Multiple forms of child abuse and neglect: adult retrospective reports

Daryl J. Higgins*, Marita P. McCabe

School of Psychology, Deakin University, Geelong, Victoria 3217, Australia

Received 24 March 1999; accepted 2 October 1999

Abstract

There are few research reports of the experience of multiple forms of child abuse and neglect (multi-type maltreatment). A critical review is presented of 29 studies in which adult retrospective reports of more than one form of child maltreatment (sexual abuse, physical abuse, psychological maltreatment, neglect, or witnessing family violence) are assessed. Empirical investigations of the extent and impact of multi-type maltreatment are identified. Data on the relationship between the different forms of maltreatment and the adjustment problems associated with each type of maltreatment are critiqued. As well as using dichotomous measures of maltreatment, an important methodological problem was the failure of researchers to assess all child maltreatment types, the relationship between multi-type maltreatment and adjustment, and the role of variables influencing the occurrence or impact of maltreatment. Considerable overlap was found in the occurrence of maltreatment types. The compounding or interacting effects of experiencing multi-type maltreatment were ignored in many studies. Where an assessment was made of the specific impact of multi-type maltreatment, it was associated with greater impairment than single forms of abuse or neglect. A multi-dimensional approach to prevention and treatment of child abuse and neglect is required in which children’s vulnerability to multi-type maltreatment is addressed. © 2001 Elsevier Science Ltd. All rights reserved.

Keywords: Child abuse; Neglect; Multi-type maltreatment; Review study; Adult adjustment

The degree to which children are subjected to more than one type of child abuse or neglect is a complex and sensitive issue that has not been well studied (Stanley & Goddard, 1993). In addition, little is known about the adjustment problems experienced
by adults who as children were subjected to more than one type of abuse or neglect. Researchers have focused on the adjustment problems associated with single forms of maltreatment without recognizing that more than one type of child abuse or neglect can be experienced by the same individual (Hughes et al., 1989). However, there is a growing body of evidence to show that maltreatment types do not occur independently. Further, a significant proportion of maltreated individuals experience not just repeated episodes of one type of maltreatment, but are likely to be the victim of other forms of abuse or neglect. Existing research studies that provide retrospective data on multiple forms of maltreatment are critically reviewed below. In conducting a review of this literature, our aim was to examine studies where more than one type of maltreatment has been assessed, and to look at the long-term adjustment problems associated with the experience of ‘multi-type maltreatment’.

‘Multi-type maltreatment’ refers to the coexistence of one or more of the following types of child maltreatment: sexual abuse, physical abuse, psychological maltreatment, neglect, witnessing family violence (Higgins & McCabe, 1998). Higgins and McCabe (1998) noted that a distinction should be made between individuals who have experienced only one maltreatment type (single-type maltreatment) and those who have experienced more than one type of abuse and neglect (multi-type maltreatment). Although some authors (e.g., Hart, 1998) use terms such as ‘multiple victimization’, this term is less accurate as it may refer to multiple experiences of the same type of maltreatment — either from the same or different perpetrators (see Hamilton & Browne, 1998).

The empirical knowledge base of the interrelationships between maltreatment types and the relationship between adults’ retrospective reports of childhood experiences of multi-type maltreatment and their current adjustment is limited. It relies almost entirely on research that examines only one or two maltreatment types, most commonly, physical and sexual abuse (Higgins et al., in press). It is surprising that even in studies in which at least a proportion of the adults had experienced multi-type maltreatment, few researchers compared the adjustment problems associated with single- and multi-type maltreatment (Higgins & McCabe, 2000). As noted by Wolfe and McGee (1994), “it may be misleading to study the impact of any particular form of maltreatment without controlling for or measuring the full range of maltreatment experiences” (p. 179). According to Rossman and Rosenberg (1998), “there needs to be a paradigm shift wherein development and multiple sources of adversity are taken into consideration in trying to understand the etiology, sequelae, intervention, and needed legal action or policy” (p. 2). Unless all of the different types of child maltreatment are assessed, it is not possible to differentiate between the unique and shared consequences of each type. Kinard (1994) asked: “When multiple forms of maltreatment occur, whether or not they occur concomitantly, how can the investigator determine whether observed outcomes are the result of the most recent type of maltreatment or the cumulative effects of all types?” (p. 647).

The co-morbidity of maltreatment types may have either a cumulative or an interactive effect. However, there are few empirical data to bear on this issue. Wolfe and McGee (1994) argued that “different types of child maltreatment interact in a manner that is more detrimental to development than the influence of one type alone”
Again, Kinard (1994) noted that “it is not clear whether the impact of multiple types of maltreatment is due to the actual number of different types or to a particular combination of types” (p. 648).

Two aspects of empirical studies of multiple forms of child maltreatment are examined in the current review. First, the extent of overlap between maltreatment types is assessed (i.e., Do maltreatment types occur together?), and second, the relationship between multi-type maltreatment and adjustment of adults is examined (i.e., Is experiencing more than one maltreatment type associated with poorer long-term adjustment?). Other studies of multi-type maltreatment in either child or adolescent populations have been conducted (e.g., McGee et al., 1995, 1997; Rossman & Rosenberg, 1998). However, the focus of the current review is the long-term correlates of childhood multi-type maltreatment among adults. This is not intended to be a comprehensive review of all studies in the field of child maltreatment that may have included an assessment of more than one type of maltreatment. Such a task would be impossible because of the vast quantity of literature published in the field of child maltreatment, and the absence of ‘multi-type maltreatment’ (or related concepts) as a descriptive phrase in titles, abstracts, or keywords, as it is a newly recognized domain.

Research studies selected for review are: (1) empirical investigations; (2) published in the English language in an international peer-review journal; (3) examine more than one type of child maltreatment (measured either as a grouping variable, or assessed as a continuous variable); and (4) provide some data on either (a) the prevalence of each maltreatment type being assessed, (b) the relationship between the different maltreatment types (percentage of respondents with more than one type of maltreatment, or the correlation between scores on the different maltreatment types), or (c) the relationship of each type of maltreatment to outcome (e.g., a measure of current psychological functioning).

Studies were identified from the ‘Psychlit’ database using a variety of key terms: ‘abuse’, ‘neglect’, ‘maltreatment’, ‘sexual’, ‘physical’, ‘psychological’, ‘neglect’, and ‘witnessing family violence’. Titles and abstracts were reviewed, and where there was evidence that multiple forms of child maltreatment were investigated, articles were obtained and examined to see if they met the above four criteria. Studies were also identified from the reference lists of empirical and review articles.

A number of studies that potentially provide data on multi-type maltreatment and associated adjustment problems were found to be methodologically flawed. Some researchers failed to distinguish between maltreatment that occurred during childhood/adolescence and that which occurred during adulthood (e.g., rape, spousal assault), or did not allow for differentiation between the types of maltreatment being examined (e.g., Breton & Bunston, 1992; Ladwig & Andersen, 1989). Although some retrospective reports of adults appeared to be studies of multi-type maltreatment, the analyses were focused on only one maltreatment type. For example, despite having used a measure that assessed both physical and sexual abuse during childhood, Crouch (1993) failed to describe the extent to which her sample had experienced sexual abuse, the relationship between physically and sexually abusive experiences in childhood, or the relationship between sexual abuse and current adjustment. Similarly, Long and Jackson (1991) evaluated sexual abuse and “other potentially traumatic events (e.g.,
Table 1
Adult retrospective reports of multiple types of child maltreatment

<table>
<thead>
<tr>
<th>Research studies</th>
<th>Maltreatment types examined</th>
<th>Control for SES?</th>
<th>Influence variables included?</th>
<th>Sample type</th>
<th>Sample size</th>
<th>Comparison group included?</th>
<th>Nature of data collection</th>
<th>Gender of sample</th>
<th>Effects of each type partitioned?</th>
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</thead>
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<tr>
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<td>D</td>
<td>D</td>
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<td>C</td>
<td>C</td>
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<td>3</td>
<td>M</td>
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<tr>
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<td>D</td>
<td>D</td>
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<td>No</td>
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<td>nonabused</td>
<td>2</td>
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<td>C</td>
<td>C</td>
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<td>1 and 2</td>
<td>M/F</td>
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<tr>
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<td>C</td>
<td>C</td>
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<td>2</td>
<td>F</td>
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<td>C</td>
<td>C</td>
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<td>277</td>
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<td>2</td>
<td>F</td>
</tr>
<tr>
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<td>C</td>
<td>C</td>
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<tr>
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<td>C</td>
<td>C</td>
<td>1</td>
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<td>426</td>
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<td>2</td>
<td>M/F</td>
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<td>C</td>
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<td>2</td>
<td>M/F</td>
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<td>C</td>
<td>C</td>
<td>C</td>
<td>1</td>
<td>No</td>
<td>228k</td>
<td>nonabused</td>
<td>2</td>
<td>?</td>
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<td>C</td>
<td>C</td>
<td>C</td>
<td>1</td>
<td>1, 2, 3</td>
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<td>2</td>
<td>F</td>
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<td>C</td>
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<td>1, 2, 3</td>
<td>175</td>
<td>nonabused</td>
<td>2</td>
<td>M/F</td>
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</tbody>
</table>

