

Gender Differences in Child Maltreatment

by
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ABSTRACT

This study examined the relationship between gender of the survivor and five types of child maltreatment (sexual abuse, physical abuse, psychological maltreatment, neglect, and witnessing family violence). Participants were undergraduate students (N = 177 women, N = 65 men) recruited from the psychology research pool at Middle Tennessee State University. The majority of the participants were between the ages of 18 and 21 years old (95%), half (53%), were Caucasian, and more than half (63%) were first-year students. As part of a larger study, participants completed a questionnaire on which they rated their experiences with childhood maltreatment using The Comprehensive Child Maltreatment Scale (CCMS).

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CHAPTER I

INTRODUCTION

Children are some of the most vulnerable members of our society. Child maltreatment is an important research subject because of its prevalence nationwide (Sedlak et al., 2010). The relationship between child abuse and gender has long been of interest to researchers. However, many studies of abuse focus exclusively on one gender (Dube et al., 2005), excluding comparisons that might help demonstrate the breadth of maltreatment, and who may be more vulnerable to victimization. Research by Higgins and McCabe (1998) suggests that both boys and girls are susceptible to experiencing maltreatment, however, many studies regarding child sexual abuse, for example, typically focus on female survivors (Dube et al., 2005). Nilsson, Nordås, Pribe, and Svedin (2017) suggest that boys and girls internalize experiences of abuse in different ways (e.g., depression, anxiety, substance abuse); therefore, an understanding of who experiences more victimization might help with prevention, treatment, and awareness.

Federal Child Abuse Prevention and Treatment ACT (CAPTA), which was amended by the CAPTA Reauthorization Act of 2010, defined child abuse and neglect as: "Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act which presents an imminent risk of serious harm" (United States Department of Health and Human Services [US DHHS], 2010, p. 6). In 2012, child protective services (CPS) throughout the United States received approximately 3.4 million referrals of children who may have been experiencing abuse (US DHHS,

2013). As a result of the large number of child abuse referrals, many researchers have focused on the prevalence of child abuse in our society (e.g., Sedlak et al., 2010).

Higgins and McCabe (2001) recognize five types of child maltreatment: sexual abuse, physical abuse, psychological maltreatment (also termed emotional abuse), neglect, and witnessing family violence. Although some research focuses on a single type of abuse, it has been found that experiencing one type of abuse is a risk factor for experiencing other forms of abuse and that multiple forms of maltreatment are often experienced by the same victim (Finkelhor, Vanderminden, Turner, Hamby, & Shattuck, 2014; Higgins & McCabe, 2001). The current study will focus on gender differences in maltreatment, and therefore, the literature review excludes a number of studies that only look at abuse in one gender, or did not report gender differences.

Sexual Abuse

There are many definitions of childhood sexual abuse (CSA), but they mainly involve children and adolescents who are manipulated into engaging in sexual activities that they do not truly comprehend (Sneddon, 2003). A major study on child abuse and neglect, The Fourth National Incidence Study of Child Abuse and Neglect (NIS - 4), estimated that 24% ($N = 135,300$) of 1.25 million children who experienced maltreatment between 2005 and 2006 experienced sexual abuse. These numbers however, only include children who had been referred to CPS agencies and were in danger of maltreatment based on CPS investigations (Sedlak et al., 2010).

In several studies child sexual abuse was recorded from random community samples. Briere and Elliott (2003) gathered a random sample to assess childhood physical and sexual abuse. The sample included 935 participants, 50% ($n = 464$) were

men and 50% ($n = 471$) were women. CSA was determined using the *Trauma Events Survey* (TES) and was recorded by participants responses to relevant questions such as (1) "Before the age of 18, did anyone 5 or more years older than you ever kiss or touch you in a sexual way or have you touch them in a sexual way," and (2) "Before the age of 18, did anyone less than 5 years older than you use physical force to kiss or touch you in a sexual way, or force you to touch them in a sexual way?" (Briere & Elliott, 2003, p. 1209). It was reported that a total of 14% ($n = 66$) of men and 32% ($n = 152$) of women experienced CSA. The sex difference was statistically significant, and men scored significantly higher on the *Trauma Symptom Inventory*. Overall, women were more likely than men to experience child sexual abuse (Briere & Elliott, 2003). In a study by Dube et al. (2005), participants were gathered from a random sample of people accessing community health services in San Diego, California. Out of the sample of 17,337 participants, 7,970 were men and 9,367 were women. Results indicated that 46% ($n = 7970$) of men and 54% ($n = 9367$) of women indicated childhood sexual abuse before the age of 18 years. Among the men and women who met the criteria for childhood sexual abuse, 42% of the men and 23% of the women indicated childhood sexual intercourse.

Clemmons, Walsh, DiLillo, and Messman-Moore (2007) examined multiple child abuse types in an undergraduate sample of men and women. Child sexual abuse was defined as experiencing "actual or attempted sexual touching, sexual kissing, or oral, anal, or vaginal intercourse with a family member or a person who was 5 or more years older" (Clemmons et al., 2007, p. 175). Out of 1396 undergraduates, 73% were

women. The results indicated 8% ($n = 114$) of the sample reported sexual abuse before the age of 18 years (Clemmons et al., 2007).

