



Childhood maltreatment and adult's provisions of emotional support given to family, friends, and romantic partners: An examination of gender differences

Michael Fitzgerald^{a,*}, Cailyn Hamstra^b, Thomas Ledermann^b

^a University of Southern Mississippi, United States

^b Florida State University, United States

ARTICLE INFO

Keywords:

Childhood maltreatment
Emotional support
Family
Friends
Spouse
Moderation
Gender differences

ABSTRACT

Background: Research has established that childhood maltreatment is associated with interpersonal problems across the life course. Less is known regarding how maltreatment is linked with adult's provision of emotional support to their family members, friends, and romantic partners.

Objective: To examine how maltreatment severity is associated with adult's provisions of emotional support to family members, friends, and romantic partners and examine differences between men and women.

Participants and setting: A sample of 1255 adults (56 % women) was collected between 2005 and 2009.

Methods: Data are from the National Survey of Midlife Development in the United States (MIDUS). Participants completed retrospective survey reports of childhood maltreatment and current provision of emotional support provided to family members, friends, and romantic partners.

Results: Using hierarchical regression analysis, childhood maltreatment was negatively associated with provisions of emotional support provided to family members ($b = -0.013, p < .05$), friends ($b = -0.013, p < .05$), and romantic partners ($b = -0.016, p < .05$) above and beyond other childhood adversities, current mental health symptomology, and current stress. Gender moderated the relationship for friends ($b = 0.012, p < .05$) and romantic partners ($b = 0.015, p < .05$) where women provided more emotional support than men while no gender differences in support provided to family members ($b = 0.009, p > .05$).

Conclusion: Childhood maltreatment contributes to less provision of emotional support to family members, friends, and spouses for both men and women and is particularly detrimental for men. Clinical Implications are discussed.

1. Introduction

Childhood maltreatment is associated with poor relationships across the life course for both men and women (Colman & Widom, 2004; Larsen, Sandberg, Harper, & Bean, 2011; Savla et al., 2013). In adulthood, men and women who experienced childhood maltreatment, or physical, sexual, or emotional abuse, or physical and emotional neglect, are at risk for greater interpersonal

* Corresponding author at: University of Southern Mississippi, 207 Joseph Green Hall, MS 39401, United States.

E-mail addresses: michael.c.fitzgerald@usm.edu (M. Fitzgerald), cph16c@my.fsu.edu (C. Hamstra), Tledermann@fsu.edu (T. Ledermann).

<https://doi.org/10.1016/j.chiabu.2020.104520>

Received 3 August 2019; Received in revised form 14 December 2019; Accepted 23 April 2020

Available online 06 May 2020

0145-2134/ © 2020 Elsevier Ltd. All rights reserved.

difficulties with spouses (Colman & Widom, 2004), family members, including parents, siblings, and other relatives (e.g., aunts), as well as their children (Kong & Moorman, 2016) and friends (Evans, Steel, & DiLillo, 2013).

Research consistently finds that childhood maltreatment is associated with attachment problems, which is a strong corollary to interpersonal problems (Godbout, Dutton, Lussier, & Sabourin, 2009). Attachment is suggested to govern adult's behavioral and emotional systems where the lack of support, nurturance, and care that is common in maltreatment increases the risk for poor interpersonal relationships (Simpson, Rholes, Oriña, & Grich, 2002; Waters, Merrick, Treboux, Crowell, & Albersheim, 2000). Consequently, maltreated children tend to form insecure attachment in an attempt to regain interpersonal safety (Waters et al., 2000). Further, those with an insecure attachment have negative internal working models of themselves and others, which shapes their behavior as well as their perceptions and attributions of others' behavior (Simpson, 1990). Attachment tends to be fairly consistent over time (Waters et al., 2000), and men and women who were maltreated in childhood have been documented as having greater attachment insecurity in adulthood (Godbout et al., 2009). One of the consequences of an insecure attachment is poor interpersonal skills (Cloitre, Miranda, Stovall-McClough, & Han, 2005), and provisions of emotional support may be particularly impacted (Simpson et al., 2002).

There is, however, not much known regarding childhood maltreatment and emotional support provided to family, friends, and spouses. Investigating if childhood maltreatment shapes provisions of emotional support in men and women is important because it may provide additional insight into the functioning of adult's interpersonal relationships. Adult's relationships tend to be reciprocal where greater mutual exchanges of support lead to higher quality relationships (Antonucci & Akiyama, 1987). Adults who experienced greater levels of maltreatment may have a compromised ability to provide emotional support, which, in turn, affects the quality of their relationships (Dunkel-Schetter & Skokan, 1990). In addition, emotional support has well documented health benefits for the recipients, including better physical and mental health (e.g., Shaw, Krause, Chatters, Connell, & Ingersoll-Dayton, 2004; Strine, Chapman, Balluz, & Mokdad, 2008).

Dunkel-Schetter and Skokan (1990) suggested numerous factors are associated with provisions of emotional support, including current levels of stress, individual factors (i.e., psychopathology), relationship factors (i.e., historical provisions of support given and received), and recipient factors (i.e., recipient's existing coping skills). Gender may also play an important role in understanding who provides emotional support. Research has documented that women, relative to men, tend to have more emotionally focused interactions with others and provide more emotional support (Finley, 1989; Lee & Tang, 2015; Rose, Smith, Glick, & Schwartz-Mette, 2016; Thomeer, Reczek, & Umberson, 2015). However, the potential differential effects of maltreatment on provision of support between men and women is not yet well understood. By investigating differences between men and women in the context of child maltreatment, we can better understand if maltreated men and women display similar patterns of providing emotional support compared to their non-maltreated counterparts or if maltreatment potentiates different patterns among men and women.

1.1. Childhood maltreatment

Childhood maltreatment is a common experience in the United States. Adult retrospective reports of maltreatment indicate that more than one-third of adults experience some form of abuse or neglect before the age of 18 (Center for Disease Control, 2016). Maltreatment occurs more often in dysfunctional environments characterized by poor marriages, familial conflict, poor family functioning, substance use, and domestic violence (Stith et al., 2009); consequently, it is common for children living in these dysfunctional environments to experience multiple forms of maltreatment concurrently and over the course of childhood (Finkelhor, Ormrod, & Turner, 2007). An emerging body of literature suggests that greater experiences of maltreatment over the course of childhood leads to greater relational and mental health problems (for review see Scott-Storey, 2011).

1.2. Provisions of emotional support

The effects of childhood maltreatment can be seen long into adulthood and impact maltreated adult's interpersonal relationships (Kong & Moorman, 2016; Whisman, 2014). One of the central processes in adult's relationships is the giving and receiving of emotional support (Antonucci & Akiyama, 1987). Emotional support is defined by interactions and exchanges with others where one person attempts to alleviate distress of another by listening to problems, empathizing, offering reassurance and comfort, and problem solving (Antonucci & Akiyama, 1987; Dunkel-Schetter & Skokan, 1990; Kong & Moorman, 2016). In adulthood, emotional support is often provided to multiple people, including family members, friends, and romantic partners. Adults may provide emotional support to others in response to issues related to health and ageing as well as child, marital, familial, and work-related problems.

