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Impact of Psychological Maltreatment during Childhood by One's Maternal Figure on the Mental and Physical Health of Older Adult Men

By

Mebane E. Powell

A DISSERTATION PRESENTED TO THE FACULTY OF FORDHAM UNIVERSITY GRADUATE SCHOOL OF SOCIAL SERVICE IN PARTIAL FULFILLMENT OF THE DEGREE OF DOCTOR OF PHILOSOPHY

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Abstract

This dissertation investigated the impact of maternal emotional maltreatment on older adult men with respect to mental, physical, substance abuse, and employment outcomes. The goal of this study was to explore and explain how the role of protective factors across the life span of older adult men who experienced psychological maltreatment from their maternal figures impacted their mental and physical health. Specifically, a secondary data analysis was conducted on the National Survey of Midlife Development in the United States (MIDUS) dataset to explore the overall aim of the study. This dissertation also investigated the intersection of demographics of advantaged and disadvantaged older adult men and these same outcomes.

The presence of poorer mental and physical health outcomes, along with an increase in alcohol-related problems among these men was noted only when examining those who were more disadvantaged in terms of family configuration and financial wellbeing in early childhood. Results also found significant differences in individuals who attrited from the study on outcomes measures. Future research should explore way to combat attrition in populations who have experience trauma. Policy and practice approaches should utilize a trauma-informed approach to ensure a gender informed approach to prevent men from being re-traumatized. Furthermore, utilization of a public health model for prevention strategies as well as to identify and serve those at-risk is of utmost importance as emotional abuse is challenging social workers to identify.

Dedication

This dissertation is dedicated to the most important people in my life. To my husband, you have always stood by me and constantly remind me to aim higher and for that, I am forever grateful. To Laura and Elizabeth, you make mommy remember every day why I started and completed this journey. I love you more than you can ever know (as much and more than can fill outer space). You remind me of what is most important in life, to stop and smell the roses, and just enjoy the moments for they are fleeting and life is short.

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As this is the only time I get to express my gratitude about this journey and about those who have supported me, I am going to do so here, so bear with me as this was a long and arduous process.

To my mother, the person who guided me most in my life, supported me the most, and shaped the person I am today, I am eternally grateful for all you have done and continue to do; you are my role model. To my sister Melinda, I promise this is the last time I graduate. To the rest of my immediate family (Dad, Colin, Ed, Karen), you have answered my phone calls and heard about my stress many times throughout the years, I am forever grateful for your support. To all of my extended family, specifically Suzanne, Phillip, Sarah, Grace, Phillip C., Sean, and Ian, you have had to hear about this process for years, have helped us when we needed help and support and remind me every day that it does take a village and I thank you all! Speaking of villages, without my extended network of caregivers for my children this would never have been completed, so thank you Jackie and Allby.

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our conversations about marginalized populations.

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Chapter 1

Introduction and Study Aims

Based on the 2010 census 1.6 million older adult men (aged 65+) may have experienced severe psychological maltreatment in childhood. According to the Center for Disease Control, while mothers may not be the only abusive parent in the household, mothers are noted as the primary abuser in 56% of the reported cases. Of the cases of reported child abuse, 24% were attributed only to psychological maltreatment and no other forms of abuse (Prevent Child Abuse America, 2017). Furthermore, from 2002 to 2011, rates of psychological maltreatment have increased, while rates of sexual abuse and physical abuse decreased (Peterson, et al, 2014).

Each year, cases of abuse or neglect may impose a cumulative cost to society of $46.9 billion in indirect costs (e.g. adult mental and physical health care, adult criminal justice costs, lost work productivity) (Gelles and Perlman, 2012). When examined at the individual level, an analysis by the Centers for Disease Control and Prevention found that the average lifetime cost of a case of nonfatal child abuse and neglect was $210,012 in 2010 dollars, most of this total ($144,360) due to loss of productivity (Fang et al., 2012). These costs are comparable to those of other major health problems, such as stroke and type 2 diabetes, issues that garner far more research funding and public attention.

Study Aims

The goal of this study was to explore and explain how the role of protective factors across the life span of older adult men who experienced psychological maltreatment from their maternal figures impacted their mental and physical health. Specifically, a secondary data analysis was conducted on the National Survey of Midlife Development in the United States (MIDUS) dataset to explore the overall aim of the study. The specific aims of this study were to explore the

MIDUS dataset of older adult survivors who experienced psychological maltreatment by their maternal figures, to 1) Gain insight into the late life well-being (physical health, mental health, and employment effects) of childhood psychological maltreatment among male survivors; 2) Identify protective factors that foster resilience and gain a better understanding of how they mediate physical health, mental health and employment outcomes among male psychological maltreatment survivors; and 3) Test intersectionality theory to gain insight into within-group differences (physical health, mental health, and employment effects) based on the intersection of race, sexual orientation, socioeconomic status and family type on late life well-being among male psychological maltreated survivors.

Problem and Justification

Definition and Prevalence of Psychological Maltreatment

Psychological maltreatment as defined by Binggeli, Hart, and Brassard (2001) is a "repeated pattern or extreme incidents" of any one of the following six major types: spurning (e.g. belittling, public humiliation), terrorizing (e.g. threatening harm), isolating (e.g. restricting social interactions), exploiting/corrupting (e.g. not supporting a child's view or feelings), denying emotional responsiveness (e.g. failing to express affection), and mental health, medical and educational neglect (e.g., denying medical treatment) (p. 6).

When examining the number of older adult male survivors of psychological maltreatment by one's mother, statistics from population-based community surveys are lacking (Gilbert et al, 2009). However, it was concluded based on population surveys about psychological maltreatment that the “prevalence of severe psychological maltreatment during childhood ranges from 8-9% for women and 4% for men” (Gilbert et al, 2009, p. 70). However, is should be noted that these authors also claim this estimate is probably low for psychological maltreatment as this

prevalence rate focused on severe psychological abuse.

While studies investigating the prevalence of psychological maltreatment during childhood from the view of adult men aged 65 and older have not been conducted, applying the known prevalence rates from Gilbert et al (2002) to the older adult population based on the 2010 census results in 1.6 million older adult men (aged 65+) who may have experienced psychological maltreatment during childhood. Thus, the data suggests that there is currently a high rate of older adult male survivors who experienced psychological maltreatment from a maternal figure. More importantly, with the older adult population expected to increase, so too will the number of older adult male survivors of child psychological maltreatment.