In youth samples, data on childhood maltreatment and sexual abuse were gathered from clinical and random samples of boys and girls (Ensink, Berthelot, Begin, Maheux, & Normandin, 2017; Finkelhor et al., 2014; Lahtinen, Laitila, Korkman, & Ellonen, 2018). Ensink et al. (2017) did a study with Canadian children and asked mothers to participate in the study. The control group was recruited through advertisements. The trauma group was recruited through youth protection services, social services, and medical services where recent CSA had been reported. Out of a total of 290 children, there were 124 boys and 166 girls. They found that 61% ($n = 84$) of the girls and 39% ($n = 54$) of the boys in their sample experienced sexual abuse (Ensink et al., 2017).

In a household survey by Finkelhor et al. (2014), both parents and children were interviewed regarding childhood abuse in a national telephone survey of youth. The sample included 4,503 children ages 1 month to 17 years. Child sexual abuse was reported in response to the question, "Did a grown-up in your or your child's life touch you or your private parts when they shouldn't have or make this child or you touch their private parts? Or did a grown-up in your life or your child's life force you or your child to have sex?" (Finkelhor et al., 2014, p. 1426). The results indicated 0.4% of boys, and 1.0% of girls reported child sexual abuse in their lifetime. Overall, lifetime data suggested that 0.7% ($n = 32$) of the sample experienced child sexual abuse.

Between December 2002 and February 2003, a survey of parents and youth was conducted by Finkelhor, Ormrod, Turner, and Hamby (2005). The sample included

a total of 2,030 children ages 2 to 17 years old. Half of the sample (50%) were girls, and half of the sample were boys (50%). CSA was assessed based on data from the Developmental Victimization Survey (DVS) and was defined as sexual assault by an adult stranger, flashing or sexual exposure by an adult, and statutory sexual offense. The results indicated that overall, boys experienced sexual victimization at a rate of 67 per 1000, and girls experienced sexual victimization at a rate of 96 per 1,000 (Finkelhor et al., 2005). Another study with a youth sample was conducted by Lahtinen et al. (2018). The sample included 11,364 sixth and ninth graders from several schools in Finland. CSA was defined as having any unwanted sexual experience with someone who was at least 5 years older than the victim. Overall, 41 boys (0.36%) and 186 girls (1.6%) reported an experience with CSA ($n = 256$).

Based on the previous research, it is evident that childhood sexual abuse among both boys and girls is prominent in society (e.g., Briere & Elliott, 2003; Ensink et al., 2017; Lahtinen et al., 2018). Although previous research shows higher rates of child sexual victimization for girls (e.g., Briere & Elliott, 2003; Ensink et al., 2017; Lahtinen et al., 2018), boys are not exempt from sexual abuse, and they should be considered in further research.

By examining disclosure rates of girls and boys who experienced CSA, Priebe and Svedin (2008) suggest that boys may be less likely to disclose sexual abusive experiences. This may possibly account for the gender reported differences in child sexual abuse. They collected a sample of 4,339 high school seniors. Out of the sample, 65% ($n = 1,505$) girls and 23% ($n = 457$) boys experienced CSA. The results indicated that disclosure rates were higher for girls (81%) than for boys (69%). It is

possible that many men and boys who participate in research studies omit their experiences with CSA for fear of judgement and shame (Priebe & Svedin, 2008). Therefore, emphasis on recognizing that children of both sexes are vulnerable to CSA is critical.

Physical Abuse

Fortson, Klevens, Merrick, Gilbert, and Alexander (2016) defined child physical abuse (CPA) as any intentional use of physical force by a parent, caregiver, or guardian against a child that has the potential to result in physical injury. These behaviors can include being hit with a fist, kicked, burned, or causing the child to lose teeth or have broken bones (Briere & Elliott, 2003). An important study on child abuse and neglect, the Fourth National Incidence Study of Child Abuse and Neglect (NIS-4) estimated that out of more than 1.25 million children being abused between 2005-2006, physical abuse accounted for 58% (about 323,000) of the abused children (Sedlak et al., 2010). These estimates only include children who were reported to be in danger of maltreatment based on CPS investigations (Sedlak et al., 2010). Both girls and boys are at risk for experiencing child physical abuse, but some research has indicated that the prevalence is higher for boys than for girls (e.g., Thompson, Kingree, & Desai, 2004), whereas other research indicated that there is no gender difference for childhood physical abuse (Briere & Elliott, 2003).

In household surveys, random samples, and clinical samples both boys and girls were assessed to determine childhood maltreatment and physical abuse (e.g., Finkelhor et al., 2014; Kobulsky, Holmes, Yoon, & Perzynski, 2016; Nilsson et al., 2017). Finkelhor et al. (2014) found that 4% of the children experienced physical abuse

in the past year, and 8.9% experienced physical abuse in their lifetime. Physical abuse was measured by the question, "Not including a spanking on your/his/her bottom, at any time in your/your child's life did a grown up hit, beat, kick, or physically hurt you/this child in any way?" (Finkelhor et al., 2014, p. 1424). Overall, boys experienced physical abuse at a rate of 4.2% similar to girls 3.8%, respectively.