Notes:
- PSY: Physical
- PHYS: Physical
- SEX: Sexual
- NEG: Neglect
- WIT: Witness
- D: Direct
- C: Control
- C*: Child
- ?: Not specified
- *: Includes
- **: Does not include
- k: Total sample:
- l: Includes
- m: Does not include
- n: Control group included?
- o: Nature of data collection
- p: Gender of sample
- q: Effects of each type partitioned?
<table>
<thead>
<tr>
<th>Study</th>
<th>Design</th>
<th>n</th>
<th>Exposure</th>
<th>Gender</th>
<th>Type</th>
<th>Results</th>
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</thead>
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<tr>
<td>Janus et al. (1987)</td>
<td>D D</td>
<td>4</td>
<td>2, 6, 3</td>
<td>89</td>
<td>nonabused 1</td>
<td>M</td>
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<tr>
<td>Kamsner and McCabe (in press)</td>
<td>C C</td>
<td>2</td>
<td>1, 2, 3</td>
<td>1 and 2</td>
<td>93, 133</td>
<td>nonabused 2</td>
</tr>
<tr>
<td>Leserman et al. (1998)</td>
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<td>1</td>
<td>3</td>
<td>239</td>
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<td>F</td>
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<tr>
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<td>D D</td>
<td>1</td>
<td>No 3</td>
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<td>nonabused 1 and 2</td>
<td>M/F</td>
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<td>Milner et al. (1990)</td>
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<td>2</td>
<td>375</td>
<td>nonabused 2</td>
<td>M/F</td>
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<td>Mancini et al. (1995)</td>
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<td>1</td>
<td>7</td>
<td>492</td>
<td>control 1</td>
<td>F</td>
</tr>
<tr>
<td>Nash et al. (1994)</td>
<td>C D</td>
<td>1</td>
<td>6</td>
<td>105</td>
<td>nonabused 1 and 2</td>
<td>F</td>
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<tr>
<td>Roesler and McKenzie (1994)</td>
<td>C C</td>
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<td>No 1 and 3</td>
<td>188</td>
<td>no 2</td>
<td>M/F</td>
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<td>Rorty et al. (1994)</td>
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<td>No 1 and 3</td>
<td>120</td>
<td>nonabused 1 and 2</td>
<td>F</td>
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<tr>
<td>Roth et al. (1997)</td>
<td>C C</td>
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<td>No 1 and 3</td>
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<td>M/F</td>
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<tr>
<td>Sanders and Becker-Lausen (1995)</td>
<td>C D</td>
<td>1</td>
<td>2 and 3</td>
<td>1185</td>
<td>nonabused 2</td>
<td>M/F</td>
</tr>
<tr>
<td>Suh and Abel (1990)</td>
<td>D D</td>
<td>1</td>
<td>3</td>
<td>258</td>
<td>no 4</td>
<td>M</td>
</tr>
<tr>
<td>Varia et al. (1996)</td>
<td>C C</td>
<td>1</td>
<td>No 1</td>
<td>174</td>
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<td>M/F</td>
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<tr>
<td>Wallace (1990)</td>
<td>D D</td>
<td>1</td>
<td>3</td>
<td>61</td>
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<td>M/F</td>
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<tr>
<td>Wind and Silvern (1994)</td>
<td>C C</td>
<td>4</td>
<td>3, 8</td>
<td>259</td>
<td>nonabused 2</td>
<td>F</td>
</tr>
</tbody>
</table>
physical abuse)'' (p. 151) without providing data on the extent to which their sample experienced physical abuse or its relationship to outcome measures.

An overview of each of the studies reviewed is provided in Table 1. Methodological differences between studies are highlighted. The table includes a summary of the types of maltreatment assessed, whether there was any attempt to control for socioeconomic status (SES), whether or not other variables likely to influence the occurrence or impact of maltreatment were included, information on sample type and size, whether or not there was a comparison or control group included, the nature of the data collection process, whether the effects of each type of maltreatment were partitioned, and details of the age and gender of the sample. It is important to note that few of these studies are ‘true’ multiple maltreatment studies that include respondents who have each experienced more than one type of maltreatment. Most of the research compares two or more exclusive groups of respondents who have experienced different types of abuse or neglect. Therefore, the adjustment problems associated with the experience of multi-type maltreatment cannot be identified in many of the investigations. Although these studies compared different groups of adults who had experienced different forms of child maltreatment, the focus of this review is to elaborate on those studies which

Notes to Table 1:

a PSY = Psychological Maltreatment (includes social, emotional and cognitive neglect; emotional and psychological abuse); PHYS = Physical Abuse; SEX = Child Sexual Abuse; NEG = Physical Neglect; WIT = Witnessing Violence. D = dichotomous variable; C = continuous maltreatment scale (e.g., severity, frequency, duration, type of activity, etc.).

b 1 = No control for SES; 2 = covariate or multivariate statistical technique (e.g., multiple regression, analysis of covariance); 3 = subject matching; 4 = restricted range of SES sampled.

c 1 = Social support/quality of relationships during childhood; 2 = parental divorce; 3 = parental substance abuse; 4 = parental sexual punitiveness; 5 = traditionality of parental family beliefs; 6 = family functioning (e.g., adaptability, cohesion, interparental relationship); 7 = quality of parent–child relationship; 8 = illness/death of family member during childhood.

d 1 = Community sample; 2 = university students; 3 = clinical sample.

e Nonabused = nonabused respondents from the same recruitment source included; control = specific nonabused control respondents recruited from another source as a comparison.

f 1 = Self-report interview or clinical assessment; 2 = self-report questionnaire; 3 = interactive computer program; 4 = questionnaire completed by spouse; 5 = case records.

g Multivariate analyses used to partition the effects of each form of child maltreatment on the measure(s) of adjustment; N/A = not applicable (no outcome measure).

h Physical abuse and neglect combined.

i A composite measure of emotional and physical abuse was used.

j ‘Emotional neglect’.

k The authors excluded 32 respondents from the original sample size of 260 because they had experienced either sexual abuse or neglect.

l Four questions assessing verbal abuse, physical abuse and witnessing family violence were combined under the variable called “family violence”.

m Physical abuse and witnessing parental conflict were combined under “physical abuse and other trauma”.

n Neglect/Negative Home Atmosphere was a fairly vague category of broad ranging questions not restricted to the usual definitions of physical or emotional neglect.
describe cases of multi-type maltreatment in terms of either (a) the proportion experiencing particular combinations or (b) the relationship between multi-type maltreatment and adjustment.

Key findings for each study are presented below under three sections: (A) general description of the study (as summarized in the tables); (B) data on the relationship between the different forms of maltreatment assessed; and (C) adjustment problems in adults associated with each maltreatment type (where outcome measures were employed). The focus of the description of the relationship between maltreatment types will be on whether the number or percentage of respondents having experienced two or more forms of maltreatment during childhood is provided. This will allow a determination of whether the authors report on respondents who experienced more than one type of abuse or neglect, or compared groups that experienced single (but different) forms of maltreatment.

1. Bagley and McDonald (1984)

   A. Fifty-seven young women who had been removed from their home during childhood because of sexual abuse, physical abuse/neglect, disorganization, or death of the mother were compared with 30 women without a disrupted childhood.
   
   B. Of the 57 women who had experienced maternal separation during childhood, 18 (31.6%) had experienced physical abuse or neglect, 14 (24.6%) experienced sexual abuse, and 6 (10.5%) experienced both.
   
   C. Sexual abuse was the best predictor of sexual maladjustment, poor self-esteem and depression. The authors found that “sexual abuse combined with physical abuse or neglect in childhood has a particularly deleterious effect on sexual adjustment in adulthood” (p. 23).

2. Bagley et al. (1994)

   A. Sexual, physical and emotional abuse in childhood, current emotional and behavioral adjustment, and sexual interest or activity with minors was assessed in a Canadian stratified random community sample of 750 young men.
   
   B. A correlation of .41 between sexual abuse and the composite measure of ‘emotional and physical abuse’ suggests a moderately high degree of overlap between these forms of maltreatment.
   
   C. Sexual abuse (particularly multiple episodes) was related to depression, anxiety, posttraumatic stress, and suicidal tendencies and current sexual interest or activity involving minors. Sexual interest/activity involving minors correlated significantly with emotional/physical abuse (.23), and both the duration (.25) and severity (.30) of sexual abuse. The effects of sexual abuse and emotional/psychological abuse on other outcome measures were not partitioned.

A. The relationship of child physical or sexual abuse (defined subjectively) and bulimic symptoms was examined in 294 female university students using a retrospective self-report questionnaire.
B. Eight percent of the women were classified as bulimic. Sexual abuse was reported by 13% and child physical abuse by 6%. Data on the overlap between physical and sexual abuse were not provided.
C. The difference between the percentage of victims and non-victims who were bulimic was significant for physical abuse (38.9% of physical abuse victims were bulimic cf. 5.8% non-victims) but not for sexual abuse.

