Childhood Physical and Emotional Abuse, Vulnerability to Harm, and PTSD: The Moderating Effects of Experiential Avoidance



Introduction

Exposure to physical and emotional abuse in childhood may predispose individuals to hypervigilance, heightened autonomic arousal, loss of self-worth, and other symptoms of PTSD in adulthood (Yehuda et al., 2001). Early trauma may intensify protective interpersonal styles, and rule-governed behavioral responses could heighten perceived vulnerability to maltreatment (Lim & Barlas, 2019). Young (1999) and others (Roediger et al., 2018) have described these patterns of behavior as cognitive-affective schemas.

Research has highlighted the role early maladaptive schemas may play in the emergence and severity of PTSD following trauma (Price, 2007; Vasilopoulou et al., 2019). Schema formation may vary according to how individuals relate to perceived threats, with emotional and behavioral avoidance strategies (i.e., experiential avoidance; Hayes et al., 1994) potentially increasing the likelihood of adopting a vulnerability-to-harm schema.

The vulnerability-to-harm schema is an early maladaptive schema thought to emerge from experiences of interpersonal trauma and is characterized by beliefs that danger and harm are ubiquitous and unavoidable, as well as a sense of impaired autonomy (Young et al., 2003). Vulnerability-to-harm has been found to be predictive of PTSD symptom severity in those who had experienced interpersonal trauma (Karatzias et al., 2016).

Relatedly, experiential avoidance has been implicated in the development of PTSD after trauma exposure (Kashdan et al., 2009). In fact, greater pre-trauma experiential avoidance has been shown to predict particular responses to trauma (e.g., peritraumatic dissociation) that may contribute to posttraumatic symptomology (Kampula et al., 2012).

Purpose & Hypotheses

Purpose: Examine the relationship between childhood emotional and physical abuse, the vulnerability to harm schema, experiential avoidance, and PTSD symptoms in a sample of university students

<u>Hypotheses</u>

- Childhood combined emotional and physical abuse will predict PTSD symptoms severity
- Childhood combined emotional and physical abuse will predict vulnerability to harm schema
- Experiential avoidance will moderate the relationship between childhood abuse and vulnerability to harm schema
- Vulnerability to harm schema will predict PTSD symptoms

Method

Participants:

Undergraduate students ages 18-24. After excluding participants whose CTQ responses indicated possible minimizing, N=70 (37% White, 23% Latinx, 21% Asian American, 17% Black; 80% female)

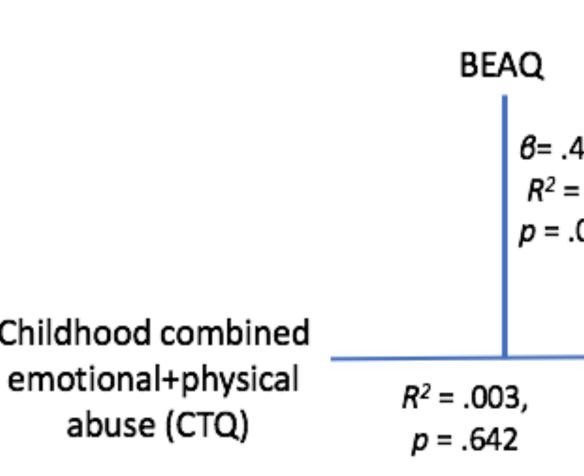
Measures:

- Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1998)
- Young Schema Questionnaire Short Form 3 (YSQ-S3; Young & Brown, 2005)
- Brief Experiential Avoidance Questionnaire (BEAQ; Gamez et al., 2014)
- PTSD Checklist for DSM-5 (PCL-5; Weathers et al., 2013) **Procedure:**
- Students completed questionnaires at a single time point as part of a larger study on predictors of PTSD
- Experience of childhood emotional and/or physical abuse measured by combining scores on the physical abuse and emotional abuse scales of the CTQ
- Vulnerability to harm assessed through the 'vulnerability to harm' scale on the YSQ-S3; Young, 2005. Analyzed as continuous measure (but, score of 2+ can be interpreted as 'meaningful'). Examples of items on this scale include: "I can't seem to escape the feeling that something bad is about to happen"
- * "I feel that a disaster (natural, criminal, financial, or medical) could strike at any moment"