While many research studies to date note the multiple social, psychosocial, and biological consequences of abuse during childhood, there are few studies that examine the outcomes of psychological maltreatment on male children perpetrated by maternal figures, and even fewer that examine the issue of maltreatment in general across the lifespan. “Moreover, studies that [have looked] at multiple types of abuse simultaneously often find that the effects of emotional abuse remain reliable even when controlling for physical and sexual abuse” (Zurbriggen, Gobin & Freyd, 2010, p. 205). Of the few studies that examined maltreatment across the lifespan, Irving (2006) noted that there are several limitations which include samples not being drawn from the community, a lack of research focused on men maltreated during childhood, and that studies fail to take into account the parental role (maternal vs. paternal) of the abuser. Furthermore, as this author notes, most of the studies do not examine the intersectionality of low socioeconomic status, race/ethnicity, and sexual orientation of men in relation to social, psychological, and biological outcomes.

Chapter 2

Literature Review and Conceptual Model

Research on Impact of Maltreatment on Men

From the few studies that have been conducted, findings indicate the male victims of psychological maltreatment by one's maternal figure tend to be more outwardly aggressive (Cullerton-Sen et al, 2008; Keiley, Dodge, Bates, & Pettit, 2001), have an inability to have healthy relationships with intimate partners, and are more likely to have substance abuse issues as well as mental health issues such as depression (Krug, 1989; Maikovich, Jaffee, Odgers, & Gallop, 2008; Shaw & Krause 2002). A similar study by Stouthamer-Loeber, Loeber, Homisch, and Evelyn (2001), found that men "showed authority conflict problems [(e.g. stubbornness, defiance)], and almost all of the maltreated boys displayed behaviors characteristic of the overt [(e.g. aggression)] and covert pathways [(e.g. property damage)]" (p. 941).

One of the most recent studies by Morretti and Craig (2013) examined the “mediating role of affect regulation on the relationship between parental emotional and physical abuse and adolescents’ depressive symptoms using a prospective longitudinal design” (p. 5). Findings indicated that while affect regulation, “the ability to modulate one’s emotional states without undue attempts to avoid or suppress difficult emotions” did mediate the relationship with depression for maternal abuse it did not fully mediate the relationship with depression for paternal abuse, specifically for male children who were victims of abuse (p. 4). However, the study sample consisted of individuals deemed high-risk youth and already being served by various social systems. Therefore, while the results are informative, they may underestimate the impact of maternal maltreatment across the lifespan.

Research conducted by Morimoto and Sharma (2004) found that for men, coping skills,

bonding with the paternal figure and having greater family cohesion served as protective factors. A similar study conducted by Larkin, Iwaniec, and Higgins (2005) noted several factors including early childhood attachment to a supportive person, attributing the abuse to external factors (e.g. my mother lost her job and that is why she was upset), using coping strategies (e.g. hypervigilance), having the ability to change one's life course, and having supportive school and social environments help mitigate negative mental health outcomes. Other research suggests that perception of the abuse by the child and a person's ability to disassociate one's self from the abuse and fantasizing about the future are also factors that affect the outcome of abuse on late life (Herzberger, Potts & Dillion, 1981; Mrazek & Mrazek, 1987).

MIDUS Data Examining the Impact of Maltreatment on Men

Research conducted on the MIDUS dataset by Shaw and Krause (2002) has also found that “personal control and emotional support in adulthood mediated” the impact of abuse on depression and chronic conditions (as cited in Pitzer & Fingerman, 2010, p. 426). Similar research by Pitzer and Fingerman (2010) using the MIDUS dataset found that “moderation models revealed that high levels of personal control were associated with better physical and psychological functioning among adults who were physically abused as children. Thus, personal control may be a key factor in health and well-being and thus resilient functioning following childhood abuse” (p. 425). In terms of biological outcomes, while not focused on men, a study on the MIDUS dataset by Goodwin et al (2003) found that those who were abused in childhood tended to suffer significantly more from migraines, ulcers, and stomach aches. While these studies are informative and support prior research findings, it should be noted that the Pitzer and Fingerman (2010) study excluded individuals who only had one parent and thus a segment of information regarding male individuals maltreated by maternal figures is missing.

Other research conducted on the MIDUS dataset that focused on outcomes in later life with respect to the gender of the victim and role of the abuser (maternal vs. paternal) was conducted by Greenfield and Marks (2010) and Irving and Ferraro (2006). Greenfield and Marks (2010) found that psychological abuse by the mother of the child was reported to result in "more negative affect and less psychological well-being in adulthood" (p. 161). Whereas Irving and Ferraro (2006) found that "emotional abuse by both parents is predictive of lower personal control" but that "for male respondents, child abuse was not a strong predictor of health ratings (when covariates were added to models)" (p. 476). Another study by Savla et al (2013) examined gender and cohort differences. The purpose of the study was twofold, first it "examined if childhood abuse and adversity negatively influence[d] emotional closeness with family in mid- and later life . . . [and second it] determined the role of psychosocial resources and personality traits in buffering the effects of early adversities" (p. 388). However, it should be noted that while the results found that emotional abuse predicted family closeness in middle age and older adults, the authors did not isolate men abused only by maternal figures but rather included all individuals abused by either or both parents and all types of abuse. Research on the MIDUS dataset that did explore a disadvantaged group examined abuse experiences among gay, and bisexual men versus heterosexual men and found that paternal abuse was more likely towards gay/bisexual men (Corliss, Cochran & Mays, 2002).

Thus this author's proposed research using intersectionality theory to explore in greater detail the issues within the group of men abused by their maternal figure would be additive to the existing body of literature. Furthermore, none of the aforementioned studies examined the intersectionality of race, family composition, sexual orientation, and early financial deprivation in childhood.

Maladaptive Outcomes as a Result of Abuse during Childhood

Developmental theories such as attachment and trauma are often used to discuss the biological, social, and structural impact of abuse in childhood, but they do not account for various life trajectories and one's own agency in life to explain adequately the impact of abuse across the lifespan. However, this author does acknowledge that this theory is important to address the issue of how family composition may impact outcomes, as well as how biological changes in the brain during childhood may affect outcomes. Furthermore, these theories may help explain certain impacts of abuse at certain developmental times in one's life that together with cumulative inequality (CI) and intersectionality (discussed below) could help to inform issues across the lifespan.

For instance, trauma theory notes that children experiencing chronic maltreatment are in a 'toxic' environment, one in which the child experiences unusually high levels of stress (Bromfield & Gillingham, 2007). One could extrapolate from the theory that the result of prolonged serious stress is that the developing brain will actually develop differently from individuals who do not experience such stress. Furthermore, this developmental difference in the brain and its impact on later life have been found to result in a greater likelihood of developing depression, increased likelihood for autoimmune disease and other health issues (Dube, Felitti, Dong, Giles & Anda, 2003; Kaufman & Charney, 2001).