4. Bernstein et al. (1994)

A. Retrospective reports of child abuse and neglect were assessed in 286 drug or alcohol-dependent outpatients (85.3% men), mostly African–Americans or Latinos.
B. Moderately high correlations were reported between physical/emotional abuse and emotional neglect (.58), sexual abuse (.42), and physical neglect (.51), and between emotional and physical neglect (.56). Moderate correlations were found between sexual abuse and emotional (.25) and physical (.30) neglect. A high level of convergence was found between responses to the questionnaire and a structured interview with a sample subset.
C. No outcome measure was employed.


A. Factors associated with maternal and paternal psychological or physical abuse in childhood were examined in 251 university women.
B. Moderately high correlations were reported between psychological and physical maltreatment by mothers (.56) and fathers (.56). The correlation between mothers and fathers for psychological maltreatment was .47 and for physical maltreatment was .33. The lowest correlations were found between psychological maltreatment by mothers and physical maltreatment by fathers (.17) and between psychological maltreatment by fathers and physical maltreatment by mothers (.25). The authors interpreted the data as indicating these types of maltreatment are frequently occurring within the same family which they term “generalized parental abusiveness” (p. 334).
C. Although ‘generalized parental abusiveness’ was correlated with symptomatology and suicidal ideation (but not self-esteem), “only psychological maltreatment by fathers and physical maltreatment by mothers were uniquely predictive of symptomatology” (p. 335).

A. The effect of psychological, physical, and sexual abuse on self-esteem, sexual behavior, and anger/aggression were examined in a sample of 277 female students.
B. Simple correlations between psychological, physical, and sexual abuse (or percentage overlap between groups) were not calculated. However, canonical structure coefficients suggested that physical and psychological abuse tended to occur together.
C. The combination of physical and psychological maltreatment was associated with low self-esteem, dysfunctional sexual behavior, and problems with anger/aggression. Unique relationships were found in these women between psychological abuse and low self-esteem, physical abuse and aggression, and sexual abuse and maladaptive sexual behavior.

7. Bryant and Range (1995a,b)

A. The relationship between child maltreatment (sexual, physical, or psychological) and adult suicidality was assessed in 114 female psychology undergraduates.
B. Undergraduates were categorized according to maltreatment status: sexual ($n = 3$); physical ($n = 18$); psychological ($n = 11$); sexual and physical or psychological ($n = 9$); physical and psychological ($n = 13$); and no maltreatment ($n = 60$).
C. Greater levels of suicidality were found in students who had experienced multiple forms of maltreatment, with one of the multi-type maltreatment groups (sexual and either physical or psychological maltreatment) having the highest level of suicidal behaviors.

8. de Paul et al. (1995)

A. The presence and frequency of childhood and/or adolescent experiences of physical abuse, sexual abuse, and witnessing family violence, and the level of childhood social support were measured in 426 Spanish university students.
B. Physical abuse was reported by 91.2% of males and 96.4% of females; 9.7% of males and 14.8% of females reported sexual abuse; and 87.3% of males and 89.6% of females reported observing physically abusive behavior. Data concerning the correlation or percentage overlap between physical and sexual abuse were not presented. The extremely high degree of receiving and observing physical abuse compared to other studies is accounted for by their definition including behaviors that occurred rarely, as well as very often.
C. The only outcome measure — child abuse potential — was moderately correlated with a history of physical (.12) and sexual abuse (.16).
9. Engels et al. (1994)

A. The relationship between MMPI profiles and five childhood trauma variables (sexual abuse, physical abuse, witnessing family violence, parental alcohol abuse, and parental divorce) was examined in 110 females from an outpatient behavior therapy clinic.

B. Chi-square relationships between physical abuse and both sexual abuse and family violence were significant. The most frequently reported type of childhood maltreatment was physical abuse (54.4%), followed by sexual abuse (48.2%) and witnessing family violence (46.5%). An experience of both physical and sexual abuse was reported by 30.9% of the women.

C. Of the six MMPI scales which provided the best discrimination between women who reported childhood abuse and those who did not, family violence was the best predictor of one (L), physical abuse of four (F, K, 7 and 8) and experiencing both physical and sexual abuse was the best predictor of one scale (4).

10. Fox and Gilbert (1994)

A. Retrospective reports of parental alcoholism, sexual and physical abuse and their relation to social desirability, depression, self-esteem, later sexual victimization, and involvement with physically abusive or chemically dependent partners, were examined (N = 253).

B. Results showed that 32.4% of respondents experienced physical abuse and 7.1% incest. The correlation between physical abuse and incest was not significant. More than one type of childhood trauma (including ‘parental alcoholism’) was experienced by 31.7% of respondents who reported physical abuse, 55.6% of incest victims, and 49.0% of adult children of alcoholics. The exact number who experienced both physical abuse and incest was not reported.

C. After social desirability had been entered as a covariate, the number of childhood traumas (0, 1, 2+) was significantly related to five of the eight dependent variables. The effect of experiencing both incest and physical abuse was not examined. No relationship was found between a history of incest or child physical abuse and adult involvement with sexually assaultive/coercive or physically assaultive partners, respectively. Results were interpreted as support for an additive rather than a specificity model of trauma.

11. Gauthier et al. (1996)

A. The degree of both physical abuse and emotional neglect experienced during childhood, current attachment style, and psychological functioning were assessed (separately) in 512 male and female psychology undergraduates.
B. Fifty-three scored high on both the physical abuse and emotional neglect scales, and only 42 scored high on one, suggesting that where high levels of one type of maltreatment were present, there was a high likelihood of another maltreatment type having been experienced.

C. Emotional neglect (i.e., psychological maltreatment) was a better predictor of adults’ adjustment than physical abuse.


A. Histories of child maltreatment, current attributional styles, and levels of depression and self-esteem were assessed in 260 undergraduates.

B. The experience of having been ‘spanked’ was reported by 80.3%. Abused students were classified according to the type of maltreatment they reported having experienced during childhood: physical abuse (n = 21), psychological maltreatment (n = 47), or both physical and psychological maltreatment (n = 17).

C. Multi-type maltreatment (physical and psychological maltreatment) was associated with higher levels of depression than the control group. Students reporting single-type maltreatment were not significantly different from controls. The effect of physical abuse was not significant when the contribution of psychological maltreatment was partialled out. Self-esteem was uniquely associated with psychological maltreatment (alone or in combination). Attributional style was not associated with maltreatment classification.


A. In a sample of 199 female students, 23.6% reported sexually abusive experiences in childhood or adolescence. The relationship of SES, parental characteristics (divorce, alcohol abuse, sexual punitiveness, and traditionality of family values), sexual abuse and level of family violence (a combined variable of experiencing and witnessing physical and verbal abuse), and adjustment of the women were examined in multivariate analyses.

B. As continuous variables were used, only level of family violence was reported. Significantly higher levels of family violence in childhood were experienced by women who reported a history of sexual abuse than those who did not report a history of sexual abuse, indicating a degree of overlap. (However, no correlations were reported.)

C. Sexually abused women reported significantly higher levels of self-deprecation, sexual problems, depression, and ‘sexual abuse trauma’ than women who did not report a childhood or adolescent experience of sexual abuse. However, it was noted that for abused women, sexual abuse characteristics did not predict either of
these outcome measures. For all respondents, sexual abuse did not improve prediction of adjustment above that predicted by the level of family violence and other family background variables.


A. A self-selected community sample of 175 men and women provided retrospective data on childhood experiences of five types of maltreatment (sexual abuse, physical abuse, psychological maltreatment, neglect, and witnessing family violence), parental divorce, parental sexual punitiveness, and family cohesion and adaptability.

B. Forty-three percent of respondents had moderate-to-high scores on more than one of the five maltreatment scales, indicating a high degree of overlap between the experience of different child maltreatment types.

C. Respondents experiencing ‘multi-type maltreatment’ had significantly more adjustment problems than those who had higher scores on one or two of the maltreatment scales.

15. Janus et al. (1987)

A. Childhood history of physical and/or sexual abuse and other family factors (e.g., parental divorce or conflict, court involvement) were examined in a sample of older adolescent male runaways (mean age of 18.1 years).

B. Physical abuse was reported by 71.5% of the young men; 38.2% reported experiencing sexual abuse. It can be presumed from the data that 30.3% experienced both sexual abuse and physical abuse.¹

C. Comparisons were drawn for each outcome measure between sexually abused and non-abused males. The authors astutely noted, however, that given the high proportion of physical abuse, the non-abused group probably included some physically abused respondents. Compared with their non-abused group, significantly more sexually abused respondents reported fear of adult men, trouble with school

¹ We assume that the 79.4% of respondents who experienced ‘physical and sexual abuse’ refers to experiencing either physical or sexual abuse. It is logically impossible for the number of respondents who have experienced multiple maltreatment to exceed those who have experienced either sexual abuse (38.2%) or physical abuse (71.5%). After subtracting the percentage of respondents who experienced sexual abuse only (7.9%) from the total number who experienced sexual abuse (38.2%), the remaining proportion of respondents (30.3%) are presumed to have experienced both physical and sexual abuse. Therefore, the majority of respondents in the sexual abuse group also experienced physical abuse, which questions the conclusions the researchers drew regarding the impact of sexual abuse. In reality, the data describe the adjustment problems associated with experiencing multiple maltreatment (the combination of physical and sexual abuse).
officials and employers, suicidal feelings, nerves, and tension. Significant differences were not found on rates of delinquent behavior, physical/emotional complaints, and other relationship variables.