There are several factors suggested to shape provisions of emotional support including 1) current levels of stress, 2) recipient factors, 3) relationship factors, and 4) provider factors (Dunkel-Schetter & Skokan, 1990). High levels of stress are common in adults with multiple roles and obligations related to work, relationships, marriages, and parenting. Consequently, adults may provide less support to family members, friends, and romantic partners (Dunkel-Schetter & Skokan, 1990). Recipient characteristics are suggested to play an important role related to provisions of support. If adults evaluate the recipient to have effective coping skills, manageable levels of distress, or appropriate resources to cope with distress, adults may not feel compelled to provide emotional support (Dunkel-Schetter & Skokan, 1990). Relationship factors, such as historical experiences in relationships, current relationship satisfaction, and reciprocity of emotional support are suggested to contribute to provisions of support. Adults are more likely to provide emotional support to those from whom they have previously received emotional support over the life-course, are more satisfied with their relationship overall, and with whom provisions of support are reciprocated (Dunkel-Schetter & Skokan, 1990). Finally, providers who struggle with mental health problems (i.e., depression), have fewer psychological resources (i.e. self-control), believe their support

would be ineffective, or attribute the recipient's problems to be self-inflicted (e.g., alcoholism) would be less likely to provide support (Dunkel-Schetter & Skokan, 1990).

1.3. Childhood maltreatment and emotional support with friends

To the current point, there has been less of a focus on how childhood maltreatment is associated with adult's friendships. Much of the existing research investigating the linkages between maltreatment and friendships has focused on children and adolescents (e.g., Lancaster, Jackson, Youngberg, Fitzgerald, & McWey, 2018), which is not surprising given the developmental importance of friendships in childhood and adolescence. Results in adult samples have been mixed. In samples of college students, Runtz and Schallow (1997) and Muller, Gragtmans, and Baker, (2008) found that maltreatment negatively affected students' friendships whereas another study found gendered effects where maltreatment was associated with men's friendships but not women's friendships (Evans et al., 2013). In contrast, Mullen, Martin, Anderson, Romans, and Herbison, (1994) found that maltreatment was not associated with adult's friendships. Thus, research has found inconsistent results regarding the impact of maltreatment of adult's friendships and less research has examined the effect of child maltreatment on emotional support. Understanding how maltreatment is related to emotional support may provide insight into the functioning of adult's friendships (Antonucci & Akiyama, 1987). Additionally, studies linking maltreatment to adult's friendships have focused almost exclusively on young adults. Friendships in midlife adults may be more selective, have different dynamics, and may be more longer-term friendships. Consequently, one of the objectives of the current study is to investigate the effect of childhood maltreatment on middle age adult's friendships and examine possible gender differences between men and women.

1.4. Childhood maltreatment and emotional support with family

Men and women who have been maltreated as children are likely to have complex relationships with family members. Maltreatment is perpetrated by family members in over 80 % of cases and family members and often times family members are aware that maltreatment occurred but did not intervene (Sedlack et al., 2010; Wuest, Malcolm, & Merritt-Gray, 2010). Even though maltreatment occurred during childhood, it still can have a profound effect on how adults interact with their family members (Kong & Moorman, 2016; Weust et al., 2010). Adult children may remain in contact with maltreating family members because of social pressure and expectations, persuasion of non-maltreating family members to maintain a relationship, feelings of individual obligation, and having an established caretaking role since childhood (Wuest et al., 2010). Pressure to maintain solidarity while also recognizing the impact maltreatment has may create an internal sense of ambivalence and may manifest by providing some forms of support and not others. Adults may provide instrumental forms of support (e.g., transportation) while not becoming emotionally involved (Mullen et al., 1994). For example, Kong and Moorman (2016) found that adults maltreated by their mothers in childhood provided less frequent emotional support to her in adulthood; however, maltreatment was not associated with instrumental support provided to their mothers. Although Kong and Moorman (2016) found that maltreatment shaped adult's provision of emotional support to their previously maltreating mothers, their assessment of total experiences of maltreatment included only physical and emotional abuse, omitting sexual abuse and neglect. Additionally, they did not test for potential gender differences, so it remains unclear whether maltreated men and women provide similar or different amounts of emotional support to family members.

1.5. Childhood maltreatment and emotional support provided to spouse

Childhood maltreatment has also been linked to problems in adult's romantic relationships for both males and females (Larsen et al., 2011; Mullen et al., 1994; Whisman, 2014). For example, in a prospective study using a sample of substantiated cases of childhood maltreatment and a group of matched controls, Colman and Widom (2004) found that maltreatment was associated with a greater likelihood of divorce for both men and women, women were more likely to have an affair, and men were more likely to "walk out" of the relationship. Such relationship instability draws attention to dynamics occurring within the relationships. Research has found that maltreatment is associated with poorer communication, less intimacy, and greater contempt and defensiveness (Banford Witting & Busby, 2018; DiLillo, Lewis, & Loreto-Colgan, 2007; DiLillo et al., 2009; Walker, Sheffield, & Holman, 2011). Although there is a substantial body of research documenting that childhood maltreatment affects adult's romantic relationships, few studies have focused on emotional support. In one of the few studies, Whisman (2014) found that adults who were physically abused as children were perceived by their partners to engage in less frequent emotional support defined by understanding and care, reliability, and openness. It was also found that, in relationships where one partner was physically abused as a child, there were more negative exchanges including criticism, irritability, excessive demands, and feeling let down by their partner (Whisman, 2014). Although these findings provide a foundation for understanding how maltreatment is linked to provisions of emotional support, further research is needed to provide a more comprehensive measurement of childhood maltreatment as well as control for other factors that contribute to provisions of emotional support, such as individual factors (i.e., mental health) and current levels of stress.

1.6. Gender differences

Research indicates that women, relative to men, provide more emotional support in friendships, romantic relationships, and familial relationships (Liu, Kong, Bangerter, Zarit, & Almeida, 2018; MacGeorge, Gillihan, Samter, & Clark, 2003; Neff & Karney, 2005; Trobst, Collins, & Embree, 1994). Women's greater emotional focus may be due to socialization processes as well as that they

are more likely to be in caretaking roles in childhood (Wuest et al., 2010). While research has shown that men and women do not differ on frequency of contact (Silverstein, Parrott, & Bengtson, 1995), effort (MacGeorge et al., 2003), and overall provisions of support provided to others, women have been found to have more emotionally centered interactions compared to men (MacGeorge et al., 2003). Gender differences in the context of childhood maltreatment and emotional support have yet to be examined, so it remains unclear if maltreatment shapes provisions of support similarly or differently in men and women.

1.7. The present study

The purpose of the current study is to investigate if childhood maltreatment is associated with men and women's offerings of emotional support to their family, friends, and romantic partners and examine differences between men and women. We first hypothesize that greater experiences of childhood maltreatment will be associated with lower levels of emotional support provided to family members, friends, and romantic partners. Second, we hypothesize that gender will moderate the associations such that the support provided to family, friends, and romantic partners is less affected in maltreated women compared to men.