In another sample of youth, data collected from the National Survey of Child and Adolescent Well-being (NSCAW-I) were examined in a study by Kobulsky et al. (2016). The total sample included 1,079 children ages 11 to 15 years old, and more than half of the sample (58%, $n = 638$) were girls. Physical abuse was assessed in three subscales: minor physical assault (e.g., spanked), severe physical assault (e.g., hit with a fist or kicked hard), and very severe physical assault (e.g., threatened with a knife or gun). The results indicated that 27% ($n = 302$) of children during the first wave of data collection, and 17% ($n = 167$) during the second wave of data collection reported physical abuse (Kobulsky et al., 2016).

In a study by Nilsson et al. (2017), physical abuse was examined in a sample of Swedish high school students using a self-report survey to compare child physical abuse in boys and girls. The sample included 3,288 students. In total, 46% ($n = 1512$) were boys and 54% ($n = 1775$) were girls. Participants were asked if during their childhood they had experienced abuse from a parent or caregiver in the form of "slapping, punching, kicking, biting, beating with an object, having been burned or scalded, choking attempts, or having experienced someone throwing an object at them" (Nilsson et al., 2017, p. 31). Results indicated that 64% ($n = 269$) of girls reported physical abuse, and 79% ($n = 304$) of boys reported physical abuse.

Crawford and Bradley (2016) examined childhood maltreatment and neglect by gathering information from the National Child Abuse and Neglect Data System (NCANDS) Child File. In total, there were 17,236 children, with 45.8% boys, and 45.1% girls (totals are less than 100% due to lost data). Overall, 7.4% of the children experienced childhood physical abuse.

Other studies have used clinical, undergraduate, and random samples to examine childhood maltreatment and physical abuse in both men and women (e.g., Briere & Elliott, 2003; Clemmons et al., 2007; Thompson et al., 2004). Clemmons et al. (2007) defined physical abuse by asking participants if they experienced aggressive behavior by a parent or caregiver on purpose. This included behavior such as being kicked, hit with a fist, or knocked to the ground. The results indicated that 20% ($n = 266$) reported experiencing physical abuse before the age of 18 years. Within this subsample, 30% ($n = 80$) reported no injuries, 33% ($n = 88$) reported that their most severe experience was being choked, beaten repeatedly, or burned, and 10% ($n = 25$) reported suffering broken bones, burns, and internal injuries. The gender differences were not recorded.

In the study by Briere and Elliott (2003), child physical abuse was assessed using the *Traumatic Events Survey* (TES) by asking participants if: "Before the age of 18, did your parents or caretaker ever do the following: (1) hit you with a fist, kick you, or throw you down on the floor, into a wall, or down stairs, or (2) do something to you on purpose that left marks, bruised, burned, or caused you to bleed, lose teeth, or have broken bones" (Briere & Elliott, 2003, p. 1208). The results indicated that there were no significant sex differences in the rate of child physical abuse for men and women. In

total, 22% ($n = 103$) of the men in the sample and 19% ($n = 92$) of the women in the sample reported experiencing childhood physical abuse (Briere & Elliott, 2003).

Thompson et al. (2004) examined data from the National Violence Against Women Survey. The participants included 8,000 men and 8,000 women all above the age of 18 years. Physical abuse was defined as any physically abusive behavior experienced as a child (child was not defined). Physical abuse included aggressive behaviors such as being pushed, grabbed, shoved, kicked or bitten, choked or slapped, having your hair pulled, or being threatened with a gun. The results indicated that 54% of the men and 40% of the women in the study reported experiencing childhood physical abuse (Thompson et al., 2004).

It is important to study the relationship between gender and child physical abuse because of the prevalence. Overall, several studies suggest that boys are more likely than girls to experience physically abusive behaviors in childhood (e.g., Briere & Elliott, 2003; Nilsson et al., 2017; Thompson et al., 2004). This outcome could possibly be explained by the gender stereotypes we apply to men and women, and boys and girls. Conventional standards of men and women imply that men are assumed to be stronger and tougher, and women assumed to be more fragile and delicate. If society as a whole views boys as more physically and emotionally resilient, that could explain the higher rates of child physical abuse in boys and therefore possibly account for these stereotypes.

Psychological Maltreatment

Child psychological maltreatment is defined as "a repeated pattern of caregiver behavior or extreme incident(s) that convey to children that they are

worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another's needs" (The American Professional Society on the Abuse of Children [APSAC], 1995, p. 2). This type of abuse is often verbal (US DHHS, 2013) and can be described as behaviors that are emotionally abusive or psychologically harmful and consist of acts of omission (e.g., emotional unavailability) and commission (e.g., verbal attacks by a caregiver) (APSAC, 1995; Baker, 2009; Glaser, 2002, 2011). It is often a recurring pattern of negative interactions (Glaser, 2002) that are harmful to the child's emotional functioning and development (Glaser, 2011). Other terms that have been used to describe psychological maltreatment include emotional abuse, psychological abuse, and emotional neglect (Baker, 2009).