Attachment theory is similar to trauma theory in that attachment during childhood is a developmental process that takes into account biological and environmental interactions between a parent and child. As Schore (2001) notes, "[because] attachment status is the product of the infant's genetically encoded psychobiological predisposition and the caregiver experience, and attachment mechanisms are expressed throughout later stages of life, early relational trauma

has both immediate and long-term effects, including the generation of risk for later forming psychiatric disorders" (p. 206). However, as these expressions can be modified throughout life through coping strategies and resources, it is imperative that the overarching theories of this current study are life course theory and cumulative disadvantage theory.

Maladaptive Outcomes across the Lifespan as a Result of Childhood Abuse

When the examination of maladaptive outcomes across the lifespan began to be examined, two primary theories, the life course theory and the cumulative disadvantage theory, came to the forefront to explore how one's history of abuse shapes one's outcomes in late life. As noted by Elder (1994) the life course theory "is an emerging body of inquiry that spans social science disciplines (Elder, 1994)" (as cited in Wulczyn, Barth, Yaun, Harden, Landsverk, 2005, p. 37). The main purpose of using the life course perspective is to provide a macro view of the timing, sequence and duration of events over the life course and how human agency, the ability to chose one's life course, comes into play (Wulczyn, Barth, Yaun, Harden, & Landsverk, 2005).

Similarly, cumulative advantage/disadvantage theory (CAD) as noted by Irving (2006) "provides a framework for understanding the ways that early adverse experiences negatively affect health throughout the life course. . . More generally, [the] theory explains the differences among people that occur over time (Dannefer, 2003)" (p. 460). There is also a body of research that recognizes cumulative advantage/disadvantage theory as a theory that helps to explain how positive and negative experiences and opportunities that occur throughout life impact health outcomes in later life (Wadsworth, 1997).

While CAD and the lifespan theory of control are useful for examining the impacts of maltreatment across the lifespan, the broader more encompassing cumulative inequality theory has risen to the forefront in recent years. As the main thrust of cumulative inequality theory is to

combine information from several theories, including but not limited to CAD and lifespan theory of control, this author proposed to use this theory for the purpose of the proposed study. The theory discusses the impact of events in one's life and across the lifespan and provides a wider breadth than cumulative advantage/disadvantage theory and life-span theory. For example, cumulative inequality theory consists of five axioms "to identify how life course trajectories are influenced by early and accumulated inequalities but can be modified by available resources, perceived trajectories, and human agency" (Ferraro & Shippee, 2009 p. 333).

Outcomes across the Lifespan within Disadvantaged Groups.

Similar to cumulative inequality theory, intersectionality theory is "the notion that subjectivity is constituted by mutually reinforcing vectors of race, gender, class, and sexuality" (Nash, 2008, p. 2). The underpinning of the theory is that historically disadvantaged groups, such as African-American women, are not a homogenous group with homogenous outcomes. Rather, a disadvantaged group contains subgroups of disadvantage when accounting for socioeconomic status, family type (two parent vs. one-parent household) etc. While most studies have primarily focused on women of color and how gender and race together form one's experiences (Nash, 2008, p. 2), intersectionality theory has more recently been used to explore within-group differences of men and health disparities (Griffith, 2012). As Bowleg (2012) noted "[For] . . . social science researchers, the absence of theoretically validated constructs that can be empirically tested poses not only a major challenge but also tremendous opportunities for advancing the study of intersectionality from a public health perspective" (p. 1270).

Intersectionality theory would be additive to the nature of explaining outcomes of the present study in that it provides a rationale and framework for exploring within-group differences between various groups of men. It provides a framework to examine the cumulative

impact of multiple identities. For example, the theory would note that not all abused men in late life should be lumped together for analysis, as it is the combination of marginalized factors that influence outcomes. In the present study, the theory was used to explore for example why there are mean differences in outcomes between various groups of disadvantaged men (for example, one abused and one not abused, African-American gay men in poverty with one parent compared to African-American men in poverty with two parents). In essence, a person is more than just their gender or a victim of abuse, or poor, but a combination of factors that within the larger group of abused men plays a pivotal role in determining social, psychological, and biological outcomes.

Chapter 3

Methods

This study used publicly available data from the National Survey of Midlife Development in the United States (MIDUS). The study is "a collaborative, interdisciplinary investigation of patterns, predictors, and consequences of midlife development in the areas of physical health, psychological well-being, and social responsibility" (University of Wisconsin - Madison, Institute on Aging, 2011a, para. 1). MIDUS is a large (N = 7, 108) national survey, first conducted in "1995 of noninstitutionalized, English-speaking adults aged 25–74 years living in the coterminous United States" (Bierman, 2005 p. 351). Furthermore, "older adults and men were oversampled to ensure an adequate distribution on the cross-classification of age and gender" (Greenfield & Marks, 2010 p. 163). The "baseline of the study contains four subsamples, 1) individuals participated through random digit dialing (RDD) (n=3,487); 2) oversamples were drawn from five metropolitan areas of the us (n=757); 3) siblings and individuals from the RDD sample (n = 950), and; 4) a national RDD sample of twin pairs (n=1,914)" (University of Wisconsin - Madison, Institute on Aging, 2007, p. 1).

For the purpose of this study, only individuals who are part of the first subsample were included. These respondents were selected through random-digit dialing and were asked to participate in a telephone interview that contained a short series of questions. Those who participated were then contacted within a week by mail and asked to complete an additional questionnaire that contained more detailed questions about their childhood experiences with maltreatment, and took an average of two hours to complete (Bierman, 2005; Greenfield & Marks, 2010). According to Ryff et al (n.d.), the response rate for the 1995 MIDUS telephone interview was 70% and the response rate for the mail back questionnaire was 87%.

MIDUS I

The MIDUS I study description states,

> Respondents were asked to provide extensive information on their physical and mental health throughout their adult lives and to assess the ways in which their lifestyles, including relationships and work-related demands, contributed to the conditions experienced. Those queried were asked to describe their histories of physical ailments, including heart-related conditions and cancer, as well as the treatment and/or lifestyle changes they went through as a result. A series of questions addressed alcohol, tobacco, and illegal drug use, and focused on history of use, regularity of use, attempts to quit, and how using those substances affected respondents' physical and mental well-being. Additional questions addressed respondents' sense of control over their health, their awareness of changes in their medical conditions, commitment to regular exercise and a healthy diet, experience with menopause, the decision-making process used to deal with health concerns, experiences with nontraditional remedies or therapies, and history of attending support groups. Respondents were asked to compare their overall well-being with that of their peers and to describe social, physical, and emotional characteristics typical of adults in their 20s, 40s, and 60s. Information on the work histories of respondents and their significant others was also elicited, with items covering the nature of their occupations, work-related physical and emotional demands, and how their personal health had correlated to their jobs. An additional series of questions focusing on childhood queried respondents regarding the presence/absence of their parents, religion, rules/punishments, love/affection, physical/verbal abuse, and the quality of their relationships with their parents and siblings. Respondents were also asked to consider

their personal feelings of accomplishment, desire to learn, and sense of control over their lives, interests, and hopes for the future. *Part 2, Main Sample: Weights for Respondents Completing Both the Telephone Survey and Mail Questionnaire*, contains respondent weights for those who completed both the initial telephone survey and the mail questionnaire. There are 3,032 respondents in this dataset (University of Wisconsin - Madison, Institute on Aging, 2011a, para. 1).