Numerous studies have discussed the importance of not only assessing childhood maltreatment but also other adversities that may attenuate associations between maltreatment and long-term outcomes (Briere, 1992; Cicchetti & Toth, 2005). Research has suggested that environmental factors in which the maltreatment occurred are important to consider (Finkelhor et al., 2007; Scott-Storey, 2011; Stith et al., 2009); therefore, we controlled for maternal and paternal depression during childhood, parental divorce during childhood, living with alcoholic during childhood, and living on welfare (Briere, 1992; Cicchetti & Toth, 2005). Additionally, we controlled for other variables that may impact adult's provision of emotional support, including self-control, or adult's ability to manage one's emotions, behaviors, and thoughts, which has been suggested to be important in interpersonal relationships (Cooper, Seibert, May, Fitzgerald & Fincham, 2017), depressive symptoms, social anxiety, stress, works status, and education (Dunkel-Schetter & Skokan, 1990).

2. Method

Data are from the National Survey of Midlife Development in the United States (MIDUS). The MIDUS data are freely available from the Inter-University Consortium for Political and Social Research (ICPSR). The MIDUS study is a longitudinal study of development across middle adulthood. The first wave of data collection (MIDUS 1) comprised of 7108 noninstitutionalized English-speaking adults conducted in 1995–1996. Data were collected via telephone interview and mailed self-administered questionnaire (SAQ). Following MIDUS 1, there was a longitudinal follow-up (MIDUS 2) conducted in 2004. MIDUS 2 mirrored data collection methods and questionnaires of MIDUS 1. Of the original sample, 4963 participants provided follow-up data. In addition to the telephone interview and SAQ, the MIDUS 2 included a biomarker sub-project. The biomarker study comprised a subset of participants who completed both telephone interview and SAQ in both the MIDUS 1 and MIDUS 2 ($n = 1054$) as well as a new subsample of racial minorities ($n = 201$), totaling 1255 participants. The biomarker project also provided additional self-administered scales and data were collected between 6 and 60 months following MIDUS 2. Childhood maltreatment and emotional support provided to family members, friends, and romantic partners were assessed in the biomarker project. Control variables were taken from both the MIDUS 2 and the biomarker project. Depressive symptoms, perceived stress, social anxiety, and self-control were assessed in the biomarker project; control variables that were extracted from the MIDUS 2 SAQ included living with an alcoholic as a child, welfare status, education, and maternal and paternal depression during childhood. Although data in the current study were used from both the MIDUS 2 telephone interview and SAQ, and the biomarker project, the study was cross-sectional given that only control variables were extracted from the MIDUS 2 telephone interview and SAQ.

2.1. Participants

Among the 1255 participants, 56.8 % were women and the average age of participants was 57.32 years ($SD = 11.55$). There was educational heterogeneity, with 19.9 % of adults reporting a high school education or less; 29.2 % reported some college, a two-year degree, vocational school, or associate degree; 22.9 % reported a bachelor's degree; 4.6 % reported some graduate school; and 19.2 % reported either receiving a masters or doctoral degree. Approximately half of the sample (45.7 %) reported currently working and reported a mean income of \$45,010 ($SD = 34,750$). Regarding racial demographics, 77.9 % of participants were white, 18.1 % were black, and the balance (4%) self-reported being Native American, Asian, and other. A substantial proportion of participants were married (62.9 %), 2.5 % reported being separated, 14.8 % reported being divorced, 7% reported being widowed, 11.9 % reported never being married, and 1.8 % reported living with someone. It should be noted that although 62.9 % of the 1255 participants were married, 90 % of all participants who were in a romantic relationship at the time of the biomarker study were married.

2.2. Measures

2.2.1. Childhood maltreatment

Participant's history of childhood maltreatment, including emotional, physical, and sexual abuse and emotional and physical neglect, were assessed using the *Childhood Trauma Questionnaire* (CTQ; Bernstein, et al., 2003). The CTQ is a 28-item scale assessing childhood maltreatment prior to the age of 18. Items were scored on a five-point Likert scale, ranging from 'Never' (1) to 'Very Frequently' (5). The CTQ has been found to have construct validity, criterion-related validity, and the range test-retest value for the

CTQ is .80–.97 (Bernstein et al., 2003). Childhood maltreatment was operationalized for this study by summing the emotional, physical, and sexual abuse, and emotional and physical neglect subscales together for a total score indicator of maltreatment. Higher scores are reflective of greater maltreatment. Cronbach's α for the current study was 0.931.

2.2.2. Emotional support given to friends

Emotional support given to friends was measured using an assessment from the MIDUS study. The scale consists of 8 items, including four items of emotional support given to friends and 4 items of strain given to friend rated on a 4-point Support and strain subscales were rated on a Likert type scale ranging from *A lot* (1) to *Not at all* (4). Using the stem of "With regard to your friends" participants responded to the 8 items. Example items include "How much can your friends rely on you for help if they have a serious problem?" and "How often do you get on your friends' nerves." Items from the support subscale were reverse coded so that higher scores reflect more support provided; strain items were not recoded because a low rating on strain is reflective of greater emotional support. The 4 recoded support items and 4 strain items were averaged together; higher scores reflect greater support given. Cronbach's α of the current sample was .634

2.2.3. Emotional support given to family

Emotional support given to family was assessed using a measure created for the MIDUS study. The scale was assessed with 6 items, four support items and 2 strain items, rated on a 4-point Likert type scale ranging *A lot* (1) to *Not at all* (4). Using the stem "With regard to your family (not including spouse/partner)" participants responded to items including "How much can your family rely on you for help if they have a serious problem?" and "How often do you criticize your family?" Scores from the support subscale were reverse coded so that higher scores reflect more support provided; like provisions of emotional support provided to friends, strain items were not recoded. A composite score of emotional support was computed by taking a mean score of the 4 recoded support items and 2 strain items. α of the current sample was 0.603.

2.2.4. Emotional support given to spouses

Affectual solidarity given to spouse was assessed using a measure created for the MIDUS study and consisted of 12 items, six items of support and six items of strain rated on a 4-point Likert type scale with scores ranging from *A lot* (1) to *Not at all* (4). Example items include "How much can your spouse/partner open up to you if he/she needs talk about his/her worries?" and "How often do you get on your spouse/partner nerves?" Scores from the support subscale were reverse coded so that higher scores are reflective of more support; strain items were not recoded. Composite score of emotional support given to partners was created by taking the mean score of the 6 reverse coded support items and 6 strain items. Cronbach α of the current sample was .766

2.2.5. Depressive symptoms

The Center for Epidemiologic Studies Depression (CES-D; Radloff, 1977) assessed depressive symptoms over the past seven days. The CES-D is a 20-item scale rated on a four-point Likert type scale ranging from *Rarely or none of the time* (0) to *Most or all of the time* (3) with three reverse coded items. Higher scores endorse higher levels of depressive symptomology. Example items include "I felt depressed" and "I could not 'get going.'" Cronbach α of the current sample was .894

2.2.6. Perceived stress

The Perceived Stress Scale (PSS; Cohen & Williamson, 1988) is a measure assessing perceptions of stress over the past thirty days. The PSS is a 10-item scale rated on 5-point Likert scale ranging from *Never* (1) to *Very Often* (5). 4 items were reverse coded, and the 10 items were summed together. Greater scores are indicative of more stress. Example items include "felt nervous and stressed" and "found that you could not cope with all the things that you had to do?" Cronbach α of the current sample was .864