Emotional abuse is commonly referred to as acts of commission, whereas emotional neglect is often specified as acts of omission (Glaser, 2011). Specifically, psychological maltreatment is any act that is considered mentally harmful (Hart & Brassard, 1987). A major study on child abuse and neglect, the Fourth National Incidence Study of the Child Abuse and Neglect (NIS-4), estimated that between the years 2005 - 2006, 148,500 children were experiencing emotional abuse by a caregiver (Sedlak et al., 2010). In addition, it was estimated that 193,400 children were experiencing emotional neglect by a caregiver (Sedlak et al., 2010). These numbers are reflective of children who had been reported to CPS for possible abuse.

In the household survey by Finkelhor et al. (2014), it was found that 5.6% of the children in the study experienced emotional abuse in the past year, and 10.3% of the children experienced emotional abuse in their lifetime. Emotional abuse was measured using the question, "Did you/your child get scared or feel really bad because

grown-ups in their/your life called this child/you names, said mean things to this child/you, or said they didn't want this child/you?" (Finkelhor et al., 2014, p. 1425). Overall, girls reported a higher rate of emotional abuse (6.7%) than boys (4.5%).

Between December 2002 and February 2003, Finkelhor et al. (2005) assessed psychological or emotional abuse by asking the question: "In the past year, did you get scared or feel really bad because grown-ups called you names, said mean things to you, or said they didn't want you?" (Finkelhor et al., 2005, p. 21). The results indicate that 206 children in the study experienced psychological maltreatment, (101 boys vs. 105 girl, respectively). In a college sample of undergraduate men and women, Clemmons et al. (2007) found that 14% ($n = 195$) met the criteria for psychological abuse. Specifically, 15% ($n = 29$) reported that their parents had threatened to leave and to never come back.

Neglect

Neglect is broadly defined as the failure to provide adequate care and protection to a child, which can occur when the child's basic needs are not met (Dubowitz, Black, Starr, & Zuravin, 1993). "Basic needs" refer to adequate shelter, food, health care, clothing, education, protection, and nurturance (Dubowitz et al., 1993). Several different forms of neglect have been identified, and they consist of physical neglect, emotional neglect, and educational neglect (Sedlak et al., 2010). The Fourth National Incidence Study of Child Abuse and Neglect (NIS - 4), estimated that 1,192,000 children between 2005 and 2006 experienced physical neglect, 1,173,800 children experienced emotional neglect, and 360,500 experienced educational neglect (Sedlak et al., 2010).

In a household survey by Finkelhor et al. (2014), results indicate that neglect was reported for 4.7% of the children in the past year and 11.6% over the lifetime. Overall, boys experienced 4.9% of neglect, and girls experienced 4.6% (Finkelhor et al., 2014). Between December 2002 and February 2003, another survey of parents and youth was conducted by Finkelhor et al., 2005. Results indicate that 15 per 1,000 boys, and 14 per 1,000 girls experienced neglect.

Clemmons et al. (2007), measured neglect using subcategories that included physical neglect, medical neglect, and educational neglect. Physical neglect was defined as a failure to provide basic needs, medical neglect was referred to as a failure to provide medical attention as needed (e.g., immunizations, medication) and educational neglect referred to a failure to abide by state guidelines for school attendance. Results indicated that 17% ($n = 33$) reported that food was often spoiled in their homes, and 20% ($n = 39$) reported that they often missed meals as children. In addition, 10% ($n = 20$) reported that they were living in broken-down or dirty homes while growing up (Clemmons et al., 2007). In the study by Crawford and Bradley (2016), it was found that an overwhelming majority of the sample experienced neglect (92.65%).

Witnessing Family Violence

Higgins and McCabe (2001) proposed that witnessing family violence is a form of child abuse because of the potential psychological problems that can result from growing up in an environment where violence is present. Finkelhor et al. (2005) conducted a survey with 2,030 children ages 2 to 17 years old, divided evenly between girls and boys. It was reported that 71% of the national sample of children and youth

had witnessed family violence, which includes the victimization of another person or exposure to victimization. Other forms of witnessing family violence included witnessing domestic violence, the physical or sexual abuse of a sibling, an assault with or without a weapon. The results indicated that 3.5% ($n = 71$) of the children in the study witnessed domestic violence (Finkelhor et al., 2005).

Statement of the Proposed Study

Research has typically focused on individual forms of child maltreatment and their relationship to negative outcomes. This study aimed to investigate a possible relationship between types of child maltreatment and gender and sought to address the gaps in the literature on child maltreatment. Because many studies tend to focus on one specific form of maltreatment (e.g., child sexual abuse), accurate data assessing the total level of violence and maltreatment experiences by children in their homes are lacking. Specifically, this study examined the five types of child maltreatment defined by Higgins and McCabe (2001) and explored a possible relationship between type of abuse and gender of the survivor. A survey measuring child maltreatment was distributed in the fall of 2017. In addition, the gender of each participant was gathered. The survey used to examine child maltreatment was the Comprehensive Child Maltreatment Scale, which was created by Higgins and McCabe (2001). My goal was to examine gender differences in maltreatment scores. My aim was to try and understand if gender accounts for any substantial difference for survivors.

