), and suicidality (Briere & Runtz, 1986; Sedney & Brooks, 1984). Similar research on the long-term effects of physical abuse is more sparse, but appears to stress psychological symptoms (Briere & Runtz, 1988a; Cole, 1986; Runtz, 1987), sexual problems (Cole, 1986), and aggression and criminality (McCord, 1983; Pollock, Briere, Schneider, Knop, Mednick, & Goodwin, in press). Almost no empirical work has been done on the long-term effects of psychological child abuse, per se, other than one study (Briere & Runtz, 1988a) relating such maltreatment to suicidal ideation and a variety of psychological symptoms.

Less reliably associated with child abuse history are measures of self-esteem, despite logical and clinical assumptions that maltreatment might negatively impact on self-image. In this regard, although low self-esteem has been reported in some samples of former victims of sexual abuse (Courtois, 1979; Gold, 1984; Jehu et al., 1984; McCord, 1985) and physical

Received for publication April 4, 1989; final revision received September 15, 1989; accepted September 18, 1989.

Reprint requests may be sent to John Briere, Ph.D., Assistant Professor of Psychiatry, U.S.C. School of Medicine, 1934 Hospital Place, Los Angeles, CA 90033.

abuse (Zaidi, 1987), other studies (Briere & Runtz, 1988a; DiPietro, 1987; Fromuth, 1986; Runtz, 1987) using equivalent scales (e.g., the Texas Social Behavior Inventory (Spence & Helmreich, 1978) and the Rosenberg Self-Esteem Scale (Rosenberg, 1965) fail to find a relationship between child abuse and poor self-concept.

Two features of the above literature appear worthy of further investigation. First, as noted by M. S. Rosenberg (1987) and others, most research in this area tends to restrict itself to a single form of maltreatment (e.g., sexual or physical abuse), despite what appear to be commonalities in the impacts of all types of child abuse, and the frequent presence of multiple types of abuse in the same families. A more ecologically valid approach would be to assess the extent of all forms of maltreatment (i.e., physical, sexual, and psychological) experienced by a given subject, and then examine their specific and overlapping associations with the various types of psychological symptoms. Such a methodology might address the issue of whether a given problem or symptom associated with one form of abuse (e.g., low self-esteem and physical maltreatment) may actually arise from other, coexisting, forms of abuse (e.g., psychological maltreatment), thereby allowing the researcher to "disentangle the sources of trauma" (Browne & Finkelhor, 1986) that often comprise a negative childhood.

A second issue relates to the ambiguous findings regarding abuse and self-esteem. The failure of some studies to find a self-esteem effect may reflect either (1) an actual absence of association between these variables, or (2) inadequacies in the measurement systems used to assess abuse-related self-esteem changes. Regarding the latter possibility, the specific impacts of a given form of maltreatment may not directly correspond to the general patterns of disturbance assumed and tested by traditional psychological instruments, since such measures are inevitably devised without reference to abuse per se (Briere & Runtz, 1989). This lack of specificity, in turn, may lead to an underestimation of actual abuse effects, either by failing to address certain abuse-related problems or symptoms, or by emphasizing abuse-irrelevant difficulties.

The current paper reports on an attempt to examine each of these concerns. First, we used a multivariate analytic approach to study the relationship between three forms of current psychological symptomatology and retrospective reports of the three major types of child abuse (sexual, physical, psychological). We specifically sought to determine whether child abuse, per se, is associated with generalized later psychological dysfunction, or whether certain forms of abuse are related to specific later psychological difficulties. We were especially interested in testing a clinical hypothesis suggested by Briere (1989) and others that, in addition to psychosocial effects associated with several or all forms of child abuse, psychological maltreatment selectively impacts on self-esteem, sexual abuse most uniquely produces dysfunctional sexual behavior, and physical abuse differentially increases anger and aggression. Second, given the mixed findings of the self-esteem and abuse literature, we examined the possibility that abuse impacts on self-concept might be relatively circumscribed, producing a specific form of low esteem not well addressed by more generic self-concept measures.

In order to test our hypotheses about specific abuse-symptom relationships, we created three potentially abuse-specific symptom scales for the present study (Self-Esteem, Sexual Behavior, Aggression/Anger), based on our clinical experience with symptomatic abuse survivors. Because the sample used here was previously studied in terms of abuse impacts on established measures, including the Texas Social Behavior Inventory (TSBI), a self-esteem measure developed by Spence and Helmreich (1978), the opportunity existed to test the abuse-specific validity of the new self-esteem scale as compared to the known performance of the TSBI in this group of subjects.

