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Walden University

College of Social and Behavioral Sciences

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Lani Thomason

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Walden University
2018

Abstract

Childhood Verbal Abuse and its Psychological Effects on Adults

by

Lani Thomason

MA, Walden University, 2007

BS, Williams Baptist College, 2002

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Psychology

Walden University

May 2018

Abstract

Researchers have documented an increase in child abuse in the past 50 years. Child abuse is associated with many adult physical, emotional, social, and cognitive impairments. To date, physical and sexual abuse have received more attention than verbal abuse. There is a gap in the literature on the effect of verbal abuse on mental health. The purpose of this study was to examine the effects of verbal abuse in children on adult psychological functioning. A retrospective, casual-comparative design was used drawing a sample of adults (n = 224), ages 18 to 40, who reported verbal abuse as children as well as those not reporting verbal abuse, from local universities and colleges. Participants completed the Childhood Traumatic History Questionnaire and the Millon Clinical Multiaxial Inventory-IV (MCMI- IV). Logistic regression was used to examine the relationships between verbal abuse in children within 4 research questions. The analysis of 4 research questions showed that verbal abuse significantly predicts the likelihood of anxiety, depression, and PTSD. Verbal abuse significantly predicted the likelihood of one personality disorder, but not others. Better understanding of effects of verbal abuse in children on adult psychological functioning could equip individuals and practitioners with prevention and treatment measures that could reduce the adverse effects verbal abuse on mental health.

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Dedication

This is dedicated to all those individuals who are silent or those that do not reach their full potential due to the words that others have said to them.

Acknowledgments

I would like to acknowledge my family (husband and children) who without their help and motivation I would not have completed this work.

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Chapter 1: Introduction to the Study

The words that individuals say can have a great effect on the individual who is being spoken to, especially when it is parents talking to their children. Words can be powerful tools that can either lift someone up or tear them down. The words that are being spoken do not just have an effect, but how the words are spoken, the tone of voice, the facial expressions, and body language all play a part in the message that is being conveyed to that individual (Brennan, 2001, 2003; Lane, 2003).

One mode of parental communication can be that of verbal abuse. *Verbal abuse* is any gesture or remark that is intended to cause distress and is perceived as demeaning, humiliating, intimidating, or disrespectful (Brennan, 2001; Howells-Johnson, 2000). Abuse, in general, has been of great interest to counselors, especially when examining a child's environment and the effects abuse has on future development. Numerous studies have been conducted on the effects of abuse on both current and future development, but these studies primary focus has been on physical or sexual abuse. Few studies have been conducted on verbal abuse, specifically (Hutchinson & Mueller, 2008), but research suggests that verbal abuse may have a greater effect on an individual's psychological or mental health functioning (Gadit, 2011; Tencer, 2002) compared to physical or sexual abuse. More studies are being done to address this gap in the literature examining the effects that verbal abuse has on individuals, but most of these studies include individuals who have experienced verbal abuse along with physical and/or sexual abuse. In this study, I addressed the gap of examining individuals who have been verbally abused in their childhood.

Another gap that I identified in the literature is that the studies focused on verbal abuse have focused on the effects of the children while they are young, but did not address what happens when they get older and the effects that the verbal abuse has on them as an adult. In this study, I addressed both gaps by conducting a retrospective study on adults who reported being verbally abused in their childhood and what psychological effects they now experience in adulthood.

This first chapter includes background and overview of the problem, as well as the purpose of this study, the research questions, and hypotheses. I also provide definitions of the key terms and concepts used in this study. The assumptions and limitations of this study are also explored in this chapter. At the end of the chapter, I discuss the significance of this study.

Background

There are several types of abuse: (a) verbal, (b) emotional, (c) sexual, and (d) physical. It has only been within the last 20 years that verbal abuse has been studied by examining the links between verbal abuse and psychopathology (Toth & Cicchetti, 1996). Verbal abuse can be hard to define and to gauge the effects, but it is believed to be more common than physical abuse (Bennetts, 2006; Hutchinson & Mueller, 2008) and has more lasting consequences than any of the other forms of abuse (Teicher, Samson, Polcari, & McGreenery, 2006; Vissing et al., 1991). Verbal abuse is considered to be a part of psychological abuse or maltreatment or what some have referred to as emotional abuse because of the negative effects verbal abuse has on the emotional well-being and development of the individual (Brendgen, Wanner, & Vitaro, 2006). The *Diagnostic and*

Statistical Manual of Mental Disorders (DSM-5) (2013) includes child psychological abuse in the section of "Other conditions that may be a focus of clinical attention" describing it as "nonaccidental verbal or symbolic acts by a child's parent or caregiver that result, or have reasonable potential to result, in significant psychological harm to the child (pg. 719)".