Hypotheses

Using previous studies that have been reviewed, I developed my hypotheses based on their findings.

Hypotheses A: Overall rate of CSA would be higher for women than men

Hypotheses B: Overall score of child physical abuse would be higher for men than women

Hypotheses C: There will be no significant difference in the score of child psychological maltreatment between men and women

Hypotheses D: There will be no significant difference in the score of child neglect between men and women

Hypotheses E: The overall rate of witnessing family violence would be higher for men than women

CHAPTER II

METHOD

Participants

To complete this research, data were taken from a study conducted by Dr. Mary Ellen Fromuth, Ph.D. and Lauren Qualls, M.A. The survey was distributed in the fall of 2017 with MTSU undergraduate students who participated in PSY 1410. Descriptive statistics of the demographic variables are presented in Table 1. The sample included a total of 242 participants, with 177 women and 65 men. The majority of the participants were between 18 and 23 years old. There were few participants between 24 and 29 years old, and 30 years and older. Most of the participants identified as Caucasian. Some of the participants identified as African American, and 15% identified as being of other racial/ethnic background. The majority of the participants were of the Freshman class, and 22% were Sophomore, 10% were Juniors, and 5% were Seniors. The students signed up using SONA systems, which is used by the MTSU Psychology Department. The SONA system is a research pool software used by universities to gather participants for research studies. The students who participated in this study received class or extra credit. Permission to use this data has already been granted for this current study by Dr. Fromuth, Ph.D., and Lauren Qualls, M.A.

Measures

Demographic Form. A survey was given to gather demographic information. Participants were asked age (18 to 23 years old, 24 to 29 years old, and 30 years and older). Ages were grouped to avoid identifying any participants. The other demographic

information requested included gender, race/ethnicity (African American/Black, Caucasian, Other), and year in school (Freshman, Sophomore, Junior, and Senior).

Table 1

Participant Demographic Information

Variables	<i>N</i>	%
Sex		
Men	65	27
Women	177	73
Age		
18-23	230	95
24-29	7	3
30 & older	5	2
Ethnicity		
Caucasian	128	53
African American	78	32
Other	36	15
Year in school		
Freshman	153	63
Sophomore	53	22
Junior	24	10
Senior	12	5

The Comprehensive Child Maltreatment Scale (CCMS). The CCMS was created by Higgins and McCabe (2001) to assess multiple forms of child maltreatment. This scale was developed as a self-report measure to assess adults' experiences of abusive and neglectful behaviors they may have experienced as children. The CCMS defines child maltreatment as anything prior to age 18 years. The abuse being measured included the five types of child maltreatment discussed above (sexual abuse, physical abuse, psychological maltreatment, neglect, and witnessing family violence; Higgins & McCabe, 2001). The CCMS is a 22-item scale, with each question asking the respondents to rate the frequency with which their mother, father, or other adult/older adolescent victimized them. The survey measures physical abuse, witnessing family violence, psychological maltreatment and neglect on a scale ranging from *0 = never, 1 = occasionally, 2 = sometimes, 3 = frequently, and 4 = very frequently*. It measures sexual abuse on a scale ranging from *0 = never, 1 = once, 2 = twice, 3 = 3 - 6 times, 4 = 7 - 20 times, and 5 = more than 20 times*.

Cronbach's alpha tests the reliability and internal consistency of a psychometric measure. Higgins and McCabe (2001) calculated Cronbach's alpha for each abuse subscale: sexual abuse ($r = .88$), physical abuse ($r = .76$), psychological maltreatment ($r = .83$), neglect ($r = .76$), and witnessing family violence ($r = .83$). The CCMS has an overall alpha coefficient .93 (Higgins & McCabe, 2001). Validity means that the psychometric test is sound, and measures what it was designed to test. The CCMS shows high concurrent criterion-related validity when compared to its related subscales on the Child Abuse and Trauma (CAT) Scale (Higgins & McCabe, 2001;

Sanders & Becker-Lausen, 1995). Permission to use the CCMS was granted by the authors, Daryl J. Higgins and Marita P. McCabe.

Procedure

Approval from the Middle Tennessee State University Institutional Review Board (IRB) was obtained prior to conducting any research and was approved on Monday, October 2, 2017 (see Appendix A). The participants were informed prior to participating that the study would examine the relationship between child abuse and other factors, including self-harm (nonsuicidal self-injury), body regard (how you feeling about your body), self-criticism (how critical you are of yourself), and perceived social support (how supportive you perceive others to be to you). When participants presented for the research study, they were asked to sign an informed consent (See Appendix B), which detailed the procedure, risks, and benefits. Once the participants consented to take part in the study they were provided with a packet of surveys along with verbal instructions on how to complete the packet. Once the survey was completed, the participants were provided with a debriefing information sheet (see Appendix C).