A. Participants (77.3% females) in this study were an adult community sample \( n = 133 \) and a tertiary student sample \( n = 93 \). A self-report questionnaire that assessed the relationship among adult psychological adjustment and self-esteem, family of origin characteristics, and a reported history of sexual or physical abuse was completed by all respondents.

B. Respondents were divided into four groups: no abuse (57.1%); physical abuse only (26.5%); sexual abuse only (7.5%); and both sexual and physical abuse (8.9%). There was no significant difference between the community and student groups or between males and females on their experience of physical or sexual abuse.

C. The community group exhibited more trauma symptoms than the student group. For the community group, family cohesion and sexual abuse were the best predictors of trauma symptoms and low self-esteem. For the student group, only physical abuse significantly contributed to the prediction of trauma symptoms.

17. Leserman et al. (1998)

A. Female gastrointestinal (GI) disorder patients were administered a structured interview, and classified as having experienced sexual and/or physical abuse (50.6%).

B. Data were not presented separately for sexual and physical abuse.

C. Patients reporting sexual and/or physical abuse reported many non-GI somatic symptoms, and more health-care visits than patients without an abuse history.


A. Histories of sexual and physical abuse were examined in 205 male and female anxiety disorder clinic patients. SES and other influence variables were not controlled.

B. Respondents reported having experienced physical abuse (44.9%), sexual abuse (23.4%), physical and sexual abuse (17.6%), and severe physical and sexual abuse (11.7%) during childhood.

C. Controlling for physical abuse, sexual abuse was a weak independent predictor of phobic avoidance, state and trait anxiety, and global functioning. Controlling for sexual abuse, social adjustment was the only outcome measure to which physical
abuse provided (weak) independent prediction. A separate analysis on respondents who had experienced both physical and sexual abuse was not conducted.

19. Milner et al. (1990)

A. The experience of witnessing physically abusive behavior, as well as the frequency of physically and sexually abusive behaviors experienced by men and women, and childhood social support, were assessed in a large student sample ($N=375$).

B. Of the total number of respondents, 95.7% of males and 87.7% of females reported receiving physical abuse; 4.3% of males and 15.7% of females reported sexual abuse; and 79.3 of males and 77.2% of females reported observing physically abusive behavior. As with the later study by de Paul et al. (1995), the extremely high degree of receiving and observing physical abuse is accounted for by their definition including behaviors that occurred rarely, as well as very often. Data concerning the correlation or percentage overlap between physical and sexual abuse were not presented. However, a fairly high degree of overlap is suggested by the frequency of physical abuse experienced.

C. The only outcome measure — child abuse potential — was significantly correlated with a history of physical abuse (.29), sexual abuse (.09), and witnessing physical violence (.15).

20. Mullen et al. (1994)

A. Childhood history of sexual abuse and physical beatings were examined in a moderately large scale New Zealand community sample of 492 women. Family and social background factors (e.g., quality of parent–child relationship), as well as current SES and relationship factors, were also assessed.

B. Physical abuse was reported infrequently in the non-sexually abused control group (2.2%), more frequently by those who reported sexual abuse (13.5%) and was highest in those sexual abuse cases involving intercourse (31.3%).

C. Significant odds ratios were found for relationships between childhood physical abuse outcome measures of current SES, separation and divorce, dissatisfaction with sex life, and premarital pregnancy. Depending on the types of sexual contact, relationships were found between sexual abuse and each of the outcome measures listed above. Difficulties with their own sexuality, and having a partner perceived as low on care and high on control were also related to having experienced sexual abuse. Multivariate analysis was not used to partition the effects of sexual and physical abuse.

A. A community and clinic population of 105 women were interviewed and given self-report measures to complete concerning childhood family environment, frequency of punishment experiences, and sexual abuse.
B. The frequency of punishment injuries was significantly higher in sexually abused than non-abused respondents (clinical and non-clinical), and for both sexually abused and non-abused women, the frequency of punishment injuries was also significantly higher in clinical than non-clinical groups.
C. The relationship between frequency of punishment injuries and outcome measures was not assessed. After entering family pathology as a covariate, sexual abuse was not associated with measures of poor psychological adjustment.


A. The presence of physical abuse/witnessing parental conflict was assessed in a sample of 188 sexually abused respondents (89% female) drawn from both clinical and community sources. The impact of SES and other influence variables were not examined, and there was no control group.
B. Physical abuse was reported by 25% of the sample; 68.7% reported parental conflict (non-physical fighting). The correlation between physical abuse and witnessing verbal family violence or the percentage of respondents experiencing both was not reported.
C. Characteristics of the sexual abuse experience were significant predictors of measures of adjustment (depression, self-esteem, general trauma symptoms, sexual dysfunction, PTSD symptoms, and dissociation) even after controlling for physical abuse and other childhood traumata (which were significant predictors of all outcome measures except self-esteem).

23. Rorty et al. (1994)

A. Three groups of 40 young women (bulimic, recovered bulimic, and control) with an expected weight for height of between 90% and 125% were recruited through newspaper advertisements and local care providers. Sexual, physical, and psychological abuse were assessed. The impact of SES and other influence variables were not examined. This study is the first report of the additive effects of multiple forms of child maltreatment in relation to disordered eating.
B. Two or three of the maltreatment types were experienced by 32.6% of bulimics and 7.5% of the comparison group. Correlations between maltreatment types were not presented.
C. Combining recovered and non-recovered bulimia nervosa respondents, significantly more bulimic women reported sexual and psychological abuse (16.3%), physical and
psychological abuse (7.5%), and all three forms of abuse (sexual, physical, and psychological) (8.8%) than comparison women (5.0%, 2.5%, and 0.0%, respectively). Except when combined with physical and/or psychological abuse, sexual abuse was not found more frequently in bulimic women.

24. Roth et al. (1997)

A. Psychiatric patients \( (n=395) \) and community participants \( (n=128) \) were screened for a history of sexual or physical assault in childhood.

B. Of the 234 abused participants, 128 (54.7%) reported sexual abuse only, 67 (28.6%) reported physical abuse only, and 39 (16.7%) reported both. Respondents reporting sexual abuse alone — or in combination with physical abuse — were predominantly female (91.6%). Significantly more of the combined group experienced chronic abuse (i.e., exposed for >2 years) (90%) than the physical abuse alone (48%) or the sexual abuse alone (42%) groups.

C. Although PTSD and Complex PTSD (CP) were significantly associated with sexual abuse and physical abuse, sexual abuse was more strongly associated with CP. They found that “a subject who had both sexual and physical abuse was 14.5 times more likely to have a diagnosis of CP than a patient who was not both sexually and physically abused” (p. 549).


A. Psychometric data were collected on a self-report measure of childhood maltreatment in two college samples of women and men, as well as a group of MPD respondents \( (N=1185) \). As well as assessing ‘punishment’ (physical abuse) and sexual abuse, the measure provides an assessment of ‘neglect/negative home atmosphere’, a vague category of broad ranging questions not restricted to the usual definitions of physical or emotional neglect. Other factors that may have influenced the relationship between maltreatment and dissociation were not assessed.

B. On a five-point scale \( (0=never; 4=always) \), the first and second college samples had the following respective mean scores for punishment \( (0.85; 0.80) \), sexual abuse \( (0.08; 0.11) \) and neglect/negative home atmosphere \( (1.20; 1.16) \). Correlations between the three maltreatment experiences were not reported for any of the samples.

C. Correlations between maltreatment types and the single outcome measure (dissociation) were only presented for one of the college samples. Significant correlations were found between dissociation and negative home environment/neglect (.29), sexual abuse (.14), and punishment (.24). The effect of each maltreatment experience was not partitioned for other outcome measures.
26. Suh and Abel (1990)

A. Questionnaires were completed by 258 spouse abuse victims from a women’s shelter, which included questions concerning the childhood experiences of maltreatment of these women’s violent partners.
B. Female victims indicated that 90% of their spouse batterers had experienced physical punishment during childhood, resulting in 67.7% being physically hurt by parents. Fourteen percent of victims indicated their spouses had experienced child sexual abuse. The proportion who had experienced both sexual and physical abuse was not described.
C. No outcome measure of adjustment was provided for this sample of spouse abusers.

27. Varia et al. (1996)

A. Retrospective data were collected on the frequency of psychological, physical, and sexual abuse in a non-clinical sample of 173 parents (62.1%).
B. The only data on the overlap between the three groups provided was that when all three types were considered together, only 78 (42.1%) were categorized as ‘non-abused’.
C. Abused respondents were more poorly adjusted than non-abused respondents. Multivariate analyses were not used to partition the effects of the three different maltreatment types.