Both psychological and emotional abuse are broader categories of behavior that, include, parental neglect, deprivation, detachment, and other distancing behaviors (Kaplan & Sadlock, 1998). The U. S. Department of Health and Human Services uses the same definition for psychological maltreatment as found in the *DSM-5* (2013). The U. S. Department of Health and Human Services, in the area of Children and Families (2017), provided a report of the percentage of cases reported with in the different types of abuse (see Table 1). For the year 2015, the percentage of psychological maltreatment case are slightly lower than the number of reported cases of sexual abuse. The reported physical abuse cases are slightly higher in reported cases than both of the reported cases of verbal or sexual abuse. Since 2009, the reported cases of psychological maltreatment has been on the rise. These include only the cases that have been reported.

Table 1

2015 Reported Statistics from the US Department of Health and Human Services

Year	Maltreatment types of victims		
	Physical abuse	Sexual abuse	Psychological maltreatment
2009	123,621	65,998	54,424
2010	121,354	63,505	57,817
2011	118,746	61,454	60,587
2012	124,718	63,007	57,518
2013	122,159	60,956	59,236
2014	119,517	58,105	42,290
2015	117,772	57,286	42,549

Adapted from http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment

Verbal abuse is defined as any language or remark that is intended to cause distress to the individual which can be perceived as being demeaning, humiliating, intimidating, or disrespectful (Brennan, 2001; Howells-Johnson, 2000), resulting in feelings of inferiority, lowered self-worth and self-esteem, stunted goals and ambitions (Goldberg & Goldstein, 2000; Goldberg, Pachas, & Keith, 1999). Lane (2003) also included in her definition of verbal abuse the use of critical or insulting behavior. Using the word *behavior* keeps the definition open to include not just the words that are being spoken, but the tone of voice, facial expressions, and body language. These instances are normally overt in nature, but sometimes can be subtle like double-edged comments, rumors, and gossip (Brennan, 2001, 2003).

Verbal abuse includes: belittling, scolding, swearing, insulting, blaming, yelling, threatening, ridiculing, shaming, cursing, scapegoating, negative comparison, teasing,

name calling, and criticizing (Brendgen et al, 2006; Gadit, 2011; Teicher et al.). Vissing, Straus, Gelles, and Harrop (1991) used the definition for verbal aggression which combined the previous mentioned traits for verbal abuse is:

> Verbal/symbolic aggression is a communication intended to cause psychological pain to another person, or a communication perceived as having that intent. The communicative act may be active or passive, and verbal or nonverbal. Examples include name calling or nasty remarks (active, verbal), slamming a door or smashing something (active, nonverbal) and stony silence or sulking (passive, nonverbal; Vissing et al., 1991)

Brennan (2001) stated that verbal abuse *pierces* a protective psychological barrier that can *bruise* one's ego; upon doing so it challenges an individual's self-esteem and impairs their resistance to further abuse. After being verbally abused for so long the abused individual comes to believe much if not all of what the abuser is saying and he or she cannot see things as they really are (Bennetts, 2006). This maltreatment has a profound influence on the child's development and can cause ramifications throughout the rest of the child's life (Cicchetti, 2004). The children in these types of situations tend to develop psychological symptoms such as post-traumatic stress disorder; borderline, narcissistic, obsessive-compulsive, and paranoid personality disorders; low self-esteem, anxiety issues, anger problems, stress issues, feelings of inadequacy, and depression (Bennetts, 2006; Brennan, 2001; Choi et al., 2009; Polcari et al., 2014; Teicher et al., 2006; Teicher et al., 2010; Tomada et al., 2011). In Chapter 2, I provide a more detailed review of the literature showing that verbal abuse has negative psychological symptoms

on the individuals that are receiving this maltreatment (verbal abuse). Developing these negative psychological symptoms can have an effect on that child's life as they grow up. These issues may also affect a child's academic, social, work, and family life.