MIDUS II

The follow-up study, MIDUS II, was conducted from 2004-2006 with an average longitudinal follow-up interview of 9 years (range 7.8-10.4). “Data collection largely repeated baseline assessments (e.g., phone interview and extensive self-administered questionnaire), with additional questions in selected areas (e.g., cognitive functioning, optimism and coping, stressful life events, and caregiving)” (University of Wisconsin - Madison, Institute on Aging, 2011b, para. 1). In terms of the main subsample from MIDUS I, of the 3,487 individuals, 2,257 participated in MIDUS II phone follow-up representing a longitudinal response rate of 65% (71% when adjusted for mortality) (Ryff et al, n.d.). There were also two self-administered questionnaires completed and returned by males by 1,805 individuals representing 80% of the phone participants (Ryff et al, n.d.).

Sample

For the purpose of this study, a secondary data analysis was conducted on the National Survey of Midlife Development in the United States (MIDUS I and II). Specifically, individuals who participated in the random digit dialing at baseline who were male and who indicated they were psychologically maltreated in their childhood (under the age of 18) by their maternal figure, were compared to men meeting the same criteria who were not psychologically maltreated by

their maternal figure.

Hypotheses

Hypothesis 1. Compared to men who did not experience psychological maltreatment by their maternal figure, those who did are likely to have:

Physical and mental health outcomes

a. more mental health disorders

b. lower quality of mental health

c. less control over their physical health

d. more physical health problems

e. lower quality of self-reported physical health.

f. lower quality of self-reported mental health

Employment outcomes

g. more days missed at work

h. fewer number of months of sustained full-time employment.

Hypothesis 2a. Personal control will mediate H_1 a-h.

Hypothesis 2b. Emotional control will mediate H_1 a-h.

Hypothesis 3. Within-group differences on late-life well-being among men who experienced psychological maltreatment by their maternal figure during childhood will be found, based on characteristics such as race, sexual orientation, family composition, and early financial deprivation on the following outcomes:

Physical and mental health outcomes

a. more mental health disorders

b. lower quality of mental health

c. less control over their physical health

d. more physical health problems

e. lower quality of self-reported physical health.

f. lower quality of self-reported mental health

Employment outcomes

g. more days missed at work

h. fewer number of months of sustained full-time employment.

Measures

Independent Variable

Maternal psychological abuse

This was recorded to be a categorical variable (0 = not abused, 1= rarely abused 2 = somewhat/often abused), and was determined via the Conflict Tactics Scale (CTS). The CTS asks respondents "During your childhood, how often did your mother, or the woman who raised you to do any of the things" on the list "to you," with responses ranging from 1 (often) to 4 (never).

Dependent Variables

Major depression, Generalized Anxiety Disorder, alcohol abuse, drug abuse

Each was recorded as a dichotomous categorical variable (0=disorder, not present, 1 = disorder present). This variable was determined by the Composite International Diagnostic Interview Short Form (CIDI-SF) scales used in MIDUS to assess for major depression, panic attacks, generalized anxiety disorder, and alcohol and drug abuse disorders.

Self-rated mental health

A categorical variable with one question that asked respondents to rate their health/mental health as excellent, very good, good, fair or poor.

Self-rated health

A categorical variable with one question that asked respondents to rate their health/mental health as excellent, very good, good, fair or poor.

Control over health

A continuous variable with a theoretical range of 0-10. Respondents were asked to rate how much control they have over their health where 0 means "no control at all" and 10 means "very much control."

Health condition and number of health conditions

Each question was a dichotomous categorical variable (0 = no, 1 = yes) asking if the respondent had any of the 28 listed health conditions in the past 12 months. Each of these 28 health conditions was compiled into a continuous variable with a theoretical range of 0-28 with the higher the number the more health conditions a person reports.

Employment - Days unable to work

A continuous variable with a range of 0-30 days. Measured by a set of questions that ask how many days in the past 30 days respondents were unable to do normal work or housework, and how many of the days were due to mental health, physical health or both.

Mediating Variables

Personal control measure

A continuous variable with a theoretical range of 8 to 56, which is comprised of 8 items that addressed the extent to which respondents believed that they controlled their life. Examples

of items used in the personal control scale include “in general I feel I am in charge of the situations in which I live” and “what happens to me in the future depends on me.” Responses for the individual items ranged from 1 (*strongly disagree*) to 7 (*strongly agree*).

Emotional support

A continuous variable with a theoretical range of 4 to 16 which is comprised of a 4-item scales assessing current emotional support from friends and from family in adulthood (Rossi, 2004). Questions included “How much do members of your family (not including your spouse or partner)/friends really care about you?”; “How much do they understand the way that you feel about things?”; “How much can you rely on them for help if you have a serious problem?”; and “How much can you open up to them if you have a serious problem?” Each was rated from 1 (*not at all*) to 4 (*a lot*).

Control Variables

Race

Categorical variable, respondents were asked to choose one option: White; Black and/or African American; Native American or Aleutian Islander/Eskimo; Asian or Pacific Islander; Other; or Multiracial.

Marital status

Categorical variable; married, separated, divorced, widowed or never married.

Education

Measured on a scale of 1 (no school/some grade school (1–6)) to 12 (Ph.D., Ed.D., M.D., D.D.S., L.L.B., L.L.D., J.D., or other professional degree).

Income

Respondents were asked to indicate their income using a scale of 39 categories of income, from less than $0 (loss) to $1,000,000 or more. Respondents were asked about six different types of income: personal earnings, spouse or partner personal earnings, other family members' earnings, Social Security retirement benefits, government assistance, and other family income.

Early financial deprivation

A categorical variable "When you were growing up, was your family better off or worse off financially than the average family was at that time?" Responses were coded 1 through 7, with higher values indicating that, by comparison, the family was a lot worse off.

Chapter 4

Results

This chapter presents and discusses the results of the analyses conducted for this study. Initially, a series of descriptive statistics were conducted on these data, which consisted of frequency tables reporting the sample sizes and percentages of response for the categorical variables of interest, scale reliability, and bivariate analysis of the independent variable with each dependent variable. Additionally, four structural equation models were run testing Hypotheses 1 through 3 in this study for Wave I and Wave II data. A comparison of those who dropped out from Wave II was also conducted to see if significant differences on outcomes existed between those who continued in the study versus those who dropped out, as this may affect the findings of the SEM analysis for Wave II data. Finally, the summary section of this chapter discusses which hypotheses were and were not supported on the basis of these results.