2.2.7. Social anxiety

Social anxiety symptoms were assessed using the Liebowitz Social Anxiety Scale (Fresco et al., 2001). The scale includes 9 items rated on a four-point Likert type scale *none* (1) to *severe* (4) assessing severity of socially anxious symptomology. Example items include "Being the center of attention" and "Talking to people in authority." Items were averaged together to create a severity score. Cronbach α of the current sample was .852

2.2.8. Self-control

Self-control was measured using a 19-item version of the self-control scale. The 19 items rated on a 7-point Likert type scale *Strongly Disagree* (1) to *Strongly Agree* (7). There are three subscales including Burden Consciousness, Emotion Control, and Cognition Control. To ascertain adult's overall capacity for self-control, we created a composite of the three subscales by summing the 19 items together for an overall indicator of self-control. Cronbach α of the current sample was .710

2.2.9. Control variables

To discern the specific effects of childhood maltreatment on provisions of emotional support in adulthood, we controlled for both childhood and current factors. Specifically, we controlled for maternal and paternal depression by asking participants if any blood family members had a history of depression and participants indicated whether their mother or father has been depressed during their childhood. Living with an alcoholic was assessed with the question "When you were growing up, that is during your first 16 years, did you live with anyone who was a problem drinker or alcoholic" and participants responded with either yes or no. Parental

divorce was assessed with an item asking participants if their parents had ever been divorced and participants responded either affirmatively (yes) or negatively (no). Participant's current occupational status was assessed with a dichotomous variable (working / not working). Age was entered in as a continuous variable and education was entered in as an ordinal variable ranging from no formal schooling (1) to a doctorate (12).

3. Statistical analysis

To test the associations between childhood maltreatment and provisions of emotional support, we first examined correlations among child maltreatment, provisions of support, and the control variables. Differences between women and men were identified using *t*-tests for continuous variables and chi-square tests for categorical variables. Effects of childhood maltreatment on provisions of emotional support with family, friends, and romantic partners with gender as moderating variable were tested using hierarchical multiple regression in IBM SPSS 25.0. We used a stepwise procedure and entered the control variables in the first step, which included age, work status, education, parental divorce, maternal and paternal depression in childhood, welfare status, living with an alcoholic in childhood, as well as current perceived stress, depressive symptoms, social anxiety symptoms, and self-control. We entered child maltreatment and gender in the second step to discern the unique contributions of maltreatment on provisions of emotional support provided to family, friends, and romantic partner above and beyond the contributions of the control variables. In the third step, we included the maltreatment by gender interaction term to test possible gender differences. Childhood maltreatment was mean-centered (Cohen et al., 2013), so the sample mean was zero. Gender was coded as 0 for men and 1 for women.

4. Results

4.1. Preliminary analysis

Using the cutoff scores provided by Bernstein et al. (2003), we found that 17.5 % of men reported physical neglect, 11.2 % reported physical abuse, 6.1 % reported sexual abuse, 11.6 % reported emotional abuse, and 3.5 % reported emotional neglect. For women 17.1 % reported physical neglect, 14 % physical abuse, 16.4 % reported sexual abuse, 19 % reported emotional abuse, and 8.5 % reported of emotional neglect.

Correlations are reported in Table 1. For both men and women, childhood maltreatment was associated with more severe depressive and social anxiety symptoms, increased stress, living with an alcoholic as a child, and less emotional support given to their family, friends, and spouses. Women, but not men, who reported maternal depression and ever being on welfare also reported greater experiences of maltreatment. For men, but not women, maltreatment was correlated with lower levels of self-control. Gender differences between men and women can be seen in Table 2. Women reported significantly greater levels of overall maltreatment, more sexual abuse, and more emotional abuse. No differences were found between women and men on physical abuse, physical neglect, and emotional neglect. Women also reported significantly greater severity of social anxiety symptoms, greater stress, were less likely to have gone to college, more likely to report their mother being depressed, and more likely to have been on welfare in comparison to men. In relation to perceived emotional support provided to family, friends, and spouses, men and women differed only on emotional support given to friends where women provided significantly more emotional support to their friends than men.

4.2. Primary analysis

Results of hierarchical regression analysis are displayed in Table 3. We report unstandardized regression coefficients because when testing interactions, standardized coefficients make interpretations more difficult (Cohen et al., 2013). We examined issues of multicollinearity and found that the variance inflation factor was below 8 for each predictor variable, indicating no serious multicollinearity. Regarding emotional support provided to friends, six control variables were significant including depressive symptoms ($b = -0.017, p < .05$), stress ($b = -0.300, p < .01$), living with an alcoholic in childhood ($b = -0.197, p < .05$), and currently working ($b = -0.197, p < .05$). In contrast, higher levels of self-control ($b = .196, p < .01$) was associated with providing more emotional support to friends. The control variables accounted for 29.1 % of variance in provisions of emotional support to friends. In step two, childhood maltreatment was negatively associated with emotional support provided to friends ($b = -0.013, p < .05$) such that higher levels of maltreatment were associated with lower levels of emotional support provided to friends. Childhood maltreatment accounted for an additional 3.8 % of the variance in provisions of emotional support. We added a gender by childhood maltreatment interaction term in step three and found a significant effect ($b = .012, p < .05$). A positive slope indicates that maltreated women provided more emotional support to their friends compared to maltreated men (see Fig. 1). The unique variance accounted for by the interaction term was 5.5 %. Overall the model accounted for 38.4 % of the variance in emotional support given to friends.

In a separate model, we tested the effect of childhood maltreatment on provisions of emotional support to family members. Although a substantial proportion of variance (20.9 %) was explained by control variables, education was the only significant predictor, where higher levels of education was associated with less emotional support provided ($b = -0.054, p < .05$). In step two, greater childhood maltreatment was associated with less emotional support provided to family members ($b = -0.013, p < .05$), explaining an additional 6.5 % of the variance. The gender by maltreatment interaction term in step three to test the moderating role of gender was non-significant ($b = .009, p > .05$) and did not account for a significant proportion of variance (2.2 %). These results indicate that there were no gender difference between men and women regarding the effect of maltreatment on emotional support provided to family members. Overall, the model accounted for 29.6 % of the variance in emotional support provided to family

Table 1
Correlation Matrix of Study Variables for Men and Women.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Maltreatment	–														
2. Age	–.125**	–													
3. Mom Depression	–.113	.059	–												
4. Dad Depression	–.041	–.021	–.114	–											
5. Alcohol	–.275**	.105*	.038	–.015	–										
6. Ever on Welfare	–.019	.151**	–.037	–.208	–.043	–									
7. Parental Divorce	.095	–.110	–.073	.218	–.102	N/A	–								
8. Working	.002	.541**	–.032	.032	.053	.010	.033	–							
9. Depression	.349**	–.109**	–.032	–.097	–.065	–.148**	–.151	–.018	–						
10. Stress	.293**	–.143**	–.030	–.132	–.054	–.190**	–.138	–.034	.754**	–					
11. Social Anxiety	.142**	.093**	.018	.077	–.005	.018	–.033	–.048	.378**	.408**	–				
12. Self-Control	–.182**	.075	.125	–.196*	.094	.001	–.057	–.014	–.109*	–.079	.064	–			
13. ES Friends	–.200**	–.080	–.069	–.027	.128	.008	.081	–.005	–.282**	–.317**	–.275**	.139**	–		
14. ES Family	–.298**	.034	–.073	–.100	.007	.129*	.001	–.028	–.330**	–.367**	–.163**	.208**	.541**	–	
15. ES Spouse	–.245**	–.033	–.094	–.170	.044	.090	–.114	–.014	–.367**	–.416**	–.254**	.144**	.411**	.453**	–

Note. Correlations for males are presented below the diagonal and females are presented above the diagonal. Alcohol = Respondent lived with an alcoholic growing up. ES = Provisions of Emotional Support. N/A = correlation could not be computed due to listwise deletion of cases. * $p < 0.05$, ** $p < .01$ (two-tailed).