28. Wallace (1990)

A. The presence of domestic violence, physical, emotional, and sexual abuse in childhood, as well as other dysfunctional family dynamics (e.g., parental alcohol and drug abuse), were examined in a mainly black sample of male and female inpatients (N=61) being treated at a crack cocaine detoxification unit.
B. Various forms of child maltreatment were frequently reported in this chemically dependent sample: domestic violence (24.6%), physical abuse (27.9%), sexual abuse (9.8%), and emotional abuse (9.8%). The number of respondents experiencing more than one type was not reported.
C. As the study was an examination of the role of parental alcoholism and family dysfunction in the development of a crack addiction, no other outcome measures were employed.

29. Wind and Silvern (1994)

A. The relationship of sexual and physical abuse and witnessing parental violence/verbal discord, parental alcoholism, and illness/death of a family member during
childhood to adult adjustment was assessed in a sample of adult female university employees \((N=259)\).

B. Seventeen respondents (6.6\%) experienced parental incest, 24 (9.3\%) had been physically abused, and 8 (3.1\%) had experienced intrafamilial sexual and physical abuse.

C. Almost identical relationships were found between the outcome variables and both incest and physical abuse. The particular outcome for respondents experiencing multiple maltreatment (both physical and sexual abuse) was not described.

As studies of multi-type maltreatment are more holistic in their approach, they provide a unique opportunity to answer a number of different questions. Data from these investigations will be used to look at the prevalence of different types of child maltreatment, multi-type maltreatment, and the degree to which different forms of child abuse and neglect co-occur. The particular associations between maltreatment types and adjustment problems when multiple forms of maltreatment are simultaneously assessed will be described. Finally, adjustment problems associated with the particular experience of multi-type maltreatment will be compared to single-type maltreatment.

30. Proportion of respondents reporting different maltreatment types

Physical abuse was reported by 25\% of Roesler and McKenzie’s (1994) predominantly female sample of respondents drawn from both clinical and community sources. In a non-clinical community sample, 6.9\% reported physical abuse, 13.3\% reported sexual abuse, and 42.8\% reported verbal abuse (Varia et al., 1996).

Wallace (1990) found that in a chemically dependent sample, various forms of child maltreatment were frequently reported: physical abuse (27.9\%), domestic violence (24.6\%), sexual abuse (9.8\%), and emotional abuse (9.8\%). In a sample of females \((n=110)\) from an outpatient behavior therapy clinic, the most frequently reported type of childhood maltreatment was physical abuse (54.4\%), followed by sexual abuse (48.2\%) and witnessing family violence (46.5\%) (Engels et al., 1994). Mancini et al. (1995) examined histories of sexual and physical abuse in male and female anxiety disorder clinic patients \((N=205)\). Respondents reported having experienced physical abuse (44.9\%), sexual abuse (23.4\%), physical and sexual abuse (17.6\%), and severe physical and sexual abuse (11.7\%) during childhood.

Wind and Silvern (1994) assessed the relationship of sexual and physical abuse and witnessing parental violence/verbal discord and other family stressors to adult adjustment in a sample of adult female university employees \((N=259)\). Nine percent had been physically abused and 6.6\% experienced parental incest. In a college student sample, sexual abuse was reported by 13\% and child physical abuse by 6\% of college men and women (Bailey & Gibbons, 1989). Gross and Keller (1992) reported that 9.2\% of their university student sample had experienced physical abuse, and 20.6\% had experienced psychological maltreatment. Gauthier et al. (1996) found that 13.1\% of their student sample scored high on the physical abuse scale, and 15.8\% scored high on the emotional neglect scale (i.e., psychological maltreatment).
30.1. Summary

Depending on the number of maltreatment types assessed, and the nature of the population participating in the study, a range of different maltreatment experiences is evident. Reports of physical abuse ranged from 6% in a student sample to 54% in a clinical sample. Similarly, sexual abuse was reported by as few as 7% of respondents in a college sample, but by 48% of clinical patients. These differences may also be due to the different ways in which maltreatment is defined (e.g., whether a single incident in which a child is smacked qualifies as physical abuse). Clearly, more consistent definitions are needed to specify the different types of maltreatment. In addition, studies of multi-type maltreatment have tended to ignore psychological maltreatment, neglect, and witnessing family violence. Next, the relationship between maltreatment types is considered.

31. Incidence of multi-type maltreatment and the overlap between maltreatment types

Where researchers reported the degree of overlap between maltreatment types (either the proportion of respondents who experienced particular combinations, or the correlation between maltreatment types), it can be seen that the various types of child abuse and neglect co-occur.

Bagley et al. (1994) found a moderately high degree of overlap between sexual abuse and the composite measure of ‘emotional and physical abuse’\(^{r = .41}\) in a stratified random community sample of 750 young Canadian men. Mullen et al. (1994) examined childhood history of sexual abuse and physical beatings in a large scale New Zealand community sample of 492 women. Physical abuse was reported infrequently by respondents who did not report sexual abuse (2.2%), more frequently by those who reported sexual abuse (13.5%) and was highest in those sexual abuse cases involving intercourse (31.3%). From the data presented by Varia et al. (1996), it is evident that 11% of their community sample had experienced combinations of sexual, physical, and verbal abuse.

In a sample of 286 drug- or alcohol-dependent outpatient men and women, Bernstein et al. (1994) reported moderately high correlations between physical/emotional abuse and emotional neglect \((r = .58)\), sexual abuse \((r = .42)\), and physical neglect \((r = .51)\); and between emotional and physical neglect \((r = .56)\). Moderate correlations were found between sexual abuse and emotional neglect \((r = .25)\) and physical neglect \((r = .30)\). In a sample of female behavior therapy clinic outpatients, chi-square tests of the relationships among maltreatment types showed significant relationships between physical and sexual abuse, between physical abuse and witnessing family violence, but not between sexual abuse and witnessing family violence (Engels et al., 1994). Almost one-third of patients reported both physical and sexual abuse (31%). In another clinical sample, Mancini et al. (1995) reported that 18% of their respondents experienced both sexual and physical abuse during childhood, suggesting a sizeable overlap between maltreatment categories. Bagley and McDonald (1984) also found that 10.5% of girls who had experienced maternal separation had been sexually abused as well as physically abused or neglected. Roth et al. (1997) reported that 16.7% of abused respondents (combined from
both clinical and community sources) experienced the combination of physical and sexual abuse.

Briere and Runtz (1988) examined factors associated with maternal and paternal psychological or physical abuse in childhood in 251 female university students. Moderately high correlations were reported between psychological and physical maltreatment by mothers ($r = .56$) and fathers ($r = .56$). The authors interpreted the data as indicating these types of maltreatment occur frequently within the same family, a syndrome they refer to as ‘generalized parental abusiveness’ (p. 334). In a sample of university students in Basque (Spain), physical abuse was reported by 91.2% of males and 96.4% of females; 9.7% of males and 14.8% of females reported sexual abuse; and 87.3% of males and 89.6% of females reported observing physically abusive behavior (de Paul et al., 1995). In another sample, 95.7% of males and 87.7% of females reported receiving physical abuse; 4.3% of males and 15.7% of females reported sexual abuse; and 79.3% of males and 77.2% of females reported observing physically abusive behavior (Milner et al., 1990).

Wind and Silvern (1994) reported that 3.1% of female university employees had experienced the combination of intrafamilial sexual and physical abuse. The only data on the relationships between maltreatment types provided by Higgins and McCabe (1994) is that sexually abused female university students reported significantly higher levels of ‘family violence’ (a combined variable of experiencing and witnessing physical and verbal violence within the family) than women not reporting a history of sexual abuse. Results of this study demonstrate a significant overlap between sexual abuse and other forms of child maltreatment. Higgins and McCabe (2000) reported that 43% of their self-selected community sample of men and women had experienced multi-type maltreatment. High scores were reported by 15.4% of respondents on two maltreatment scales, 11.4% on three, 9.7% on four, and 6.9% on all five maltreatment scales. Bryant and Range (1995a,b) reported that 7.9% of students had experienced sexual abuse in combination with either physical or psychological maltreatment (64.3% of sexually abused respondents had experienced multi-type maltreatment), and 11.4% had experienced physical and psychological maltreatment.

Fox and Gilbert (1994) also provided evidence that a significant proportion of university women experience multi-type maltreatment. Although the majority of respondents experienced no childhood trauma ($n = 132$), many experienced one ($n = 92$), and a sizeable minority two or more ($n = 29$). As these multiple traumata included parental alcoholism, the exact number who experienced both physical abuse and incest was not reported. More than one type of trauma was experienced by 31.7% of respondents who reported physical abuse, 55.6% of incest victims, and 49.0% of adult children of alcoholics. Gross and Keller (1992) found that 7.5% of students (33.3% of the maltreated group) had experienced multi-type maltreatment. High scores on both psychological and physical abuse scales were reported by 10.4% of Gauthier et al.’s (1996) student sample.