METHOD

A Family Experiences Questionnaire was administered to a sample of 277 female undergraduate students, recruited from randomly selected Introductory Psychology classes, who participated for course credit in a study previously described by Briere and Runtz (1988a, 1988b). In addition to a variety of psychological measures, this questionnaire included a seven-item parental psychological maltreatment scale (PSY), a five-item parental physical maltreatment scale (PHY), and an item inquiring about sexual contact between the subject and any individual at least five years older which occurred when she was 14 years of age or younger. The latter item revealed that 14.7% of all subjects had self-reported sexual abuse histories. As noted by Briere & Runtz (1988a), subjects scored PSY and PHY scales according to how often each negative parental behavior occurred in the "average year" before age 15 (PSY) or the "worst year" before age 15 (PHY) on a 0 to 6 scale (see Appendix 1 for item content and frequency of endorsement for each scale). Previously scored for both maternal and paternal behaviors, PSY and PHY were summed across sex of parent in the present study in order to reduce data complexity, yielding averaged parental psychological and physical maltreatment scores for each subject.

Also included in the current study (and reported here for the first time) were 21 items, written on a clinical-intuitive basis, intended to tap the constructs of abuse-related self-concept problems (Self-Esteem scale), maladaptive sexual activity (Dysfunctional Sexual Behavior scale), and aggression (Aggression/Anger scale), as presented in Appendix 2. Items used in these scales were selected from a larger pool of statements, generated by the authors based on their ongoing clinical work with adults who were physically, sexually, or psychologically abused as children. Items ultimately used were those judged to be most representative of each of the three above noted abuse-related problems. Subjects were asked to rate the relevance of each item-statement to their own experience on 1 (*not at all true*) to 5 (*very often true*) Likert-like scales.

The association between the three symptom scales defined above and the three forms of abuse was assessed by canonical correlation analysis. This statistical technique allows the researcher to investigate the types and number of relationships ("variates") between two sets of variables, both in terms of each variable's unique contribution to the overall relationship(s) (based on the magnitude of the canonical "standardized coefficients"), and in terms of their common or combined connections with one another (reflected in the canonical "structure coefficients") (Stevens, 1986). Use of canonical correlation analysis thereby allowed determination of the unique and overlapping roles of sexual, physical, and psychological abuse as they related to abuse-related Self-Esteem, Dysfunction Sexual Behavior, and Aggression/Anger.

RESULTS

Reliability analysis indicated moderate internal consistency for the Self-Esteem, Dysfunctional Sexual Behavior, and Aggression/Anger scales (α s of .64, .66, and .61, respectively), findings which supported their use in the subsequent analysis. Mean subject scores on these scales were 13.4 ($SD = 3.92$) for Self-Esteem, 12.87 ($SD = 3.99$) for Dysfunctional Sexual Behavior, and 14.71 ($SD = 4.09$) for Aggression/Anger. Canonical correlation analysis revealed two independent relationships in the data, Roots 1-3: $Rc = .36$, $F(9,659.69) = 5.71$, p

Table 1. Canonical Correlation Analysis of Association Between Types of Child Abuse and Subject's Scores on Self-Esteem, Sexual Behavior, and Anger/Aggression Scales

Variate 1 ($R_c = .36$)			Variate 2 ($R_c = .20$)		
	c_{stan}^a	c_{struct}^b		c_{stan}^a	c_{struct}^b
Independent Variables			Independent Variables		
Sexual Abuse	-.03	-.10	Sexual Abuse	.83	.80
Physical Abuse (PHY)	-.21	-.50	Physical Abuse (PHY)	-.63	-.50
Psychological Abuse (PSY)	-.91	-.98	Psychological Abuse (PSY)	.23	.09
Dependent Variables			Dependent Variables		
Self-Esteem	-.79	-.94	Self-Esteem	-.12	-.11
Sexual Behavior	-.28	-.59	Sexual Behavior	.93	.64
Anger/Aggression	-.18	-.56	Anger/Aggression	-.77	-.52

^a Canonical standardized coefficient, considered meaningful (italicized) if $c \geq .40$.

^b Canonical structure coefficient, considered meaningful (italicized) if $c \geq .40$.

$\leq .001$; Roots 2-3: $R_c = .20$, $F(4,544.00) = 2.85$, $p \leq .024$. As shown in Table 1, the first variate had meaningful standardized canonical loadings (reflecting the unique contribution of a given variable controlling for the contribution of all other variables in the equation) on psychological abuse (PSY) and Self-Esteem, whereas the second variate loaded positively on sexual abuse, negatively on physical abuse (PHY), positively on Dysfunctional Sexual Behavior, and negatively on Anger/Aggression.