Many of these researchers have focused only on the children and the effects while they are young. There is a lack of literature that is focused on what happens when the child grows up and reaches adulthood. Further research is needed on the lasting effects of childhood verbal abuse as there are further questions regarding the long-term effects of childhood verbal abuse. In this study, I address the psychological effects of parental communication on children after they have grown up, the lasting, manifesting effects from childhood verbal abuse.

Problem Statement

The verbal abuse of children affects current and future development of adults (Horwitz, 2005; Hutchinson & Mueller, 2008). The Department of Health and Human Services (2017) reported that psychological maltreatment, or verbal abuse, is almost as prevalent as sexual abuse. In 2015, there were 42,549 verbal abuse cases compared to 57,286 sexual abuse cases (The Department of Health and Human Services, 2017). These are only the cases that were reported, but according to Tencer (2006), many cases of verbal abuse are left unreported. I located numerous studies (e.g., Horwitz, 2005; Kim & Cichetti, 2003; Lane, 2003; Sachs-Ericsson et al., 2009) where researchers documented the effects of abuse on current and future development, but these studies were focused primary on physical or sexual abuse. Many of the studies only considered the effects that

either physical or sexual abuse has on the child, with few of these studies focused on the long-term effects abuse can have on the adult.

Studies conducted by Gadit (2011), Hutchinson and Mueller (2008), and Sachs-Ericsson, Verona, Joiner, and Preacher (2006) were also combined with other types of abuse, not focusing on verbal abuse alone. In addition, Hutchinson and Mueller (2008) indicated that there are few studies on verbal abuse. Existing research does suggest that verbal abuse may have a greater effect on an individual's psychological or mental health functioning (Gadit, 2011; Tencer, 2002) compared to physical or sexual abuse (Vissing et al., 1991). These studies demonstrate an important gap in the literature and, more important, a concern for the community. Verbal abuse can have lasting effects on current and future development on those children and adults that have experienced verbal abuse. Therefore, more research is needed on the effects of verbal abuse, separate from physical and/or sexual abuse. In this study, I identify the psychological effects in adults for individuals who were verbally abused as children, by their parents, other adults (teachers, grandparents), and/or their peers.

Purpose of the Present Study

In the present quantitative study, I explored the question: "What is the relationship between verbal abuse during childhood and symptoms of anxiety, depression, PTSD, and personality disorders in adults?"

Nature of the Study

The present study is a retrospective, casual-comparative design where I examined the effects of verbal abuse in childhood on psychological functioning in adulthood. The

rational for doing a retrospective study is due to not being able to manipulate the presence or absence of verbal abuse. For the study, I obtained a sample of 100 individuals who reported verbal abuse as children and 100 individuals who did not report verbal abuse from college students ages 18 to 40 from students at local universities and colleges. The measures I used were the Childhood Traumatic History Questionnaire and the Millon Clinical Multiaxial Inventory-IV (MCMI-IV). Logistic regression was used to examine the relationships between verbal abuse and the MCMI- IV scores.

Research Questions and Hypotheses

The population that I selected for this study were individuals who were 18 to 40 years old and who were, at the time of the study, attending local university or community colleges. Both individuals who reported verbal abuse in their childhood and those who reported no verbal abuse were used to complete this study.

The following research questions and hypotheses were tested in this study:

Research Question #1: After controlling for gender, does verbal abuse predict the occurrence of anxiety disorders with adults who have been verbally abused as children and those who have not?

Null Hypothesis #1: After controlling for gender, there will be no significant relationship in the scores on the Millon Clinical Multiaxial Inventory-IV anxiety scales when comparing adults who have been verbally abused as children and those who have not.

Alternative Hypothesis #1: After controlling for gender, there will be a significant relationship in the scores on the Millon Clinical Multiaxial Inventory-IV

anxiety scales when comparing adults who have been verbally abused as children and those who have not.

Research Question #2: After controlling for gender, does verbal abuse predict the occurrence of depression with adults who have been verbally abused as children and those who have not?

Null Hypothesis #2: After controlling for gender, there will be no significant relationship in the scores on the Millon Clinical Multiaxial Inventory-IV depression scales when comparing adults who have been verbally abused as children and those who have not.

Alternative Hypothesis #2: After controlling for gender, there will be a significant relationship in the scores on the Millon Clinical Multiaxial Inventory-IV depression scales when comparing adults who have been verbally abused as children and those who have not.