The experience of child sexual abuse and frequency of punishment injuries was measured by Nash et al. (1993) as part of a retrospective assessment of family functioning. The frequency of punishment injuries was significantly higher in sexually abused than non-abused respondents (clinical and non-clinical). And for both sexually abused and non-abused women, the frequency of punishment injuries was also significantly higher in clinical than non-clinical groups.
31.1. Summary

Strong relationships were found between physical abuse and psychological maltreatment (Briere & Runtz, 1988, 1990), and between physical abuse and sexual abuse (Janus et al., 1987; Engels et al., 1994; Mullen et al., 1994). A bias towards significant results in publications, together with many studies using mutually exclusive groups precludes any conclusions regarding weak relationships between maltreatment types. In studies where more than one maltreatment type was assessed, maltreatment types were strongly intercorrelated. In particular, there were high correlations between physical abuse and other maltreatment types. Sexual abuse was not always strongly correlated with other maltreatment types; however, this finding may be explained by gender differences obscuring a relationship between sexual abuse and other forms of maltreatment.

The degree of overlap between maltreatment types evident from the current review has important implications for conclusions that can be drawn regarding the effects of each maltreatment type and the specific impact of multi-type maltreatment. Since many of the studies have evaluated only two or three types of maltreatment, it is not possible at this stage to determine the full extent of the intercorrelations between maltreatment types or their relationship to adult psychological adjustment. Most particularly, we need to conduct research that also includes neglect and witnessing family violence, along with the other types of maltreatment to determine if some types of maltreatment are more strongly associated than others. However, from the current data, it is clear that different forms of child maltreatment do not always occur in isolation, and the combination of various types of maltreatment is likely to have a unique effect on adjustment.

32. Adjustment problems associated with specific forms of child maltreatment when multiple forms of child maltreatment are assessed

Studies in which multiple forms of child maltreatment are assessed are likely to provide a more accurate picture of the adjustment problems associated with each type of abuse and neglect. A growing number of researchers have attempted to differentiate the roles of sexual abuse and dysfunctional family background in contributing to the adjustment problems of adults (e.g., Brayden et al., 1995; Higgins & McCabe, 2000; Nash et al., 1993). However, unless other maltreatment types are also assessed, it should not be presumed that ‘effects’ are specific to the particular type of maltreatment assessed on its own, as some authors have claimed (e.g., Brayden et al., 1995). Some researchers did not partition the effects of each maltreatment type, or grouped respondents together who had experienced different kinds of abuse or neglect (e.g., Leserman et al., 1998).

The relationship of self-reported child physical or sexual abuse and bulimic symptoms in female university students was examined by Bailey and Gibbons (1989). Although the relationship between bulimia and sexual abuse was not significant, there was a significant relationship between bulimia and physical abuse (38.9% of physical abuse victims were bulimic compared to 5.8% non-victims). Although Gross and Keller (1992) found that psychological maltreatment was related to low self-esteem,
physically abused students were neither more depressed nor had lower self-esteem than non-abused respondents. Gauthier et al. (1996) found that emotional neglect was related to global symptoms and anxious attachment, whereas physical abuse was only related to avoidant attachment. In their student sample, they concluded that psychological maltreatment was a more significant predictor of symptomatology and anxious attachment than physical abuse.

Roesler and McKenzie (1994) reported that characteristics of the sexual abuse experience were significant predictors of measures of adjustment (depression, self-esteem, general trauma symptoms, sexual dysfunction, PTSD symptoms, and dissociation) even after controlling for physical abuse and other childhood traumata (which were significant predictors of all outcome measures except self-esteem).

Briere and Runtz (1990) examined the effect of psychological, physical, and sexual abuse on self-esteem, sexual behavior, and anger/aggression in female students ($N = 277$). Unique relationships were found in these women between psychological abuse and low self-esteem, physical abuse and aggression, and sexual abuse and maladaptive sexual behavior, implying that the experience of particular types of abuse lead to abuse-specific symptomatology.

Engels et al. (1994) suggested that the greatest impairment in functioning is evident for respondents who experience physical abuse — either alone or in combination with sexual abuse. Sanders and Becker-Launsen (1995) reported significant correlations between dissociation and negative home environment/neglect (.29) and punishment (.24), with a lower correlation between dissociation and sexual abuse (.14).

Mullen et al. (1994) also found strong relationships between childhood physical abuse outcome measures of SES, separation and divorce, dissatisfaction with sex life, and premarital pregnancy. However, relationships were also found between sexual abuse and each of the outcome measures listed above. Difficulties with their own sexuality, and having a partner perceived as low on care and high on control were also related to having experienced sexual abuse.

Wind and Silvern (1994) compared adjustment problems in women associated with two different types of childhood experiences: intrafamilial sexual abuse and physical abuse. They found almost identical ‘effects’ for incest and physical abuse. In contrast, after entering family pathology (including frequency of punishment injuries) as a covariate, Nash et al. (1993) found that sexual abuse was not associated with measures of poor psychological adjustment. After controlling for physical abuse, Mancini et al. (1995) found that sexual abuse was a weak independent predictor of phobic avoidance, state and trait anxiety, and global functioning in anxiety disorder clinic patients. Controlling for sexual abuse, social adjustment was the only outcome measure to which physical abuse provided (weak) independent prediction. A separate analysis was not conducted on respondents who had experienced both physical and sexual abuse.

32.1. Summary

It is difficult to interpret the findings from the above studies. Some would suggest that physical abuse causes the most damage, whereas others point to the strong role of
emotional or sexual abuse in adult maladjustment. Without considering a range of maltreatment types within a single study, as well as a range of adjustment variables, it is not feasible to determine the abuse specific effect of the different types of abuse on adjustment. It is also not clear whether or not specific types of maladjustment are associated with particular types of maltreatment. Some studies suggest unique association, whereas others suggest that different types of abuse are associated with the same types of adjustment problems. Research studies need to be more carefully designed so that these issues can be clarified.

33. Adjustment problems associated with the experience of multi-type maltreatment

Although each of the studies included in this review examined more than one type of maltreatment, not all examined respondents who had experienced multiple forms of maltreatment. The percentage of respondents who had experienced two or more types of maltreatment was reported in 14 studies, correlations between maltreatment types were reported in four, and in 11 studies, the researchers provided no data on the overlap between maltreatment types. In only a few of the investigations did the researchers report on the adjustment problems experienced by an individual who had experienced multi-type maltreatment. An outcome measure was included in only 12 of the studies in which at least a proportion of the respondents reported a childhood experience of more than one type of maltreatment (Briere & Runtz, 1988; Briere & Runtz, 1990; Gross & Keller, 1992; Bagley et al., 1994; Engels et al., 1994; Fox & Gilbert, 1994; Higgins & McCabe, 1994; Higgins & McCabe, 2000; Rorty et al., 1994; Bryant & Range, 1995a,b; Roth et al., 1997; Kamsner & McCabe, in press). These are examined in more detail below.

Bailey and Gibbons (1989) reported that “the combination of sexual and emotional abuse in childhood is the strongest predictor of sexual interest and activity involving male adolescents, and younger children of either sex” (p. 690). Kamsner and McCabe (in press) found poorer psychological adjustment in victims of ‘compound abuse’ than respondents reporting either physical or sexual abuse alone. Victims of both sexual and physical abuse had significantly lower self-esteem than non-maltreated respondents and significantly more trauma symptoms than non-maltreated or physically abused respondents. Higgins and McCabe (2000) found that men and women with higher levels of multi-type maltreatment experienced greater adjustment problems (trauma symptoms and self-deprecation) than those who experienced lower levels of multi-type maltreatment (either single-type maltreatment, or two-type combinations).

Briere and Runtz (1988) found that the co-occurrence of psychological and physical maltreatment was correlated with trauma symptoms and history of suicidal ideation, but not self-esteem. Although ‘generalized parental abusiveness’ was correlated with trauma symptoms and suicidal ideation (but not self-esteem), “only psychological maltreatment by fathers and physical maltreatment by mothers were uniquely predictive of symptomaticology” (Briere & Runtz, 1988, p. 335). Briere and Runtz (1990) noted that, in their sample of female university students, physical and psychological abuse tended to
occur together. The combination of physical and psychological maltreatment was associated with low self-esteem, dysfunctional sexual behavior, and problems with anger/aggression. Bryant and Range (1995a,b) found that multi-type maltreatment was associated with higher levels of suicidality than single types of maltreatment. Students’ reports of experiencing both physical and psychological maltreatment was associated with depression and low self-esteem, but not with maladaptive attributional style (Gross & Keller, 1992).

Engels et al. (1994) reported that experiencing both physical and sexual abuse was the best predictor of MMPI scale 4 (a measure of psychopathic deviance). This scale was not predicted by any of the single forms of maltreatment. Bagley and McDonald (1984) found that girls who had experienced maternal separation, sexual abuse, and physical abuse/neglect had more adjustment problems (including low self-esteem, depression, and psychosexual problems) than respondents who had experienced maternal separation and single-type maltreatment, non-abused respondents who had experienced maternal separation, and a control group that had not experienced either maternal separation or child maltreatment. These findings suggest that multi-type maltreatment is associated with greater negative outcomes than single-type maltreatment.