Table 2
Gender Differences Among Study Variables.

Variable	Men (n = 542) M (SD) / n (%)	Women (n = 713) M (SD) / n (%)	t or χ^2	p	Cohen's d
Age	55.14 (11.87)	54.05 (11.40)	1.63	.104	0.09
Attended College	381 (70.20 %)	416 (58.35 %)	7.79	.005	–
Currently Working	301 (55.53 %)	275 (28.57 %)	2.51	.113	–
Maternal Depression	55 (10.15 %)	134 (18.79 %)	–5.78	.016	–
Paternal Depression	26 (4.80 %)	67 (9.40 %)	–3.12	.077	–
Lived with Alcoholic	93 (11.62 %)	132 (18.51 %)	–1.73	.188	–
Parental Divorce	17 (3.13 %)	34 (4.77 %)	–.996	.318	–
Ever on Welfare	11 (2.02 %)	63 (8.84 %)	–32.41	< .001	–
CTQ Total	36.28 (11.50)	39.85 (16.32)	–4.33	< .001	–0.25
Emotional Abuse	7.35 (3.35)	8.58 (4.71)	–5.19	< .001	–0.29
Physical Abuse	6.91 (2.72)	7.04 (3.30)	–.751	.453	–0.04
Sexual Abuse	5.64 (2.27)	7.34 (4.78)	–7.64	< .001	–0.44
Emotional Neglect	9.60 (4.23)	9.91 (4.81)	–1.18	.236	–0.07
Physical Neglect	6.78(2.49)	7.01 (2.96)	–1.46	.145	–0.08
CESD	8.29 (7.83)	9.07 (8.44)	–1.66	.093	–0.10
Perceived Stress	21.73 (6.10)	22.63 (6.50)	–2.46	.014	–0.14
Social Anxiety	1.75 (.51)	1.90 (.57)	–4.56	< .001	–0.28
ES Given to Family	3.45 (.35)	3.45 (.34)	–.085	.630	0.00
ES Given to Friends	3.48 (.30)	3.61 (.27)	–7.20	< .001	–0.46
ES Given to Spouse	3.43 (.29)	3.43 (.30)	–.068	.687	0.00

Note. Significant differences are bolded. Percentages of adults who attended at least some college. CTQ = Childhood Trauma Questionnaire, CESD = Depressive Symptoms, ES = Emotional Support.

Table 3
Unstandardized Results of Childhood Maltreatment on Emotional Support Given to Friends, Family, and Spouse.

	Friends (N = 1249)		Family (N = 1244)		Spouse (N = 871)	
	b (SE)	R ²	b (SE)	R ²	b (SE)	R ²
Step 1		.291***		.209***		.278***
Intercept	4.385 (.554)***		4.559 (.700)***		3.992 (.729)***	
Age	–.006 (.004)		.001 (.005)		.003 (.005)	
Perceived Stress	–.030 (.009)**		–.022 (.012)		–.025 (.012)	
Self-Control	.196 (.067)**		.138 (.085)		.163 (.082)	
Lived with Alcoholic	–.197 (.087)*		–.071 (.110)		.049 (.113)	
Ever on Welfare	–.062 (.108)		–.240 (.137)		–.032 (.162)	
Education	–.012 (.016)		–.054 (.020)*		–.030 (.024)	
Currently Working	.197 (.080)*		–.053 (.101)		.021 (.095)	
Gender	.022 (.086)		–.171 (.109)		–.126 (.109)	
Depressive Symptoms	.017 (.006)*		.016(.008)		.010 (.008)	
Maternal Depression	.009 (.086)		.035 (.109)		.002 (.115)	
Paternal Depression	–.019 (.086)		.118 (.108)		.037 (.125)	
Parental Divorce	.106 (.082)		.090 (.104)		.210 (.116)	
Social Anxiety	–.105 (.066)		–.117 (.084)		–.196 (.103)*	
Step 2		Δ .038*		Δ .065*		Δ .037
CTQ	–.013 (.005)**		–.013 (.006)*		–.016 (.006)*	
Gender	.022 (.086)		–.171 (.109)		–.126 (.109)	
Step 3		Δ .055*		Δ .022		Δ .078*
CTQ X Gender	.012 (.002)*		.009 (.007)		.015 (.006)*	
Total Variance Explained		.384		.296		.393

Note: SE = Standard Error, CTQ = Childhood Trauma Questionnaire. * p < .05, ** p < .01, *** p < .001 (two-tailed).

members.

Lastly, we tested the effect of childhood maltreatment on emotional support provided to romantic partners. Again, control variables accounted for a high percentage of variance (27.8 %), with social anxiety ($b = -0.196, p = .05$) being the only significant covariate. In step two, we found that childhood maltreatment was negatively associated with adult’s provisions of emotional support to romantic partners ($b = -0.016, p < .05$) and accounted for an additional 3.7 % of variance. In step three, we found a significant interaction between childhood maltreatment and gender ($b = .015, p < .05$) such that women demonstrated more provisions of support compared to men (See Fig. 2). The interaction between gender and maltreatment accounted for 7.8 % of variance in emotional support provided to romantic partners. Overall, 39.3 % of the variance in emotional support provided to romantic partners was explained.

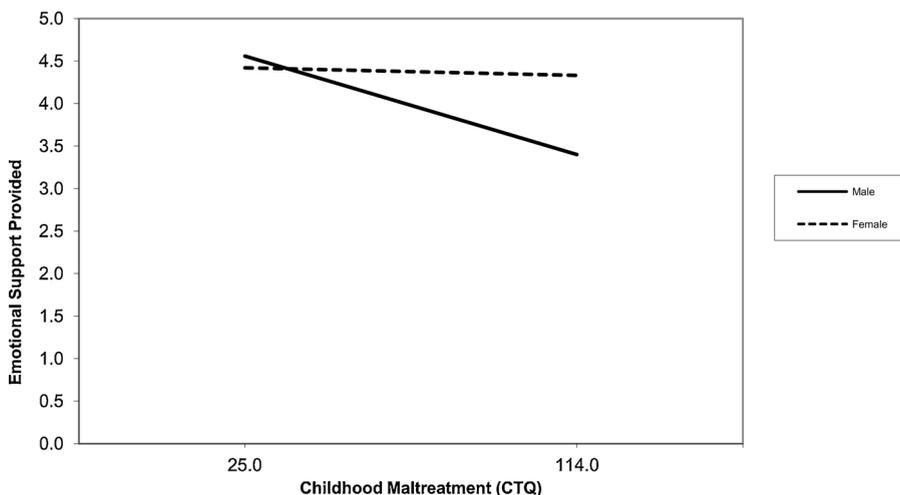


Fig. 1. Interaction Plot Between Men and Women’s Maltreatment and Emotional Support Given to Friends.