CHAPTER III

RESULTS

Data Analysis

Data were analyzed using SAS. Child sexual abuse (Hypotheses A) was scored as a dichotomous variable (e.g., present versus absent) because we assumed the reported frequency of sexual abuse was relatively low for men. Additionally, we saw it possible that there would be participants with extreme scores. Further, those few extreme scores distorted the mean. For this reason, analyses for sexual abuse were done using chi-squares.

Hypotheses involving physical abuse, emotional abuse, and neglect were analyzed using a *t*-test. These were treated as continuous variables because we expected these scores to have higher frequencies. For instance, we assumed that it was likely that most participants experienced at least one type of emotional abuse because that is a more common type of abuse compared to sexual abuse. We conducted a *t*-test to determine whether there was a difference between male and female victims.

Hypotheses Testing

There were no statistically significant differences in the two groups, most likely due to a small number of participants reporting CSA. This can be seen in Table 2. Hypotheses A theorized that CSA would be reported by more girls than boys. Hypotheses B through E are shown Table 3. There were no significant differences involving men and women who experienced physical abuse,

psychological maltreatment, or neglect. However, women reported witnessing more family violence in their childhood than men.

Table 2

Gender Differences in Reported Child Sexual Abuse

	Men (<i>n</i> = 63)	Women (<i>n</i> = 168)
Child Sexual Abuse	1 (.016%)	6 (.036%)

 $\chi^2 (1) = 0.583, p = .445$

Table 3
Gender of Survivors of Childhood Maltreatment

	Men (<i>n</i> = 65)	Women (<i>n</i> = 177)		
	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	<i>t</i>	<i>df</i>
Physical Abuse	3.02 (2.46)	2.38 (2.58)	1.76	118.94
Psychological Abuse	6.66 (4.46)	6.34 (4.49)	0.50	114.85
Neglect	1.89 (3.25)	1.63 (2.93)	0.58	104.59
Witnessing Family Violence	1.83 (1.83) (<i>n</i> = 53)	2.46 (1.84) (<i>n</i> = 134)	2.11*	95.97

Notes. *n*'s for Witnessing Family Violence range from 53 to 134 due to missing data.
 * $p < 0.05$.

CHAPTER IV

DISCUSSION

This study explored the differences between gender and experiences of child maltreatment (sexual abuse, physical abuse, psychological maltreatment, neglect, and witnessing family violence). It is important to study child maltreatment because there is sometimes a lack of evidence for certain abuse types (e.g., psychological maltreatment) and lack of common operational definitions, which could make defining and assessing abuse more difficult. Additionally, it is important to study gender and how it relates to child maltreatment because of the stereotypes we may hold about men and women that can cloud our evaluations of possible maltreatment.

The outcomes considered were the gender of the participant and their experiences with multiple types of abuse. Hypothesis A predicted that CSA would be higher for women than men. Although the percentage of men and women reporting CSA were in this direction, there were too few data points to conduct a valid statistical analysis of the differences. Hypothesis B predicted that the overall score of physical abuse would be higher for men than women. The present study did not find a significant difference between men and women. Hypothesis C predicted there would be no difference between men and women on psychological maltreatment. This hypothesis was supported. Hypothesis D predicted no significant differences between men and women on child neglect. This prediction was supported. Hypothesis E postulated that more men than women in the sample would be exposed

to family violence. The present study found the opposite: women reported higher levels of witnessing family violence than men.

Several outcomes from this study were consistent with previous and existing research (e.g., Briere & Elliott, 2003; Finkelhor et al., 2014). Reported levels of CSA are comparable to the Finkelhor et al. (2014) household survey, although much lower than the outcome of the random community sample by Briere and Elliott (2003). Both studies found that the women and girls in their samples reported higher levels of CSA than the men and boys. Whereas most studies find more men than women reporting CPA (e.g., Briere & Elliott, 2003; Finkelhor et al., 2014; Nilsson et al., 2017; Thompson et al., 2004), the present study found no difference. (It's important to note that previous studies used percentage reporting, and the present study had respondent's rate frequency). Previous studies did not report gender differences in psychological maltreatment (Clemmons et al., 2007; Finkelhor et al., 2005) but Finkelhor et al. (2014) found a slightly higher percentage of women and girls reporting child psychological maltreatment. The current study found no significant differences. Consistent with previously examined studies (Finkelhor et al., 2005, 2014), the present study found no differences between men and women in reports of neglect. Finkelhor et al. (2005) did not report gender differences on witnessing family violence. However, because previous studies have found that men and boys report experiencing more CPA than women and girls, this lead hypothesizing that men would report witnessing more family violence in their childhood. In fact, our data indicated that women reported witnessing more violence than men, and our results were statistically significant. Although these results will

need to be replicated in further studies, it is a possible contribution to the literature on violence in families.