Fox and Gilbert (1994) examined the impact of parental alcoholism, sexual and physical abuse on social desirability, depression, self-esteem, later sexual victimization, and involvement with physically abusive or chemically dependent partners. In regression models, the interaction between incest and physical abuse made the largest contribution to the duration of the relationship with a chemically dependent partner. Respondents who experienced two or more childhood traumata had significantly higher levels of depression, and had been involved with significantly more chemically dependent partners than respondents with one or no trauma. Results were interpreted as support for an additive rather than a specificity model of trauma.

Higgins and McCabe (1994) reported that family violence (an example of multi-type of maltreatment) is more likely to negatively affect psychological adjustment in early adulthood than an experience of child sexual abuse. Results of regression analyses indicated that sexual abuse characteristics did not predict adjustment in sexually abused university women and that sexual abuse did not improve the prediction of adjustment above that predicted by the level of family violence and other family background variables.

Rorty et al. (1994) compared three groups of 40 young women (bulimic, recovered bulimic, and control) on their reports of sexual abuse, physical, and psychological abuse. Sexual abuse combined with physical and/or psychological abuse was associated with greater risk of disordered eating. Two or three of the maltreatment types were experienced by 32.6% of bulimics and 7.5% of the comparison group. Combining recovered and non-recovered bulimia nervosa respondents, significantly more bulimic women reported sexual and psychological abuse (16.3%), physical and psychological abuse (7.5%), and all three forms of abuse (sexual, physical, and psychological) (8.8%) than comparison women (5.0%, 2.5%, and 0.0%, respectively). Higher rates of sexual abuse were not found in bulimic women, except when combined with physical and/or psychological abuse. This suggests that although bulimic behavior is not associated with single types of child maltreatment, it is associated with the experience of multi-type maltreatment.
Roth et al. (1997) compared the childhood histories of participants with a diagnosis of PTSD, CP, or no PTSD diagnosis. They found that CP was significantly more likely to be diagnosed when the combination of physical and sexual abuse was experienced in childhood than experiencing either sexual abuse or physical abuse alone.

33.1. Summary

Studies in which the adjustment problems experienced by respondents who reported being subjected to more than one type of abuse or neglect in childhood are summarized in Table 2. Maltreatment combinations were found to be more traumatic and associated with more adjustment problems than single forms of maltreatment, supporting an additive model of trauma (Fox & Gilbert, 1994). The 12 studies in which multi-type maltreatment was actually assessed point to the particularly damaging effects of multi-type maltreatment. In all of these studies, the authors concluded that experiencing more than one type of maltreatment was associated with greater adjustment problems than experiencing a single form of maltreatment (e.g., Briere & Runtz, 1989). Multi-type maltreatment was associated with specific adjustment problems. For example, Sanders and Becker-Lausen (1995) claimed that “the frequency of dissociate experiences is best predicted by considering multiple forms of abuse conjointly” (p. 316).

The reality of the coexistence of different forms of child maltreatment, and the multiple forms of abuse and neglect that an individual child or adolescent may experience, necessitates that all of the different types of maltreatment be assessed when trying to determine factors relating to the risk of maltreatment or its impact on the individual’s adjustment in adulthood. It is vital that researchers address the question of the nature of the relationship between the different forms of child maltreatment, and include an assessment of the full range of abusive and neglectful elements in the adult’s childhood environment. Until further data are available on this issue, the current knowledge base about the impact of experiencing child maltreatment should be used cautiously, as it ignores the potential that a type of abuse or neglect other than that which is being assessed may have contributed to the observed outcome. It is important to achieve an integration of research that is currently being conducted separately on each of the types of child maltreatment in order to make accurate observations about the effects of each type of maltreatment.

34. Discussion

34.1. Methodological limitations of multi-type maltreatment studies

Many researchers who investigated the incidence and effects of child maltreatment failed to assess all maltreatment types, the relationship between multi-type maltreatment and adjustment, and the role of influence variables (e.g., childhood family characteristics). Of the 29 studies summarized in Table 1, physical abuse was assessed in all 29, sexual abuse was assessed in 26, psychological or emotional maltreatment was assessed in 12, witnessing domestic or family violence was assessed in eight, and physical neglect was
assessed in only four studies. In only one study were all five forms of child maltreatment assessed. In three studies, four types of child maltreatment were included (Wallace, 1990; Bernstein et al., 1994; Higgins & McCabe, 1994). Three types of maltreatment were assessed in 12 studies. In 13 studies, only two types of maltreatment were compared. Although the majority of studies included physical and sexual abuse, there was a strong bias towards an examination of the effects of sexual abuse. For example, even when both physical and sexual abuse were being examined, Janus et al. (1987) only referred to sexual abuse in the title of their study. Despite neglect being the type of child maltreatment most frequently reported to child protective services (DePanfilis, 1996), neglect in childhood was assessed in only four of the investigations.

Continuous scales were used to assess the frequency or severity of maltreatment in 16 studies, nine relied solely on dichotomous grouping variables and four used a combination of dichotomous variables, as well as a continuous variable. Use of a grouping variable for child maltreatment meant that it was not possible to assess whether a particular type of child maltreatment was also present in the other groups (e.g., Wolfe & Jaffe, 1991). Groups may not be exclusive, particularly if an assessment has not been made of all types of maltreatment. Respondents recruited on the basis of

Table 2
Summary of the long-term adjustment problems in adults associated with multi-type maltreatment

<table>
<thead>
<tr>
<th>Authors</th>
<th>Multi-type maltreatment combination</th>
<th>Adjustment problems associated with multi-type maltreatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bagley et al. (1994)</td>
<td>sexual abuse and physical abuse/neglect</td>
<td>low self-esteem, depression, psychosexual problems, and psychoneurosis (poor mental health) trauma symptoms and history of suicidal ideation (not low self-esteem)</td>
</tr>
<tr>
<td>Briere and Runtz (1988)</td>
<td>physical and psychological maltreatment</td>
<td>low self-esteem, dysfunctional sexual behavior, and anger/aggression suicidality</td>
</tr>
<tr>
<td>Briere and Runtz (1990)</td>
<td>physical and psychological abuse</td>
<td>low self-esteem, dysfunctional sexual behavior, and anger/aggression suicidality</td>
</tr>
<tr>
<td>Bryant and Range (1995a,b)</td>
<td>sexual, physical, and psychological abuse; physical and psychological abuse</td>
<td>asocial/anti-social behaviors depression; involvement with chemically dependent partners depression; low self-esteem</td>
</tr>
<tr>
<td>Engels et al. (1994)</td>
<td>sexual and physical abuse</td>
<td>‘family violence’ a unique predictor of trauma symptoms and self-esteem low self-esteem and high levels of trauma symptoms: anxiety, depression, dissociation, sexual and sleep problems</td>
</tr>
<tr>
<td>Fox and Gilbert (1994)</td>
<td>sexual abuse (incest) and physical abuse</td>
<td>‘family violence’ a unique predictor of trauma symptoms and self-esteem</td>
</tr>
<tr>
<td>Gross and Keller (1992)</td>
<td>physical and psychological maltreatment</td>
<td>‘family violence’ a unique predictor of trauma symptoms and self-esteem low self-esteem and high levels of trauma symptoms: anxiety, depression, dissociation, sexual and sleep problems</td>
</tr>
<tr>
<td>Higgins and McCabe (1994)</td>
<td>‘family violence’: experiencing and witnessing physical and verbal abuse</td>
<td>‘family violence’ a unique predictor of trauma symptoms and self-esteem low self-esteem and high levels of trauma symptoms: anxiety, depression, dissociation, sexual and sleep problems</td>
</tr>
<tr>
<td>Higgins and McCabe (2000)</td>
<td>sexual abuse, physical abuse, psychological maltreatment, neglect, and/or witnessing family violence</td>
<td>‘family violence’ a unique predictor of trauma symptoms and self-esteem low self-esteem and high levels of trauma symptoms: anxiety, depression, dissociation, sexual and sleep problems</td>
</tr>
<tr>
<td>Kamsner and McCabe (in press)</td>
<td>sexual and physical abuse</td>
<td>‘family violence’ a unique predictor of trauma symptoms and self-esteem low self-esteem and high levels of trauma symptoms: anxiety, depression, dissociation, sexual and sleep problems</td>
</tr>
<tr>
<td>Rorty et al. (1994)</td>
<td>sexual and physical abuse; or sexual and psychological abuse</td>
<td>low self-esteem; more trauma symptoms disordered eating</td>
</tr>
<tr>
<td>Roth et al. (1997)</td>
<td>sexual and physical abuse</td>
<td>CP</td>
</tr>
</tbody>
</table>
having experienced a particular type of abuse or neglect may be just as likely (or even more likely) to also have experienced another form of maltreatment as respondents recruited from a different source.

Most of the studies \((n=23)\) had no control for SES variables. The range of SES was restricted in two studies (Janus et al., 1987; Wind & Silvern, 1994), and a multivariate statistical technique was used to account for the variance attributable to SES in three. One study used a control group drawn from the same socio-economic/geographic area. Few investigations assessed the role of variables other than child maltreatment that are also likely to influence the adjustment problems being assessed (e.g., family dysfunction, parental divorce, social support). These variables are likely to either interact with child maltreatment, or account for some of the variance in adjustment (Higgins et al., in press). The impact of child maltreatment may be overestimated unless other potential contributors to the adjustment problems of adults are assessed.