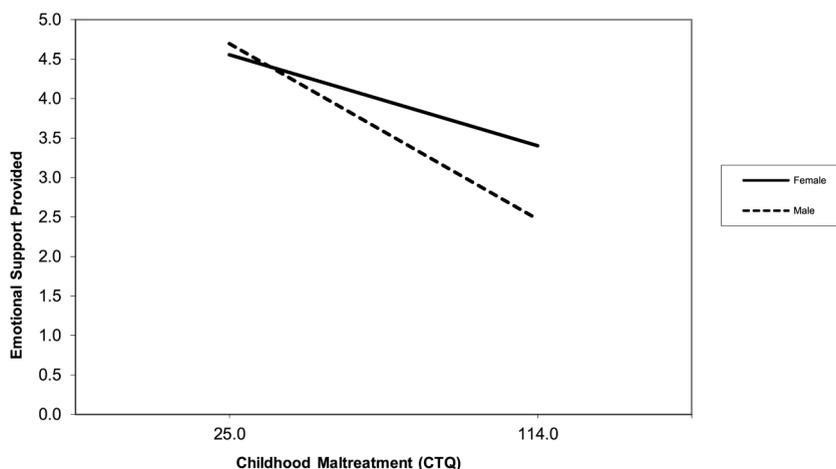


Fig. 2. Interaction Plot Between Men and Women’s Maltreatment and Emotional Support Given to Partner.

5. Discussion

Childhood maltreatment has been linked to problems with family, friends, and spouses. Although there is a substantial body of literature investigating these relationships (Kong & Moorman, 2016; Whisman, 2014), there is little research documenting the association between maltreatment adult’s provisions of emotional support to family, friends, and spouses. We found that, for both men and women, greater experiences of childhood maltreatment were associated with less emotional support provided to family, friends, and romantic partners above and beyond other childhood factors (e.g., parental depression) and current symptomology (e.g., social anxiety). Additionally, we found a significant maltreatment by gender interaction in relation to provisions of emotional support to friends and romantic partners, indicating that women provided more emotional support than men; no such differences were found for family members.

5.1. Childhood maltreatment and provisions of support

One of the notable contributions of the current study, and in support of our first hypothesis, is the finding that higher levels of childhood maltreatment was associated with men’s and women’s provision of emotional support to their family, friends, and romantic partners. Additionally, we accounted for numerous confounding factors, including stress, relationship history, and individual factors as well as childhood factors that may confound the association between maltreatment and provisions of support (Dunkel-Schetter & Skokan, 1990). Our findings are consistent with previous research indicating that childhood maltreatment is associated with poorer relationships and interpersonal skills (Banford Witting & Busby, 2018; Colman & Widom, 2004; Evans et al., 2013; Walker, Sheffield, Larson, & Holman, 2011; Weust et al., 2010) and illuminate emotional support as one of the potential reasons for poor relationships.

From an attachment perspective, maltreatment has been widely suggested to create an insecure attachment, often lasting into

adulthood (e.g., [Godbout et al., 2009](#); [Waters et al., 2000](#)). Adult's attachment system is suggested to govern their behavior, emotions, as well as their perceptions and attributions about other's behavior ([Hazan & Shaver, 1987](#); [Simpson, 1990](#)). If adults have an insecure attachment, they may provide less emotional support to others. [Simpson et al. \(2002\)](#) suggest that children who receive attuned care come to believe they can turn to others in times of distress and, through the experiences of receiving emotional support, they gradually learn to provide support to others. Additionally, children learn to identify cues for when to provide emotional support is needed as well as determining which type of emotional support (i.e., listening, encouragement) can best alleviate other's distress ([Simpson et al., 2002](#)). If, however, children are maltreated, they commonly develop negative internal working models of self and others; avoidant / dismissive adults who have experienced repeated rejection may believe that providing emotional support is burdensome or a part of their role. On other hand, anxious / preoccupied adults may find it difficult to know when to provide support because they fear abandonment and are hypervigilant of other's behavior and focused on maintaining proximally. As a results, anxious / preoccupied adults are not attuned to other's needs ([Simpson et al., 2002](#)). Future research may want to investigate attachment as a mechanism linking maltreatment to emotional support to support the theoretical relationship.

5.2. Childhood maltreatment, provisions of support, and gender

The results of our study partially support our second hypothesis that women, compared to men, would provide more emotional support to friends, family, and partners. We found that women provided more emotional support to friends and partners but did not provide more emotional support to family members. Although higher levels of maltreatment are associated with less emotional support provided by both men and women, the pattern of results indicates that provisions of emotional support in maltreated men and women are similar to men and women's who were not maltreated ([MacGeorge, et al., 2003](#)). These results suggest that maltreatment appears to exert a similar effect on males and females and gender differences may be reflected in socialization processes rather than in maltreatment. Regarding support for friends and romantic partners, women are suggested to be more focused on the emotional components of relationships, including empathy, intimacy, and disclosure, whereas men tend to be more focused on tangible forms of support, such as financial assistance ([Neff & Karney, 2005](#); [Trost et al., 1994](#)). Women are typically socialized to be the emotional caretakers and gatekeepers of relationships and our results indicate this may also be true in women who were maltreated. For example, [Wuest et al. \(2010\)](#) found that maltreated women have been in a caretaking role from an early age and continue to do so into adulthood.

Regarding emotional support provided to family members, men and women with similar levels of maltreatment did not differ on provisions of emotional support. The perpetrator-victim relationship may be one reason for the lack of gender differences. Men and women are most likely to be maltreated by family members ([Sedlak et al., 2010](#)) and, in adulthood, they may commonly create an emotional barrier between themselves and their perpetrators, holding feelings of distance, resentment, and anger ([Kong & Moorman, 2016](#)). While maltreated adults may provide other forms of support, such household chores and driving family members to doctors' appointments ([Kong & Moorman, 2016](#); [Wuest et al., 2010](#)), men and women may limit their emotional involvement in relationships with family members. Additionally, men and women may also view their relationships with family members as harmful, inconsistent, a source of continued degradation or maltreatment, an overall source of distress, and they may even become cutoff from their perpetrators ([Liu et al., 2018](#); [Wuest et al., 2010](#)). The results of the present study provide evidence that maltreatment exerts a direct effect on adult's provisions of emotional support above and beyond childhood and concurrent covariates, but future research should differentiate emotional support provided to specific family members and focus on the perpetrator-victim relationship in particular ([Kong & Moorman, 2016](#)).

6. Clinical implications

These findings could be informative for clinicians working with individuals, couples, and families who have relational problems with family, friends, and romantic partners. Adults who were maltreated have been found to struggle with interpersonal skills and our results indicate those deficits extend to provisions of emotional support which impact the overall quality of the relationship. Relationships are reciprocal where both members must contribute to make the relationship successful ([Antonucci & Akiyama, 1987](#)) and childhood maltreatment may prevent adults from supporting their family, friends, and romantic partners. First, clinicians may want to assess for childhood maltreatment in adults so that trauma-informed interventions can be implemented. Second, clinicians should assess for patterns of communication and inquire about the circumstances and to whom adults provide emotional support. Additionally, clinicians can help adults understand cues for support and how to provide emotional support to others. Third, clinicians can help adults identify and process through internal maltreatment related blockades (i.e., negative internal working models) and provide clinical intervention to address the blockades. Once those internal blockades are resolved, adults may feel safer and become more connected to others, allowing them to provide emotional support.