The canonical structure coefficients (reflecting the overlapping or non-unique contribution of a given variable to the total equation) of this analysis, also presented in Table 1, reveal loadings on physical abuse (PHY) and psychological abuse (PSY) and all three symptom scales for Variate 1, and loadings equivalent to the standardized coefficients for Variate 2.

DISCUSSION

The results of this study may be divided into two parts: data regarding the unique or specific relationship between each type of abuse and later symptomatology, and data regarding the overlapping or nonspecific relationship between abuse and symptoms.

The standardized coefficient results suggest that there is a substantial, unique relationship between retrospective reports of parental psychological abuse and subsequent low self-esteem, controlling for all other forms of abuse and types of symptoms, followed by a smaller but statistically significant unique relationship between sexual abuse and dysfunctional sexual behavior and between physical abuse and later anger/aggression. In the latter relationship, sexual and physical abuse were inversely related, suggesting (for this sample) that after psychological abuse was accounted for, history of one or the remaining forms of abuse usually implied absence of the other.

The structure coefficient results, on the other hand, reveal a more general relationship. The first variate suggests that physical and psychological abuse tend to occur together, and that this combined abuse is associated with later symptomatology in all three spheres (self-esteem, dysfunctional sexual behavior, and anger/aggression). The structure coefficients for the second variate generally match the standardized results, as reported above.

The implications of these data are three-fold. First, they support the hypothesis that there may be specific impacts of each form of child maltreatment, above and beyond any effects they have in common with one another. Psychological attacks and criticism by one's parents

appear to be specifically associated with subsequent low self-evaluation, probably as a result of the child's internalization of parental statements as a basis for self-perception. Physical abuse, on the other hand, may produce aggression toward others (but not altered sexual activities) as the child generalizes from her experiences with abusers and assumes aggression to be an appropriate form of interpersonal behavior when angry or distressed. Finally, the association between sexual abuse history and adult maladaptive sexual behavior (but not increased aggression) may arise from what Finkelhor and Browne (1985) refer to as "traumatic sexualization," thought to occur when "a child's sexuality (including both sexual feelings and sexual attitudes) is shaped in a(n) . . . interpersonally dysfunctional fashion as a result of sexual abuse" (p. 531).

The canonical structure results further inform us that although there are unique effects of each abuse type, physical and emotional abuse frequently overlap (i.e., are often present together), a combination associated with generalized increases in problems with self-esteem, sexual behavior, and aggression. It should be noted, however, that these three forms of disturbance are unlikely to be the only common and/or unique effects of child abuse; they merely represent those considered in the present analysis. Other problems, such as dissociation, interpersonal dysfunction, or depression, may also selectively co-vary with various forms of maltreatment, hypotheses that warrant study in further research on differential child abuse effects.

The second major implication is regarding the finding in this study of impaired self-esteem. As opposed to the absence of abuse-related variability found for the Texas Social Behavior Inventory in an earlier analysis (Briere & Runtz, 1988a), the current self-esteem scale was significantly affected by subjects' abuse history. Such data suggest, as many clinicians believe, that self-esteem decrements are a sequel of childhood maltreatment (Garbarino, Guttman, & Seeley, 1986). The predictive validity of the current measure, relative to the TSBI, supports the appropriateness of examining specific types of low self-esteem when studying the impact of aversive childhood events. In the present instance, for example, the authors' clinical experience with abuse survivors led them to include specific items reflecting severe self-criticism, guilt, and perceived undeservingness.

Finally, the negative association between physical and sexual abuse and between maladaptive sexuality and aggression in Variate 2 suggest that in nonclinical female populations physical and sexual abuse can represent substantially different phenomena, as similarly reported by Finkelhor (1979), Gil (1973), and others, whose associated outcomes also differ. In the current sample, for example, women who were sexually victimized typically were not physically abused as well and tended to engage in dysfunctional sexual behavior but not aggression against others. This relationship may not extend to the more severe instances of sexual abuse frequently seen in clinical samples, however, where physical abuse is also frequently present (Briere, 1988).

In summary, the current multivariate analysis suggests that the various types of child abuse have both specific and overlapping effects on later psychosocial functioning. Such conclusions, however, must be tempered by the retrospective nature of the current study, and may or may not be generalizable to the constellation of abusive childhood events often present in clinical samples. Regarding the latter point, replication of the present study with different groups and with both sexes is recommended, perhaps using different measurement devices and investigating different forms of disturbance. Given the current information regarding self-esteem, future investigators are especially encouraged to utilize abuse-relevant scales or inventories as opposed to more generic measures.

REFERENCES

- Briere, J. (1988). The long-term clinical correlates of childhood sexual victimization. *Annals of the New York Academy of Sciences*, *528*, 327-334.