In 16 studies, there was no attempt to assess the role of variables that may influence the occurrence and/or impact of child maltreatment (e.g., family characteristics). Where these variables were assessed, their contribution to adjustment was often not partitioned. Clearly, there is wide variability in the types of data gathered, which may influence maltreatment and its effects in adulthood, as well as the statistical analyses of these effects.

Respondents (for either maltreatment and/or control groups) were drawn from a limited range of sources. Many of the studies relied solely or in part on university/college students as respondents \((n=13)\). Respondents were also selected (at least in part) from clinical settings in 12 of the studies, and from the general community in 10. Sample sizes were generally good; there were no studies with a sample size of less than 50. Half of the investigations had between 200 and 500 respondents \((n=15)\). Others had samples of 50 to 100 \((n=3)\); 100 to 200 \((n=7)\), with three having samples in excess of 500. A focus on the childhood experience of women was evident, as 13 of the studies included only female respondents. Three studies included only males, and 12 included both males and females. In one study, the gender breakdown of respondents was not specified. Therefore, it is difficult to compare findings from one study to another when the respondents are drawn from different sources and different methodologies are used to gather the data. These different methodologies are outlined below.

Data were obtained using a number of different methodologies. The two most common sources of data collection were self-report questionnaires \((n=22)\) and self-report interviews/clinical assessments \((n=10)\). (Information was collected from both self-report questionnaires and interviews/clinical assessments in six of these.) Data were also derived from a self-report interactive computer program in one study, and questionnaires completed by spouses in one study. A problem inherent in those studies that rely on self-reports (either questionnaires or interviews) is the validity of the results, and the possibility that retrospective bias may distort perceptions of childhood events. All retrospective reports of adults are subject to this bias, unless authors are able to obtain an external source of verification. One study collected data at the time of the maltreatment, thus overcoming the problem of retrospective recall.

Most studies had adequate comparisons between maltreated and non-maltreated participants, with only two failing to include control respondents or non-maltreated comparison groups. Nearly all the investigations \((n=25)\) relied on their own assessment of the presence of
maltreatment in their sample, which allowed for non-maltreated respondents from the same sample source to be included for comparison. This reduces the likelihood of any between group differences being caused by factors other than the maltreatment variables under examination. In only two studies were maltreated respondents compared to a separate non-maltreated control group sampled from a different population. The effects of each maltreatment type were partitioned in 14 studies. The effects of only one or some of the maltreatment types studied were partitioned in three investigations. However, an outcome measure was not included, or there was no attempt to relate the outcome measures to particular types of maltreatment in 12 studies.

35. Summary of findings

Physical abuse has been the type of maltreatment most consistently included in research that assessed more than one maltreatment type. Many studies contained methodological flaws (e.g., lack of control groups or statistical control for maltreatment, SES, or other influence variables). Few studies comprehensively assessed the overlap between maltreatment types or the relationship between multi-type maltreatment and adjustment using all possible maltreatment types. Therefore, the conclusions drawn from those investigations are limited, since other factors that are not included in the study design, rather than the above variables which are evaluated, may be responsible for the outcomes. As only one study included all forms of maltreatment, findings from the remaining studies may be attributable in part to the other forms of maltreatment, which were not assessed. Sample size in most of the studies reviewed was adequate, although there was generally a greater focus on female respondents. A weakness in some efforts was the lack of a comparison group or statistical control. Another major weakness was the absence of outcome measures, or any attempt to associate particular maltreatment combinations with specific adjustment problems.

Higgins and McCabe (1994) found that sexual abuse did not improve prediction of trauma symptoms or self-esteem after controlling for family background factors, such as family violence and parental separation/divorce. In contrast to the findings of Higgins and McCabe (1994). Roesler and McKenzie (1994) claimed that sexual abuse has long-term effects in adulthood even after controlling for other child maltreatment experiences. However, all of the respondents in the study by Roesler and McKenzie may have been biased towards maximizing both the severity and impact of their sexually abusive experiences during childhood, as they were all recruited because of their overt sexual abuse status. Victims of sexual abuse included in their study: (a) were having psychotherapy for symptoms resulting from sexual abuse; (b) responded to a national celebrity’s announcement of being an incest victim; (c) were sexual abuse treatment center volunteers; or (d) were sexual abuse National Conference delegates. A more unbiased sample would have been preferable. No control group was used to compare symptomatology with either (a) non-maltreated adults; or (b) adults who had not experienced sexual abuse, but who had experienced another form of child maltreatment (Beitchman et al., 1991). The absence of respondents who experienced physical but not sexual abuse calls into question the findings
of Roesler and McKenzie (1994), as the outcomes may have been the result of the concomitant physical abuse, rather than sexual abuse.

Inclusion of multiple forms of maltreatment allows for a more sophisticated assessment of the relationships between child maltreatment and specific adjustment problems. For example, although sexual abuse on its own was not related to bulimia (Bailey & Gibbons, 1989; Rorty et al., 1994), multi-type maltreatment including sexual abuse was has been shown to be related to bulimia (Rorty et al., 1994). When compared to women without an eating disorder, Rorty et al. found that bulimics reported significantly more physical, psychological and multi-type abuse (combinations of physical, sexual, or psychological abuse). Sexual abuse only differentiated between the groups when in combination with physical or psychological abuse. Their results show that women who have experienced multi-type maltreatment are at much greater risk of disordered eating than non-maltreated women, or women who have experienced a single type of maltreatment.

Although each of the studies included in this review examined more than one type of maltreatment, not all examined respondents who had as individuals experienced multiple forms of maltreatment. From those studies where data on more than one maltreatment type were collected on each individual respondent, it is evident that a substantial proportion of maltreated individuals experience multi-type maltreatment. The extent of multi-type maltreatment depends on the sample type, the method of measuring maltreatment and collecting the data, as well as the types of maltreatment being considered. Many studies that measured more than one maltreatment type used categorical grouping variables and, therefore, provided no data on the overlap between maltreatment types, or their association with particular adjustment problems in adults (e.g., Bailey & Gibbons, 1989; Janus et al., 1987; Wallace, 1990).

36. Conclusions

There are a number of different problems evident in the existing research on multi-type maltreatment:

(1) Many studies that measured more than one maltreatment type did not include any outcome measure of psychological adjustment. The particular impact of multi-type maltreatment, or evidence for specific relationships between maltreatment types and adjustment, could not be assessed.

(2) Statistical partitioning of effects using multivariate statistical analyses was generally lacking. This problem was often a result of child maltreatment being a dichotomous variable, rather than the frequency or severity of maltreatment being measured on a continuous scale. In addition, the use of combined variables of child maltreatment or family violence (e.g., Becker-Lausen et al., 1995; Higgins & McCabe, 1994; Sanders & Becker-Lausen, 1995) does not allow for an accurate or sophisticated analysis of the relationship between maltreatment types, or associations between adjustment problems and (a) each form of maltreatment or (b) multi-type maltreatment.

(3) Most importantly, adjustment problems associated with child maltreatment are not clear when such a limited range of maltreatment types are included in research studies.
The findings of even the most comprehensive studies must be tempered with the following caveat: The observed effects could be the result of the negative family characteristics associated with child maltreatment (or with multi-type maltreatment in particular).

As with all correlational research designs, conclusions regarding the relationships between variables must be drawn with caution. Studies were largely not longitudinal; therefore findings are simply correlational. Consequently, these findings represent an association between variables, not causal relationships. Although common sense and theories can inform the likely direction, correlational data do not in themselves provide evidence of a causative link between two or more variables in which there is a demonstrated association.

Despite the fact that Kinard (1994) called for researchers to “explore the effects of multiple forms of maltreatment” (p. 648), the ensuing 5 years has resulted in little advancement in our understanding of the long-term adjustment problems associated with the experience of childhood multi-type maltreatment. Where comparisons between single- and multi-type maltreatment have been made, multi-type maltreatment was associated with greater adjustment problems than single types. Data on the prevalence of multi-type maltreatment was not able to be determined from these studies. As each maltreatment type affects similar domains (with almost total overlap in the potential range of symptoms), the interaction between two or more types is likely to have a unique impact. Further research is needed in which all forms of child maltreatment are assessed. In particular, a large-scale random community study of the long-term correlates of multi-type maltreatment would provide a comprehensive picture of the extent to which maltreatment types co-exist and the particular impact of multi-type maltreatment on adults.

A large proportion of adults who experienced maltreatment in childhood were subjected to more than one form of abuse or neglect. These adults demonstrate significantly greater adjustment problems than adults reporting a single form of abuse or neglect. Adults reporting a history of multi-type maltreatment are a unique group with particular needs that should be targeted by providers of mental health services. Early intervention with children who have suffered multi-type maltreatment may, in the long-term, reduce some of the negative sequelae of multi-type maltreatment.

References