Paralleling our conceptualization of the relationship between maltreatment and provisions of emotional support is an attachment process, we recommend attachment-based interventions, such as Emotion Focused Therapy (EFT; [Diamond, Shahar, Sabo, & Tsvieli, 2016](#); [Johnson, 2002](#)). EFT may be helpful because it aims to evoke maladaptive negative emotions rooted in maltreatment such as dejection, shame, fear, terror, and guilt, and transform them into positive and adaptive emotional responses such as compassion, confidence, connection, and assertiveness ([Diamond et al., 2016](#)). Helping adults transform the negative, maladaptive emotions into adaptive responses could allow adults to gradually override their negative internal working models and allow them to feel more connected with others and to better provide emotional support to others, which can serve to improve the relationship as a whole. Further, if adults remain in relationship with the perpetrator, transforming emotions can help adults can have a clearer picture of

whether the relationship should be worked on (Diamond et al., 2016).

7. Limitations and future directions

Despite several strengths, including a comprehensive assessment of childhood maltreatment, the inclusion of numerous covariates (e.g., depressive symptoms) that may confound maltreatment's association with provisions of emotional support, and the use of a large sample, our study is not without limitations. First, adults with a history of childhood maltreatment may not recollect or report all of their experiences of maltreatment, which may be due to problems with recall or fearing judgement. Second, adults may over-report their provisions of emotional support provided to family members, friends, and spouses or have altered perceptions on their capacity and willingness to provide emotional support; the use of dyadic data from family members, friends, and spouses can add methodological rigor by addressing how others perceive maltreated men and women's provisions of emotional support (Whisman, 2014). Third, the frequency, desire, and actual provisions of emotional support may vary across different family members and friends. Adults who were maltreated by their parents may not provide emotional support to them, but may provide a great amount of emotional support to their siblings who may have also been maltreated. Assessment of specific relationships, including the perpetrator-victim relationship, differentiating siblings and parents, as well as friendships (e.g., best friends vs other friends) may yield different results.

Fourth, the internal consistency for support given to friends and family was on the lower end; support given to partner was adequate and this may be due to a few reasons. First, better internal consistency may be a result of there being a greater number of questions addressing a wider variety of supportive behaviors that were not asked of family or friends; inclusion of a greater breadth of questions regarding emotional support provided will likely provide a more complete picture of how maltreatment is associated with provisions of emotional support. Additionally, lower internal consistency of the family and friends scale may also be reflective of subjective interpretations of who constitutes a family member or friend and provide different amount of emotional support to different people. Next, although attachment theory provides a basis from which to understand the relationship between maltreatment and emotional support, we did not explicitly test attachment. Finally, we assessed for social anxiety, which may be important given the interpersonal nature of maltreatment and emotional support, but it is also possible that generalized anxiety may contribute to adult's provisions of support; future research should also include assessments of generalized anxiety. An important next step research should take is examine mediating and moderating variables; variables outlined by Dunkel-Schetter and Skokan (1990), and attachment security and internal working models (Godbout et al., 2009) should be examine. Our study found that maltreatment had a direct effect on emotional support despite numerous control variables, thus unmeasured control variables, such as attachment and parental emotional support in childhood, are likely to mediate the relationship.

8. Conclusion

The present study supports the notion that childhood maltreatment is associated with less emotional support provided to family members, friends, and romantic partners in adulthood for both men and women. Investigating the moderating role of gender revealed that women reported providing more support to friends and romantic partners which indicates that, although maltreatment is associated with providing less support for both genders, women provided more support than men for friends and spouses. Consequently, addressing childhood maltreatment as a point of intervention and using attachment-based interventions may help adults, especially men, provide more support to others and strengthen their relationships.

Acknowledgments

Funding was provided for the data collection only. No funding was received for the development and publication of the current manuscript. The MIDUS biomarker data collection was supported by the NIH National Center for Advancing Translational Sciences (NCATS) Clinical and Translational Science Award (CTSA) program as follows: UL1TR001409 (Georgetown) UL1TR001881 (UCLA) 1UL1RR025011 (UW).

Appendix A. Supplementary data

Supplementary material related to this article can be found, in the online version, at doi:<https://doi.org/10.1016/j.chiabu.2020.104520>.

References

- Antonucci, T. C., & Akiyama, H. (1987). Social networks in adult life and a preliminary examination of the convoy model. *Journal of Gerontology*, *42*, 519–527.
- Banford Witting, A., & Busby, D. (2018). The long arm of trauma during childhood: Associations with resources in couple relationships. *Journal of Marital and Family Therapy*.
- Bernstein, D., Stein, J., Newcomb, M., Walker, E., Pogge, D., Ahluvalia, T., ... Zule, W. (2003). Development and validation of a brief screening version of the Childhood Trauma Questionnaire. *Child Abuse and Neglect*, *27*, 169–190.
- Briere, John (1992). Methodological issues in the study of sexual abuse effects. *Journal of Consulting and Clinical Psychology*, 196–230. <https://doi.org/10.1037/0022-006X.60.2.196>.
- Center for Disease Control (2016). *Adverse childhood experiences*. Retrieved from:<https://www.cdc.gov/violenceprevention/acestudy/index.html>.