- Briere, J. (1989). *Therapy for adults molested as children: Beyond survival*. New York: Springer.
- Briere, J., & Runtz, M. (1989). The trauma symptom checklist (TSC-33): Early data on a new scale. *Journal of Interpersonal Violence*, *4*, 151-163.
- Briere, J., & Zaidi, L. Y. (1989). Sexual abuse histories and sequelae in female psychiatric emergency room patients. *American Journal of Psychiatry*, *146*, 1602-1606.
- Briere, J., & Runtz, M. (1988a). Multivariate correlates of childhood psychological and physical maltreatment among university women. *Child Abuse & Neglect*, *12*, 331-341.
- Briere, J., & Runtz, M. (1988b). Symptomatology associated with childhood sexual victimization in a nonclinical adult sample. *Child Abuse & Neglect*, *12*, 51-59.
- Briere, J., & Runtz, M. (1987). Post sexual abuse trauma: Data and implications for clinical practice. *Journal of Interpersonal Violence*, *2*, 367-379.
- Briere, J., & Runtz, M. (1986). Suicidal thoughts and behaviors in former sexual abuse victims. *Canadian Journal of Behavioral Science*, *18*, 413-423.
- Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. *Psychological Bulletin*, *99*, 66-77.
- Cole, C. (1986, May). *Differential long-term effects of child sexual and physical abuse*. Paper presented at the 4th National Conference on Sexual Victimization of Children, New Orleans.
- Courtois, C. (1979). The incest experience and its aftermath. *Victimology: An International Journal*, *4*, 337-347.
- DiPietro, S. B. (1987). The effects of intrafamilial child sexual abuse on the adjustment and attitudes of adolescents. *Violence and Victims*, *2*, 59-78.
- Finkelhor, D. (1979). *Sexually victimized children*. New York: Free Press.
- Finkelhor, D., & Browne, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. *American Journal of Orthopsychiatry*, *55*, 530-541.
- Fromuth, M. E. (1986). The relationship of childhood sexual abuse with later psychological and sexual adjustment in a sample of college women. *Child Abuse & Neglect*, *10*, 5-15.
- Garbarino, J., Guttman, F., & Seeley, J. W. (1986). *The psychologically battered child*. San Francisco: Jossey Bass.
- Gil, D. (1973). *Violence against children*. Cambridge, MA: Harvard University Press.
- Gold, E. R. (1984). Long-term effects of sexual victimization in childhood: An attributional approach. *Journal of Consulting and Clinical Psychology*, *54*, 471-475.
- Herman, J. (1981). *Father-daughter incest*. Cambridge, MA: Harvard University Press.
- Jehu, D., Gazan, M., & Klassen, C. (1984). Common therapeutic targets among women who were sexually abused. *Journal of Social Work and Human Sexuality*, *3*, 25-45.
- Maltz, W., & Holman, B. (1987). *Incest and sexuality*. Lexington, MA: Lexington Books.
- McCord, J. (1983). A forty-year perspective on effects of child abuse and neglect. *Child Abuse & Neglect*, *7*, 265-270.
- McCord, J. (1985). Long-term adjustment in female survivors of incest: An exploratory study. *Dissertation Abstracts International*, *46*, 650B.
- Peters, S. D. (1988). Child sexual abuse and later psychological problems. In: G. E. Wyatt & G. J. Powell (Eds.), *Lasting effects of child sexual abuse*. Newbury Park: Sage.
- Pollock, V. E., Briere, J., Schneider, L., Knop, J., Mednick, S. A., & Goodwin, D. W. (in press). Childhood antecedents of antisocial behavior: Parental alcoholism and physical abusiveness. *American Journal of Psychiatry*.
- Rosenberg, M. S. (1987). New directions for research on the psychological maltreatment of children. *American Psychologist*, *42*, 166-171.
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.
- Runtz, M. (1987). *The psychosocial adjustment of women who were sexually and physically abused during childhood and early adulthood: A focus on revictimization*. Unpublished master's thesis, University of Manitoba, Winnipeg, Canada.
- Sedney, M. A., & Brooks, B. (1984). Factors associated with a history of childhood sexual experience in a nonclinical female population. *Journal of the Academy of Child Psychiatry*, *23*, 215-218.
- Spence, J. T., & Helmreich, R. (1978). *Psychological dimensions of masculinity and femininity: Their correlates and antecedents*. Austin, TX: University of Texas Press.
- Stevens, J. (1986). *Applied multivariate statistics for the social sciences*. Hillsdale, NJ: Lawrence Erlbaum.
- Tsai, M., & Wagner, N. (1978). Therapy groups for women sexually molested as children. *Archives of Sexual Behavior*, *7*, 417-429.
- Zaidi, L. J. (1987). *The influence of abusive childhood experiences on adult personality characteristics and disciplinary responses in an analogue parenting task*. Unpublished doctoral dissertation, University of Iowa.