There were several limitations to the study. For instance, the sample consisted of college undergraduates who were predominantly women between the ages of 18 and 23 years old, and the majority Caucasian. In addition, this study did not have enough reported data on child sexual abuse victimization, and therefore, was unable to be analyzed like the other variables. It is possible that some participants omitted their experiences with CSA. A larger and more diverse population with an equal number of men and women would be preferable. Despite these limitations, this study provided important research regarding the differences between child maltreatment and gender. Future research in this area would be recommended.

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APPENDICES

Appendix A

Institutional Review Board Approval Letter

IRB

INSTITUTIONAL REVIEW BOARD

Office of Research Compliance,
010A Sam Ingram Building,
2269 Middle Tennessee Blvd
Murfreesboro, TN 37129



IRBN001 - EXPEDITED PROTOCOL APPROVAL NOTICE

Monday, October 02, 2017

Principal Investigator Lauren K. Qualls & Mary Ellen Fromuth (Faculty)
 Faculty Advisor N/A
 Co-Investigators Taylor Yates; Jaimie Elowsky; RyanCornellius; Sarah Pope
 Investigator Email(s) lauren.qualls@mtsu.edu MaryEllen.Fromuth@mtsu.edu
 Department Psychology

 Protocol Title Relationship between child maltreatment and self-harm
 Protocol ID **18-2040**

Dear Investigator(s),

The above identified research proposal has been reviewed by the MTSU Institutional Review Board (IRB) through the **EXPEDITED** mechanism under 45 CFR 46.110 and 21 CFR 56.110 within the category (7) *Research on individual or group characteristics or behavior*. A summary of the IRB action and other particulars in regard to this protocol application is tabulated as shown below:

IRB Action	APPROVED for one year from the date of this notification
Date of expiration	10/31/2018
Participant Size	300 [THREE HUNDRED]
Participant Pool	Adult University Students
Exceptions	None
Restrictions	1. Mandatory Informed Consent: Provide signed copy to each participant 2. Identifiable information must be destroyed once analyzed
Comments	NONE

This protocol can be continued for up to THREE years (**10/31/2020**) by obtaining a continuation approval prior to **10/31/2018**. Refer to the following schedule to plan your annual project reports and be aware that you may not receive a separate reminder to complete your continuing reviews. Failure in obtaining an approval for continuation will automatically result in cancellation of this protocol. Moreover, the completion of this study MUST be notified to the Office of Compliance by filing a final report in order to close-out the protocol.

Continuing Review Schedule:

Reporting Period	Requisition Deadline	IRB Comments
First year report	10/31/2018	TO BE COMPLETED
Second year report	10/31/2019	TO BE COMPLETED
Final report	10/31/2020	TO BE COMPLETED

Post-approval Protocol Amendments:

Date	Amendment(s)	IRB Comments
NONE	NONE	NONE

The investigator(s) indicated in this notification should read and abide by all of the post-approval conditions imposed with this approval. [Refer to the post-approval guidelines posted in the MTSU IRB's website](#). Any unanticipated harms to participants or adverse events must be reported to the Office of Compliance at (615) 494-8918 within 48 hours of the incident. Amendments to this protocol must be approved by the IRB. Inclusion of new researchers must also be approved by the Office of Compliance before they begin to work on the project.

All of the research-related records, which include signed consent forms, investigator information and other documents related to the study, must be retained by the PI or the faculty advisor (if the PI is a student) at the secure location mentioned in the protocol application. The data storage must be maintained for at least three (3) years after study completion. Subsequently, the researcher may destroy the data in a manner that maintains confidentiality and anonymity. IRB reserves the right to modify, change or cancel the terms of this letter without prior notice. Be advised that IRB also reserves the right to inspect or audit your records if needed.

Sincerely,

Institutional Review Board
Middle Tennessee State University

Quick Links:

[Click here](#) for a detailed list of the post-approval responsibilities.
More information on expedited procedures can be found [here](#).

Appendix B

Informed Consent Form

**Middle Tennessee State University Institutional Review Board
Informed
Consent Document for Research**

Principal Investigator: Lauren K. Qualls, MA, Mary Ellen Fromuth, Ph.D.
Study Title: Relationship between child maltreatment and self-harm

Institution:

MTSU Name

of participant:

Age: _____

The following information is provided to inform you about the research project and your participation in it. Please read this form carefully and feel free to ask any questions you may have about this study and the information given below. You will be given an opportunity to ask questions, and your questions will be answered. Also, you will be given a copy of this consent form.

Your participation in this research study is voluntary. You are also free to withdraw from this study at any time. In the event new information becomes available that may affect the risks or benefits associated with this research study or your willingness to participate in it, you will be notified so that you can make an informed decision whether or not to continue your participation in this study.

For additional information about giving consent or your rights as a participant in this study, please feel free to contact the MTSU Office of Compliance at (615) 494-8918.

1. Purpose of the study:

You are being asked to participate in a research study because this research has the potential to increase understanding of the relationship between child abuse and nonsuicidal self-injury could have positive benefits towards others.