- Cicchetti, D., & Toth, S. L. (2005). Child maltreatment. *Annual Review of Clinical Psychology, 1*, 409–438.
- Cloitre, M., Miranda, R., Stovall-McClough, K. C., & Han, H. (2005). Beyond PTSD: Emotion regulation and interpersonal problems as predictors of functional impairment in survivors of childhood abuse. *Behavior Therapy, 36*, 119–124.
- Cohen, J., Cohen, P., West, S., & Aiken, L. (2013). *Applied Multiple Regression/Correlation Analysis for the Behavioral Sciences*. Routledge.
- Cohen, S., & Williamson, G. (1988). Perceived stress in a probability sample of the United States. In S. Spacapan, & S. Oskamp (Eds.). *The social psychology of health: Claremont Symposium on applied social psychology*. Newbury Park, CA: Sage.
- Colman, R. A., & Widom, C. S. (2004). Childhood abuse and neglect and adult intimate relationships: A prospective study. *Child Abuse & Neglect, 28*, 1133–1151.
- Cooper, Ashley, Seibert, Gregory, May, Ross, Fitzgerald, Michael, & Fincham, Frank (2017). *Personality and Individual Differences, 18–25*. <https://doi.org/10.1016/j.paid.2017.02.047>.
- Diamond, G. M., Shahar, B., Sabo, D., & Tsveli, N. (2016). Attachment-based family therapy and emotion-focused therapy for unresolved anger: The role of productive emotional processing. *Psychotherapy, 53*, 34–44.
- DiLillo, D., Lewis, T., & Loretto-Colgan, A. D. (2007). Child abuse history and subsequent romantic relationships: Exploring a psychological route to dyadic difficulties. *Journal of Aggression, Abuse & Trauma, 15*, 19–36.
- DiLillo, D., Peugh, J., Walsh, K., Panuzio, J., Trask, E., & Evans, S. (2009). Child maltreatment history among newlywed couples: A longitudinal study of marital outcomes and mediating pathways. *Journal of Consulting and Clinical Psychology, 77*, 680–692.
- Dunkel-Schetter, C., & Skokan, L. A. (1990). Determinants of social support provision in personal relationships. *Journal of Social and Personal Relationships, 7*, 437–450.
- Evans, S. E., Steel, A. L., & DiLillo, D. (2013). Child maltreatment severity and adult trauma symptoms: Does perceived social support play a buffering role? *Child Abuse & Neglect, 37*, 934–943.
- Finkelhor, D., Ormrod, R. K., & Turner, H. A. (2007). Poly-victimization: A neglected component in child victimization. *Child Abuse & Neglect, 31*, 7–26.
- Finley, N. J. (1989). Theories of family labor as applied to gender differences in caregiving for elderly parents. *Journal of Marriage and the Family, 51*, 79–86.
- Fresco, D., Coles, M., Heimberg, R., & Liebowitz, M. (2001). The Liebowitz Social Anxiety Scale: a comparison of the psychometric properties of self-report and clinician-administered formats. *Psychological Medicine, 31*, 1025–1035.
- Godbout, N., Dutton, D. G., Lussier, Y., & Sabourin, S. (2009). Early exposure to violence, domestic violence, attachment representations, and marital adjustment. *Personal Relationships, 16*, 365–384.
- Hazan, C., & Shaver, P. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology, 52*, 511–524.
- Johnson, S. M. (2002). *Emotionally focused couple therapy with trauma survivors: Strengthening attachment bonds*. New York: Guilford Press.
- Kong, J., & Moorman, S. M. (2016). History of childhood abuse and intergenerational support to mothers in adulthood. *Journal of Marriage and the Family, 78*, 926–938.
- Lancaster, M., Jackson, L., Youngberg, S., Fitzgerald, M., & McWey, L. M. (2018). The role of peers in the linkages between harsh parenting and mental health outcomes among adolescents from families at-risk. *Journal of Aggression, Maltreatment & Trauma, 27*, 1060–1074.
- Larsen, C. D., Sandberg, J. G., Harper, J. M., & Bean, R. (2011). The effects of childhood abuse on relationship quality: Gender differences and clinical implications. *Family Relations, 60*, 435–445.
- Lee, Y., & Tang, F. (2015). More caregiving, less working: Caregiving roles and gender difference. *Journal of Applied Gerontology, 34*, 465–483.
- Liu, Y., Kong, J., Bangertner, L. R., Zarit, S. H., & Almeida, D. M. (2018). Early parental abuse and daily assistance to aging parents with disability: Associations with the middle-aged adults' daily well-being. *The Journals of Gerontology: Series B, 73*, e59–e68.
- MacGeorge, E. L., Gillihan, S. J., Samter, W., & Clark, R. A. (2003). Skill deficit or differential motivation? Testing alternative explanations for gender differences in the provision of emotional support. *Communication Research, 30*, 272–303.
- Mullen, P. E., Martin, J. L., Anderson, J. C., Romans, S. E., & Herbison, G. P. (1994). The effect of child sexual abuse on social, interpersonal and sexual function in adult life. *The British Journal of Psychiatry, 165*, 35–47.
- Muller, R. T., Gragtmans, K., & Baker, R. (2008). Childhood physical abuse, attachment, and adult social support: Test of a mediational model. *Canadian Journal of Behavioural Science, 40* 80–xxx.
- Neff, L. A., & Karney, B. R. (2005). Gender differences in social support: A question of skill or responsiveness? *Journal of Personality and Social Psychology, 88*, 79–90.
- Radloff, Lenore (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement, 1*, 385–401. <https://doi.org/10.1177/014662167700100306>.
- Rose, A. J., Smith, R. L., Glick, G. C., & Schwartz-Mette, R. A. (2016). Girls' and boys' problem talk: Implications for emotional closeness in friendships. *Developmental Psychology, 52*, 629–639.
- Runtz, M. G., & Schallow, J. R. (1997). Social support and coping strategies as mediators of adult adjustment following childhood maltreatment. *Child Abuse & Neglect, 21*, 211–226.
- Savla, J. T., Roberto, K. A., Jaramillo-Sierra, A. L., Gambrel, L. E., Karimi, H., & Butner, L. M. (2013). Childhood abuse affects emotional closeness with family in mid-and later life. *Child Abuse & Neglect, 37*, 388–399.
- Scott-Storey, K. (2011). Cumulative abuse: Do things add up? An evaluation of the conceptualization, operationalization, and methodological approaches in the study of the phenomenon of cumulative abuse. *Trauma, Violence, & Abuse, 12*, 135–150.
- Sedlack, A., Mettenberg, J., Brown, J., Basena, M., & Madden, K. (2010). *Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress, Executive Summary* Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.
- Shaw, B. A., Krause, N., Chatters, L. M., Connell, C. M., & Ingersoll-Dayton, B. (2004). Emotional support from parents early in life, aging, and health. *Psychology and Aging, 19*, 4–12.
- Silverstein, M., Parrott, T. M., & Bengtson, V. L. (1995). Factors that predispose middle-aged sons and daughters to provide social support to older parents. *Journal of Marriage and the Family, 465–475*.
- Simpson, J. A. (1990). Influence of attachment styles on romantic relationships. *Journal of Personality and Social Psychology, 59*, 971–980.
- Simpson, J. A., Rholes, W. S., Oriña, M. M., & Grich, J. (2002). Working models of attachment, support giving, and support seeking in a stressful situation. *Personality and Social Psychology Bulletin, 28*, 598–608.
- Stith, S. M., Liu, T., Davies, L. C., Boykin, E. L., Alder, M. C., Harris, J. M., ... Dees, J. E. M. E. G. (2009). Risk factors in child maltreatment: A meta-analytic review of the literature. *Aggression and Violent Behavior, 14*, 13–29.
- Strine, T. W., Chapman, D. P., Balluz, L., & Mokdad, A. H. (2008). Health-related quality of life and health behaviors by social and emotional support. *Social Psychiatry and Psychiatric Epidemiology, 43*, 151–159.
- Thomeer, M. B., Reczek, C., & Umberson, D. (2015). Gendered emotion work around physical health problems in mid-and later-life marriages. *Journal of Aging Studies, 32*, 12–22.
- Trobst, K. K., Collins, R. L., & Embree, J. M. (1994). The role of emotion in social support provision: Gender, empathy and expressions of distress. *Journal of Social and Personal Relationships, 11*, 45–62.
- Walker, E. C., Sheffield, R., Larson, J. H., & Holman, T. B. (2011). Contempt and defensiveness in couple relationships related to childhood sexual abuse histories for self and partner. *Journal of Marital and Family Therapy, 37*, 37–50.
- Waters, E., Merrick, S., Treboux, D., Crowell, J., & Albersheim, L. (2000). Attachment security in infancy and early adulthood: A twenty-year longitudinal study. *Child Development, 71*, 684–689.
- Whisman, M. A. (2014). Dyadic perspectives on trauma and marital quality. *Psychological Trauma: Theory, Research, Practice, and Policy, 6*, 207–215.
- Wuest, J., Malcolm, J., & Merritt-Gray, M. (2010). Daughters' obligation to care in the context of past abuse. *Health care for Women International, 31*, 1047–1067.