Descriptive Statistics

Table 1 presents the sample sizes and percentages of response associated with the categorical measures of interest included within this study, with demographic variables focused upon here. As shown, slightly above 94% of respondents were white, with close to 6% being of another race. With regard to early financial deprivation, approximately two-thirds of cases were found to be advantaged, with approximately one-third disadvantaged. With regard to family type, slightly over 82% of respondents lived with both their parents, while close to 18% living with only one. Additionally, the vast majority of the sample, over 97%, was heterosexual, with close to 3% being homosexual.

With respect to marital status, slightly over 80% of the sample was married, with slightly over 12% being separated or divorced, slightly over 3% were widowed, and slightly over 4%

having never been married. With regard to intersection, the largest category, valued at zero, consisted cases in which all four component variables were found to be advantaged. This group constituted close to 52% of the entire sample. Next, in slightly over 24% of cases, individuals had an advantaged race, sexual orientation, and family type, though they were disadvantaged with regard to early financial deprivation. All remaining categories composed less than 10% of the sample each. Finally, with respect to emotional abuse, this was found to have never been the case in close to 56% of cases, with this being present but rare in slightly over 27% of cases, and with respondents indicating sometimes or often in close to 17% of cases.

Table 1

Frequency Table: Categorical Measures

Measure	*N*	%
Race		
White	448	94.1%
Other	28	5.9%
ECFD		
Advantage	320	66.5%
Disadvantage	161	33.5%
Family Type		
Lived with Both Parents	396	82.3%
Did not Live with Both Parents	85	17.7%
Sexual Orientation		
Heterosexual	457	97.4%
Homosexual/Bisexual	12	2.6%
Marital Status		
Married	386	80.2%
Separated/Divorced	58	12.1%
Widowed	16	3.3%
Never Married	21	4.4%
Emotional Abuse		
Never	269	55.9%
Rarely	131	27.2%
Sometimes/Often	81	16.8%

Reliability Analysis of Scales

The original MIDUS dataset contains six scales with established reliability and validity reported in various literature and as part of the MIDUS reports. As this study selected a subset of men aged 50 and older from the original data, reliability analyses using Cronbach's alpha was conducted to ensure that scale reliability was maintained. Table 2 presents the results of the reliability analysis. Findings for two of the six scales at baseline (Wave I), Perceived Control as computed by combining constraint with mastery, along with the scale measuring Mastery, were slightly lower than prior literature had established but still within acceptable ranges for reliability in the social sciences (α = .712, .658, respectively). Follow-up data found that only the computed Perceived Control scale had a lower reliability that is weaker than what is typically acceptable in the social sciences (α = .562). Given these findings, the author felt that it was acceptable to use the scales when conducting further bivariate and multivariate analysis.

Table 2

Results of Reliability Analysis (Cronbach's Alpha)

Scale	Established Reliability	Wave I	Wave II
Alcohol Use	.068	0.68	0.68
Family Support	.082	0.87	0.91
Friend Support	.088	0.87	0.91
Perceived Control	.085	0.71	0.56
Constraint	.086	0.87	0.86
Mastery	.070	0.66	0.73

Structural Equation Models

Eight structural equation models were constructed and run for this study. With regard to all models presented in this chapter, initially, full models were constructed, followed by the technique of model trimming, in which all non-significant paths were removed from the model. Additionally, modification indices were also computed and implemented in order to improve model fit. All modification indices implemented within these models consisted of covariances between endogenous variable errors and were determined by constructing a new data set which had no missing data on the variables included within these models, as this is a requirement in Amos in order for modification indices to be supplied.

Hypotheses 1, 2a, 2b, and 3 (Wave I and II Data). First, Table 3 presents the results of the analyses conducted for the conceptual model testing Hypotheses 1, 2a, 2b, and 3. Hypotheses 1, 2a, and 2b were found to have poor goodness of fit indices on all measures of fit at Wave I and Wave II. Hypothesis 3 was found to have a weak goodness of fit at Wave I followed by a poor fit at Wave II. Thus, findings moving forward will focus on Hypothesis 3 at Wave I.

Table 3

Wave I & Wave II SEM Goodness of Fit

Wave I

Hypothesis	CMIN	RMSEA	RMSEA LO 90	RMSEA HI 90	CFI/IFI	Hoelter
1	1138.657, p<.000	0.117	0.111	0.123	.137/.156	80 (.05); 86 (.01)
2a	2808.534, p<.000	0.177	0.172	0.183	.000/-1.152	37 (.05); 40 (.01)
2b (friends)	2679.579, p<.000	0.173	0.167	0.179	.000/-1.304	38 (.05); 41 (.01)
2b (family)	6079.681, p<.000	0.235	0.23	0.24	.000/-2.420	21 (.05); 23 (.01)
3	985.897, p<.000	0.076	0.071	0.08	0.061/0.087	156 (.05); 165 (.01)

Wave II

Hypothesis	CMIN	RMSEA	RMSEA LO 90	RMSEA HI 90	CFI/IFI	Hoelter
1	466.339, p<.000	0.114	0.104	0.124	.162/203	81 (.05); 89 (.01)
2a	1619.115, p<.000	0.21	0.201	0.219	.000/-1.675	27 (.05); 30 (.01)
2b (friends)	1285.582, p<.000	0.185	0.176	0.194	.000/-1.478	34 (.05); 38 (.01)
2b (family)	1521.526, p<.000	0.202	0.193	0.211	.000/-1.948	29 (.05); 32 (.01)
3	34.269, p<.000	0.115	0.079	0.153	.370/.421	132 (.05); 177 (.01)

Hypothesis 3. Table 4 presents the results of the structural equation model conducted served to test the third hypothesis included in this study. It was found that the tenth intersection measure, corresponding with individuals who were of an advantaged race and sex, and a disadvantaged family type and early childhood financial deprivation, had a significant covariance and impact on being a victim of emotional maltreatment. Secondly, emotional maltreatment was found to have a significant and positive impact on depression, anxiety attacks, and alcohol-related problems and a negative impact on mental health at the age of 16.