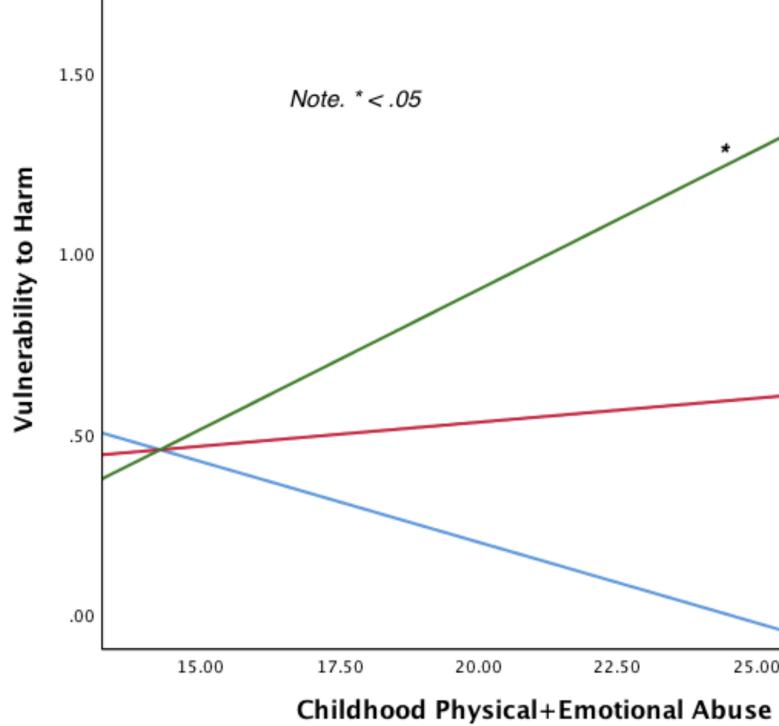
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Our findings point to the role Descriptive statistics: CTQ (M = 20.59, SD = 6.59); PCL-5 (M = 26.89, SD = 19.12); YSQ-S3 (M = 0.54, SD = 1.00); BEAQ (M = 53.56, SD = 10.40) higher levels of experiential Childhood combined emotional and physical abuse (CTQ) significantly positively predicted posttraumatic stress (PCL-5), $R^2 = .063$, F(1,64) = 4.319, p = .042, with avoidance may play in a small to medium effect size Childhood combined emotional and physical abuse (CTQ) did not significantly potentiating the impact of predict vulnerability to harm (YSQ-S3), $R^2 = .003$, F(1,68) = 0.218, p = .642childhood trauma on the However, experiential avoidance (BEAQ) moderated the relationship between combined emotional and physical abuse and vulnerability to harm with medium development of perceived effect (β = .459, t = 2.91, p = .005; ΔR^2 = .10), with predicted relationships emerging as experiential avoidance increased vulnerability to harm, which is Vulnerability to harm (YSQ-S3) significantly predicted posttraumatic stress (PCL-5), $R^2 = .27, F(1,64) = 23.38, p < .001,$ with a large effect size linked to PTSD symptom severity. Discussion **Conclusions:** Source of the second post-traumatic stress Experiential avoidance moderation While childhood abuse did not significantly predict the vulnerability to harm schema, between abuse and vulnerability to harm the predictive relationship emerged when experiential avoidance was analyzed as a moderator Specifically, at lower levels of experiential avoidance, abuse did not significantly BEAQ predict vulnerability to harm, but at higher levels of experiential avoidance, abuse did predict vulnerability to harm *θ*= .459, This highlights the role increased experiential avoidance may play in potentiating $R^2 = .10,$ the impact of childhood trauma on development of perceived vulnerability to p = .005 harm, which was linked to PTSD symptom severity Limitations: Perceived vulnerability Childhood combined Reliance on self-report measures emotional+physical to harm (YSQ-S3) $R^2 = .003$, ✤ Relatively small sample size (N=70) abuse (CTQ) p = .642 Conclusions about temporal relationships of the measured variables are limited due to reliance on cross-sectional data **Future Directions:** Longitudinal study Analysis of relationships with other variables (e.g., socio-economic status, gender, race/ethnicity) to identify other possible moderators Relationship Between Abuse and Vulnerability to Harm by BEAQ Level References BEAQ Bernstein, D.P, & Fink, L. 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Results

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