2. Description of procedures to be followed and approximate duration of the study:

We are looking at how child abuse relates to other factors, such as self-harm, body regard (how you feel about your body), self-criticism (how critical you are of yourself), and perceived social support (how supportive you perceive others to be to you). During the course of this study some personal history will be asked about your own personal experience with child abuse (physical, sexual, emotional). The questionnaire will address personal behavior and whether you have engaged in self-harm (e.g., cutting). The questionnaire will also ask you about how you perceive not only yourself, but the relationships of others in your life (e.g., how you feel about your body, your self-critical thoughts of yourself, how supportive you perceive others to be of you). Additionally, demographic information such as age and gender will be collected, however your information is completely anonymous and no researcher or faculty member will have any way of identifying any participants. The entire questionnaire should take approximately 40 minutes to complete. This will be done in groups, though the questionnaires will be completed individually.

3. Expected costs: None**4. Description of the discomforts, inconveniences, and/or risks that can be reasonably expected as a result of participation in this study:**

Due to the sensitive subject matter some may feel uncomfortable or recall upsetting memories. If you feel uncomfortable, you may stop filling out the survey and sit quietly until the end. A list of services will be provided in case you feel the need to talk to someone.

5. Compensation in case of study-related injury:

MTSU will not provide compensation in the case of study related injury.

6. Anticipated benefits from this study:

a) The potential benefits to science and humankind that may result from this study is the potential to understand and increase the understanding of the relationship between childhood abuse and later adjustment. .

b) The potential benefits to you from this study are to help others understand the unique experiences you have in your life, and to gain an understanding of the research process.

7. Alternative treatments available: N/A

8. **Compensation for participation:** Course credit

9. Circumstances under which the Principal Investigator may withdraw you from study participation:
N/A

10. What happens if you choose to withdraw from study participation: There is absolutely no penalty for withdrawing your participation. If you feel uncomfortable, you may stop filling out the survey, sit quietly, and turn in the survey at the end with everyone else.

Contact Information. If you should have any questions about this research study or possible injury, please feel free to contact Lauren Qualls at 615-971-2632 or my Faculty Advisor, Dr. Mary Ellen Fromuth at 615-898-2448

Confidentiality. All efforts, within reason, will be made to keep the personal information in your research record private but total privacy cannot be promised. Your information may be shared with MTSU or the government, such as the Middle Tennessee State University Institutional Review Board, Federal Government Office for Human Research Protections, if you or someone else is in danger or if we are required to do so by law.

STATEMENT BY PERSON AGREEING TO PARTICIPATE IN THIS STUDY

I have read this informed consent document and the material contained in it has been explained to me verbally. I understand each part of the document, all my questions have been answered, and I freely and voluntarily choose to participate in this study. I also acknowledge that filling out this form does not constitute a therapeutic relationship.

Signature of patient/volunteer _____

Date _____

Consent obtained by: _____

Appendix C

Demographic Form

Instructions. Please answer the following questions by selecting one of the options provided. Please *do not* write in answers.

1. **Age.** Please select one:

- a. 18 - 23
- b. 24 - 29
- c. 30 +

2. **Gender.** Please select one:

- a. Female
- b. Male
- c. Other or Prefer Not To Answer

3. **Race/Ethnicity.** Please select one:

- a. African American/Black
- b. Caucasian
- c. Other

4. **Year in School.** Identify your current year in school:

- a. Freshman
- b. Sophomore
- c. Junior
- d. Senior

Appendix D
Debriefing Form

Please Keep for your own use.

Different types of childhood maltreatment include physical abuse, sexual abuse, emotional abuse, physical neglect, and emotional neglect. Not all people abused as children develop difficulties in adulthood, but previous research has found a relationship between the experience of childhood maltreatment and difficulties in adulthood. One instance of this is nonsuicidal self-injury. Nonsuicidal self-injury is intentionally harming one's self without suicidal intent. Some examples of nonsuicidal self-injury are cutting, scratching, burning, and hitting oneself. The purpose of this study was to further examine how each type of childhood maltreatment relates to nonsuicidal self-injury. Additionally, this research was designed to determine whether certain variables, including body regard, self-criticism, and perceived family support, play a role in the relationship between childhood maltreatment and nonsuicidal self-injury in a college population.

If you would like to talk to someone about any experiences or feelings regarding any kind of abuse, the following counseling services available:

On Campus:

MTSU Counseling Services, (615) 898-2670

MTSU Center for Counseling & Psychological Services, (615) 898-2271

Off Campus:

Mental Health Cooperative, (615) 743-1555 (fee based)

Guidance Center, (615) 893-0770 (fee based) **Centerstone of Tennessee**,
(888) 291-4357 (fee based)

If you would like more information about this study or your rights as a participant, please contact Dr. Mary Ellen Fromuth at MaryEllen.Fromuth@mtsu.edu or Lauren Qualls at Lauren.Qualls@mtsu.edu .

Thank you for your participation and helping us with this study.

Dr. Mary Ellen Fromuth Lauren K. Qualls, M.A. MaryEllen.Fromuth@mtsu.edu