Table 4

Results of Hypothesis 3 Structural Equation Model (Wave I Data)

Path	Estimate	*SE*	*z*	*p*
A1PDEPDX <--- IV_EA_M_3groups	.138	.014	3.344	<.001
A1PANXTD <--- IV_EA_M_3groups	.103	.004	2.482	.013
A1PPANDX <--- IV_EA_M_3groups	.084	.009	2.010	.044
ALCOHOL_PROBLEMS <--- IV_EA_M_3groups	.122	.018	2.952	.003
A1SCHRON <--- IV_EA_M_3groups	.168	.131	4.081	<.001
A1PA10 <--- IV_EA_M_3groups	-.101	.052	-2.445	.014
A1PA5 <--- IV_EA_M_3groups	-.058	.052	-1.399	.162
A1PA9 <--- IV_EA_M_3groups	-.058	.045	-1.394	.163
A1PA4 <--- IV_EA_M_3groups	-.049	.056	-1.185	.236
A1PA7 <--- IV_EA_M_3groups	.053	.230	1.280	.200
A1SI1A1 <--- IV_EA_M_3groups	-.002	.016	-0.47	.963
A1SI1A2 <--- IV_EA_M_3groups	.010	.027	.238	.812

Results of Covariances Hypothesis 3 Structural Equation Model (Wave I Data)

Path	Estimate	*SE*	*z*	*p*
Intersection 1 <--- IV_EA_M_3groups	.000	.003	-.041	.967
Intersection 2 <--- IV_EA_M_3groups	.025	.013	1.918	.055
Intersection 3 <--- IV_EA_M_3groups	.013	.009	1.434	.152
Intersection 4 <--- IV_EA_M_3groups	.001	.002	.373	.709
Intersection 5 <--- IV_EA_M_3groups	.007	.005	1.499	.134
Intersection 6 <--- IV_EA_M_3groups	.000	.001	-.402	.688
Intersection 7 <--- IV_EA_M_3groups	.004	.005	.890	.373
Intersection 8 <--- IV_EA_M_3groups	.001	.002	.373	.709
Intersection 9 <--- IV_EA_M_3groups	-.001	.001	-.672	.501
Intersection 10 <--- IV_EA_M_3groups	.021	.008	2.637	.008
Intersection 11 <--- IV_EA_M_3groups	.008	.004	1.761	.078

Results of Hypothesis 3 Structural Equation Model (Wave I Data - Trimmed)

Path	Estimate	*SE*	*z*	*p*
A1PDEPDX <--- IV_EA_M_3groups	.137	.014	3.326	<.001

A1PANXTD <--- IV_EA_M_3groups	.102	.004	2.482	.013
A1PPANDX <--- IV_EA_M_3groups	.083	.010	2.000	.046
ALCOHOL_PROBLEMS <--- IV_EA_M_3groups	.122	.018	2.937	.003
A1SCHRON <--- IV_EA_M_3groups	.167	.132	4.060	<.001
A1PA10 <--- IV_EA_M_3groups	-.101	.052	-2.432	.015

Results of Covariances Hypothesis 3 Structural Equation Model (Wave I Data)

Path	Estimate	*SE*	*z*	*p*
Intersection 10 <--- IV_EA_M_3groups	.008	.004	2.055	.040

Analysis of Attrition from Wave I to Wave II

Table 5 presents the results of bivariate analysis of participants who dropped out of the study from Wave I to Wave II on the independent variable of emotional maltreatment and the outcome variables. Here, it was found that those that attrite from the study do not differ significantly in emotional maltreatment (X^2 = .478, p = .788) but did have significant differences in the outcome variables of interest; lower education, lower earnings, more physical and mental health problems, more chronic conditions, more days worked limited by health and less perceived constraints.

Table 5

Results of T-test Completed Wave I but Not Wave II on Outcome Measures

Outcome	Group							
	Completed Wave I Only			Completed Wave I & Wave II				
	M	SD	n	M	SD	n	t	df
Education Level	6.29	2.74	222	7.41	2.80	481	-5.01***	438.01
Earnings	33,322	35,630	206	43,811	43,717	470	-3.28**	474.48
Financial level growing up	4.16	1.27	222	4.00	1.31	481	1.49	701
Physical health at 16	4.43	0.82	223	4.44	0.87	480	-0.66	701
Mental health at 16	4.20	0.97	223	4.26	.095	478	-0.74	699
Current physical health	2.96	0.98	223	3.55	0.94	481	-7.29***	702
Current mental health	3.54	0.94	222	3.80	0.98	481	-3.34**	701
Chronic Conditions	3.10	3.25	222	2.55	2.40	481	2.28*	336.55
Days work limited by health	1.85	6.12	219	0.78	3.72	476	2.38*	294.51
Perceived Constraints	2.83	1.41	220	2.52	1.21	479	2.83**	371.86
Personal Mastery	2.71	1.32	45	3.16	1.16	44	-0.38	697

NOTE: *p < .05, **p < .01, ***p < .001

Summary

This chapter presented and discussed the results of the analyses conducted, which consisted of descriptive statistics conducted on these data, as well as the results of structural equation models and differences in those who continued in the survey at Wave II versus those who dropped out. The results indicated support for Hypothesis 3 as well as significant differences in individuals who attrited from the study on outcomes measures. Support was not indicated for Hypotheses 1, 2a, 2b (family), or 2b (friends), at Wave I and Wave II. The following chapter will discuss these results in relation to previous literature, as well as discuss the limitations of the study along with possibilities for future research.

Chapter 5

Discussion

Overview of Findings

Recent research has found that men abused by their mothers experience poorer psychological health, physical health and have difficulty maintaining employment (Gelles and Perlman, 2012; Fang et al 2012). The current study's sample supported prior research and found that in addition to the aforementioned poorer outcomes, the older adult men in the MIDUS sample experienced an increase in alcohol-related problems, and reported poorer mental health as teenagers. However, these results were found only when examining the data from an intersectionality perspective, which found that the level of abuse increased as the disadvantages increased, specifically more financial deprivation and lack of a two-parent family as a child. Due to the small sample size of racial minorities, while findings were not significant it is important to note that with bootstrapping to help normalize the sample, the findings were trending towards significance. (p=.07). While the current study did not find support for the issue of maintaining employment this could be because older adults are retiring and therefore it is difficult to examine maintenance of employment.

Importance of Support for the Null Hypothesis

The finding of support for the null hypothesis that emotional abuse as a child did not have a significant impact on outcomes in late life, even when mediated by perceived control and emotional support, is important to the overall significant findings of examining the same independent to dependent outcomes when using intersectionality theory. The lack of significant findings to the models not using intersectionality theory, some would say, actually bolsters the significant findings by illustrating that controlling for just race, or just education as if a person is

only made up of one demographic, is flawed, when in fact individuals are the sum of their advantages and disadvantages in life.

Protective Social Factors

There is a wide body of research, particularly in the stress and strain literature that indicates being in a minority racial group, having lower educational levels and not being married are factors that increase one's stress in life and therefore lead to a life with more strain and more mental health issues as people age into older adulthood. Few studies have examined gender differences but those that have found that in general older adult men who are married, highly educated and therefore likely to have higher incomes and are not of a minority race in the United States have better mental and physical health outcomes and are less likely to abuse drugs. No study to date has examined protective factors of older adult men who were abused as children.