APPENDIX I

Frequency Distributions (In Percentages)* of Items in the Physical (PHY) and Psychological (PSY) Maltreatment Scales

Scale	Parental Behavior	Value Ranges ^b			
		0	1-2	3-4	5-6
PSY	Yell at you	11	18	33	38
	Insult you	56	23	13	9
	Criticize you	27	32	25	19
	Try to make you feel guilty	44	31	17	10
	Ridicule or humiliate you	29	27	24	20
	Embarrass you in front of others	68	13	11	9
	Make you feel like you were a bad person	51	28	14	8
PHY	Slap you	44	36	16	5
	Hit you really hard	70	22	5	4
	Beat you	94	4	2	2
	Punch you	96	3	1	1
	Kick you	94	5	1	0

Note. From by J. Briere and M. Runtz, 1988. *Child Abuse & Neglect*, 12, p. 335. Copyright (1988). Reprinted by permission.

^a Percentages do not always sum to 100, due to rounding error.

^b Item values: 0 = never; 1 = once a year; 2 = twice a year; 3 = 3-5 times a year; 4 = 6-10 times a year; 5 = 11-20 times a year; 6 = more than 20 times a year.

APPENDIX II

Composition of Self-Esteem, Dysfunctional Sexual Behavior, and Aggression/Anger Scales

Scale	Items
Self-esteem	<ol style="list-style-type: none"> 1) Sometimes I call myself "dirty" names in my head. 2) I don't enjoy looking in a mirror. 3) Sometimes I feel that people like me more for what I look like or what I can offer sexually than who I really am inside. 4) I often feel guilty about things I have done. 5) I often feel contaminated. 6) Sometimes I feel that I don't deserve to live. 7) I like myself most of the time. (reverse)
Dysfunctional Sexual Behavior	<ol style="list-style-type: none"> 1) I have gotten into trouble because of my sexual behavior. 2) I have used sex to get something I wanted or needed. 3) I have been more sexually active than most of my peers. 4) Sometimes I flirt or "come on" more for the attention than to have sex. 5) I have controlled others through the use of sex. 6) I have voluntarily had sex with someone I didn't know and wasn't attracted to. 7) I like to dress in "sexy" clothes.
Aggression/Anger	<ol style="list-style-type: none"> 1) Sometimes I am afraid I might hurt someone physically, without good reason. 2) I won't back away from a fight. 3) I get into a lot of physical fights. 4) Sometimes I start fights just to get my anger out. 5) I am afraid that if I had children I might punish them too strictly, or perhaps even physically hurt them. 6) I work hard to win arguments. 7) I have a quick temper.

Résumé—Dans la présente étude on a examiné à l'aide d'échelles spécifiquement développées pour cela des récits rétrospectifs faits par des femmes ayant une formation universitaire sur la violence sexuelle, physique et psychologique qu'elles avaient subie dans l'enfance; ces trois sortes de mauvais traitements ont été mis en rapport avec trois types de mal-fonctionnements psychologiques présentés au moment de l'étude par ces femmes. Comme on l'avait supposé au départ, l'analyse multivariée a révélé qu'une anamnèse de violence psychologique était uniquement associée avec la sous-estimation de soi-même, la maltraitance physique était associée avec une agressivité à l'égard des autres et les sévices sexuels étaient spécifiquement en rapport avec un comportement sexuel inadapté. L'analyse a aussi démontré que bien que pour chaque type de violence il y eût des effets uniques, en fait la violence physique et psychologique était souvent associées dans l'histoire de ces femmes; cette combinaison a été trouvée reliée à des problèmes psycho-sociaux très généraux.

Resumen—Usando escalas desarrolladas específicamente para este propósito, la investigación presente examinó los reportes retrospectivos de mujeres universitarias acerca del abuso sexual, físico y psicológico sufrido durante la niñez, y su relación con tres tipos de disfunción psicosocial actual. Un análisis multivariable reveló que, como fue hipotetizado, una historia de abuso psicológico estaba especialmente asociada con bajo amor propio, el abuso físico con la agresión hacia otros, y el abuso sexual estaba específicamente relacionado con la conducta sexual inadapta. Este análisis también indicó que aunque cada tipo de abuso tuvo efectos específicos, el abuso emocional y el físico se hallaban frecuentemente combinados; una combinación asociada con problemas psicosociales generalizados.