Intersectionality theory states that we are the sum of our individual characteristics and found that individuals who were of an advantaged race, and sexual orientation, but who did not live with both parents growing up and did experience early financial deprivation had a significant increase in poorer mental and physical health outcomes. In this author's opinion, the limitations of this study lead one to note that these intersections of advantage/disadvantage need to be explored more before drawing any conclusions on this finding, as findings could be the result of a cohort effect, overwhelming white sample, or some other social/environmental factor that makes speculation difficult at this stage. If one had to speculate, it perhaps makes some theoretical sense, supported by the literature, that single women who often experience financial deprivation when the husband leaves the household are more likely to be emotionally abusive towards their male children as they may be transferring their emotions of anger for their husband onto their child. As this study did not examine older adult women, it would be interesting to see

if this intersection also holds true for women. One might question if these older adults had stronger social networks, or stronger role models of women in their lives that perhaps the negative impact from their mothers could be negated, however, this was not examined and should be included in future studies.

Risk Factor of Emotional Abuse

Findings from this research provide some insight into the impact of emotional abuse during childhood, which is seen as a risk factor for outcomes in older adulthood, and indeed, those who were abused were found to have more instances of panic attacks and alcohol-related problems. The outcome of an increase in alcohol-related problems is not surprising, as studies have found that "this correlation is particularly strong for adolescents with PTSD. Studies indicate that up to 59% of young people with PTSD subsequently develop substance abuse problems" (National Child Traumatic Stress Network, 2008). "According to the self-medication hypothesis of substance abuse, people develop substance abuse problems in an attempt to manage distress associated with the effects of trauma exposure and traumatic stress symptoms" (National Child Traumatic Stress Network, 2008).

As noted by Rigler (2000), in a community-dwelling older adult sample age 60-94, "62% of the subjects were found to drink alcohol, and heavy drinking was reported in 13% of men and 2% of women" (Epidemiology section, para.1). The national prevalence of alcohol-related problems among older adults varies widely depending on the definition used and ranges from 1 to 16 percent (Menninger 2002; Moore et al. 1999; SAMHSA 2004, 2007). For older adult men the range is between 2-10% (Gomberg, 1980; Adams & Smith-Cox, 1997). Findings from the current study may indicate that these individuals in late life experiencing alcohol-related problems are still attempting to manage the effects of their childhood trauma in unhealthy ways.

The prevalence of any anxiety disorder in older adult men is typically less than what is found in women (7.9% and 14.2%, respectively) (Reynolds, 2015). In terms of panic disorder in the U.S. among older adult men, the rate was found to be 1.01%, whereas with older adult women the rate was 1.62% (Reynolds, 2015). Findings of increased panic attacks are of great interest in terms of the findings of this study. To date, no study has examined older adult men and women who were abused in their childhood, and examined the prevalence of panic attacks.

Study Limitations

This study had limitations. Despite the use of SEM, one cannot infer a cause and effect relationship from the relationships between any two study variables. The data in this study are longitudinal in nature and included the first and second wave from the MIDUS. The empirical support for the proposed hypothesis using intersectionality theory and developmental theories, along with trauma theories, informed the temporality within the conceptual model and lends credence to the impact of emotional maltreatment as being an antecedent variable to poorer mental health outcomes, but more importantly emphasizes the importance of the intersections of one's advantages and disadvantages and the increased risk this has on experiencing emotional maltreatment. Second, the study findings cannot be generalized to the general, U.S. population. When examining the sample in relation to older adult male populations in the U.S., caution is suggested when generalizing the study's outcomes to the national population who are of racial or ethnic minorities, as these groups were not well represented. Findings may also differ significantly among different subgroups of men, those being in different racial or sexual minority groups which are often identified as experiencing more stress and poorer outcomes. The impact of stress itself was not the focus of or examined in this study. The limitations of this study highlight

that caution should be used, when inferring beyond the scope of the study. However, this investigation does affirm previous findings that those who experience maternal maltreatment have poorer mental and physical health outcomes and increased substance abuse problems.

Future studies should also carefully consider how to address attrition during the course of the study, perhaps by oversampling or gathering an oversample of older adult men with poorer mental health outcomes and physical health outcomes at baseline, or consider a matched replacement sample at Wave II, as those who did drop out of the study had poorer outcomes at Wave I. Furthermore, while the purpose of this study was to examine maternal emotional maltreatment of men during childhood, future studies should attempt to follow children into older adulthood to examine the impact of abuse in outcomes of life. Finally, protective factors such as having a proxy maternal figure in one's life and the impact of therapy and other supportive services were not examined in this study but would be useful in future research, as the literature suggests that these factors may mitigate outcomes of abuse.

Future Research

The study's findings also highlight key areas for further investigation. Whereas prior studies (Meyer, 1995, 2003) have found that minority stress impacts LGBTQ communities and causes poorer mental health outcomes, this study did not find that being part of the LGBTQ community acted as a protective factor against poor mental health outcomes when combined with other "advantaged" groups. Further investigation with older adult men in various advantage/disadvantaged groups is warranted in order to provide a clearer picture of how each intersection is acting as a protective factor. Second, the knowledge base needs to be enhanced in order to ascertain the impact of emotional maltreatment by maternal figures on older adult men and respective subpopulations of disadvantaged groups, which are the most at risk for poor mental health, physical health, and employment outcomes. While it is important

to acknowledge that more stress occurs in disadvantaged groups, there are many environmental factors that can moderate outcomes, such as strong social support networks and early childhood experiences with women in positive interactions, in addition to counseling to address these concerns across the lifespan. Further research is necessary to understand why panic attacks are more common in men who have experienced emotional abuse by a maternal figure, as this is not the trend in prior research, which indicates older adult women experience more anxiety. Thus, it is suggested that this subgroup of men be examined against a subgroup of women who also experienced emotional maltreatment by their maternal figures. Last and most importantly, social work research is called upon to build the knowledge base of protective factors for men who experience emotional abuse by their maternal figure, along with effective interventions to address mental health and substance abuse issues these men experience.

Implications for Social Work Policy

The American Psychological Associated recently stated that "given the prevalence of childhood psychological abuse and the severity of harm to young victims, it should be at the forefront of mental health [policy and practice]" (2014, p. 1). The findings from this investigation further stress the importance of creating policy that addresses the needs of children as well as lifelong survivors of emotional maltreatment. Using a Trauma-Informed Approach to policy creation means embodying the essence of realizing the impact of abuse across the lifespan, including the impact on others in the family as well as the impact on programs and staff (Substance Abuse and Mental Health Services Administration, p. 1). Furthermore, policy should integrate knowledge abuse into the procedures of a program. For example, policy needs to take a gender informed approach to recognize and acknowledge that women can be abusers and that this abuse can occur in any type of family configuration. Court systems need to acknowledge male children who voice they have been victims of emotional abuse at the hands of their mother and eliminate the biased practice of favoring women over men to raise children. Funding for mental health services focusing on geriatric mental health, while increasing in recent years in some cities, needs to address the

complex issue of the impact of childhood trauma on late life.

Utilizing a public policy framework to implement policies and procedures to try to prevent, serve those at risk and create a system to serve survivors requires a different approach to each type of individual. First, in order to prevent emotional abuse, one must raise awareness of what constitutes emotional abuse. This is challenging as public awareness campaigns for physical and sexual abuse can demonstrate harm that can be seen, whereas emotional abuse is harder to convey in pictures. Requiring new mothers to take educational classes or to watch videos while in the hospital and sign a form indicating they have attended mandatory educational session about child abuse is also key to helping individual recognize and prevent abuse. Educating social workers to be able to screen for emotional abuse and identify emotional abuse when called or intervening in at risk cases requires providing clear procedural guidelines of when to remove a child who has experienced only emotional abuse as well as how to document these instances. Court systems and nurses also need to be educated on how to identify and intervene appropriately.

For those that are survivors, providing mental health services that do not re-traumatize the induvial could be achieved by creating policies that embrace a trauma-informed practice approach. Furthermore, there is a need to continue to destigmatize mental health treatment for men and to increase the number of male social workers in the workforce so that men feel more comfortable receiving treatment; as being treated by a female in and of itself could be traumatizing.

Implications for Social Work Practice

The findings from this investigation also have implications for social social work practice beyond that of providing more male social workers. Current mental health services

for older adults tends to focus on current issues of depression and anxiety in older adulthood without taking into account trauma across the lifespan. Revising screening tools to screen for trauma may be more useful to identifying individuals who may benefit from mental health services. Similarly, clinicians should embrace using a trauma-specific intervention when counseling older adults. While there are many evidence-based trauma therapies, little has been reported on their effects with older adult men who were victims of childhood abuse by their maternal figures. Thus, encouraging clinicians to use this approach will also open the door to helping to identify and serve these individuals in the hopes that we can learn from them through research how to best provide services.

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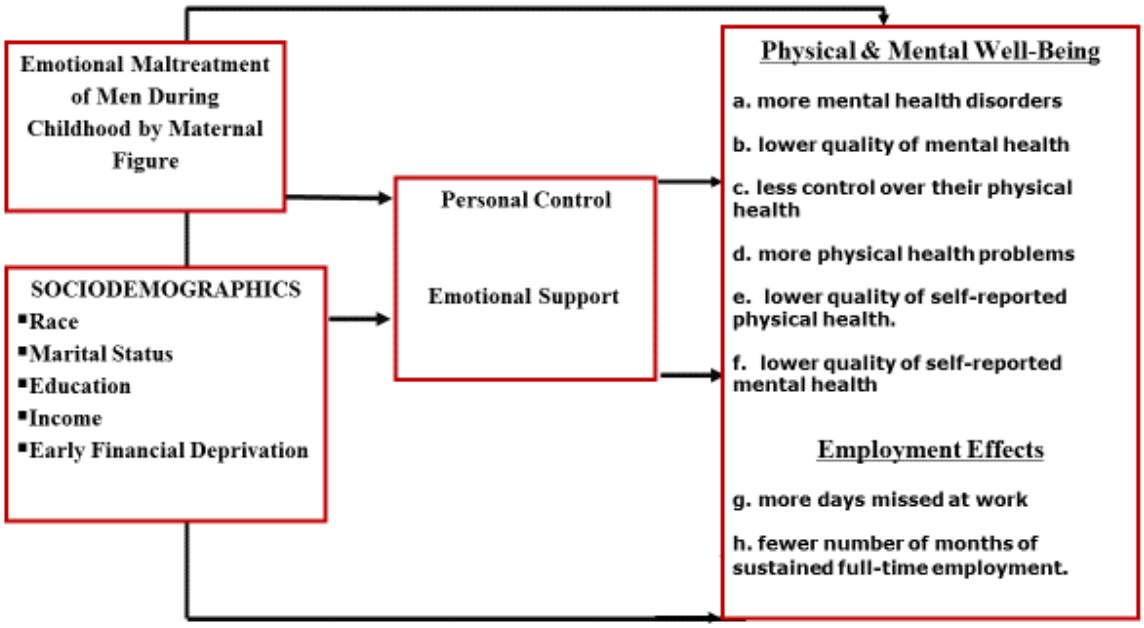

Figure 1. Conceptual Model for Hypothesis 1, 2(a) and 2(b).

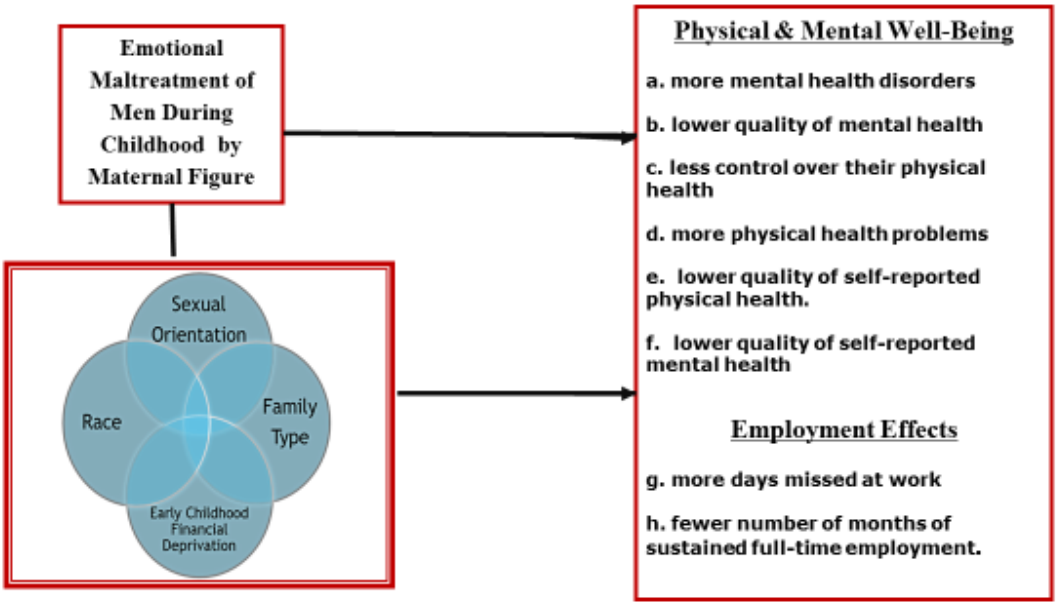

Figure 2. Conceptual Model for Hypothesis 3.