Research Question #3: After controlling for gender, does verbal abuse predict the occurrence of post-traumatic stress with adults who have been verbally abused as children and those who have not?

Null Hypothesis #3: After controlling for gender, there will be no significant relationship in the scores on the Millon Clinical Multiaxial Inventory-IV post-traumatic stress scales when comparing adults who have been verbally abused as children and those who have not.

Alternative Hypothesis #3: After controlling for gender, there will be a significant relationship in the scores on the Millon Clinical Multiaxial Inventory-IV post-

traumatic stress scales when comparing adults who have been verbally abused as children and those who have not.

Research Question #4: After controlling for gender, does verbal abuse predict the occurrence of personality disorders with adults between those who have been verbally abused as children and those who have not?

Null Hypothesis #4: After controlling for gender, there will be no significant relationship in the scores on the Millon Clinical Multiaxial Inventory-IV personality disorders scales when comparing adults who have been verbally abused as children and those who have not.

Alternative Hypothesis #4: After controlling for gender, there will be a significant relationship in the scores on the Millon Clinical Multiaxial Inventory-IV personality disorders scales when comparing adults who have been verbally abused as children and those who have not.

Theoretical Foundation

The theories that I used in this study are attachment theory (Bowlby, 1958) and the eight stages of psychosocial development (Erikson, 1950). Attachment theory was built upon 30 years of studies conducted that examined the relationship between the mother figure (either biological or non-biological) and the child in the first few years of life and how it serves as a foundation to mental health. Bowbly's attachment theory is influential throughout an individual's lifetime and influences an individual's emotional reactions and overall mental state (Kasdin, 2000). Erikson (1950) examined how the

response to the primary caregiver can develop trust or mistrust depending on whether the child's needs are met. Erikson examined all areas of life from birth to late adulthood resulting in eight stages, with each area addressing a trait that individuals can learn which influences them later in life. The first few areas rely on the parent or caregiver and their response to the child (Morris & Maisto, 2007). In each of these stages there is a conflict that must be resolved with either a negative or positive outcome. With positive solutions the individual can have healthy interactions with oneself, others, and their environment. The negative solutions can lead to maladjustments of mistrust, guilt, shame, role confusion, inferiority, self-absorption, isolation, and despair (Davidoff, 1976). If the problem is not positively resolved during any one of these stages (especially during the earliest, formative stages) this can result in the individuals having arrested development, which can lead to psychological disorders that can affect the rest of their life (Schell & Hall, 1979). Erikson theorized that a person's mental health is always continually evolving (Davidoff, 1976).

In chapter 2 within the Literature Review a brief background of both theories are discussed and then a background of abuse is included, specifically looking at verbal abuse and its prevalence in society today. Once these backgrounds are established the different relationships are examined to see how verbal abuse might have on children during their development. This leads to the literature that has been reviewed that clearly demonstrates the different effects that verbal abuse has on individuals; physiological, somatic, behavioral, and psychological effects.

Definitions

Definitions of Key Terms

The terms used in this study are identified and defined below:

Attachment theory: Attachment theory, which was formed by John Bowlby and is built on the belief that the attachments that are formed during one's childhood can have an important effect later in their adulthood (Bowlby, 1958; Feist & Feist, 1998).

Eight stages of psychosocial development: The theory developed by Erik Erikson, stating that a person's personality forms as they progress through eight stages during their lifetime. Throughout each of these stages, there is a conflict that must be resolved in either a negative and positive way; this can have an effect on the next stages that they have to pass through and the rest of their lives (Davidoff, 1976; Erikson, 1950]\).

Definitions of Operational Variables

Borderline personality disorder (BPD): As measured by an individual having a pattern of instability in their interpersonal relationships, self-image, and affects; it is also characterized with impulsivity (American Psychiatric Association, 2013).

Childhood Traumatic History Questionnaire: As measured by a 9-item questionnaire that is a quick way to assess if the individual has been physically, sexually, or verbally abused (Goldberg & Goldstein, 2000; Goldberg et al., 1999).

Depression: As measured by having a sad/depressed mood or loss of interest or pleasure in most if not all activities in a 2-week period. Other symptoms include:

insomnia or hypersomnia nearly every day, significant weight loss or weight gain, fatigue or loss of energy, inability to think or concentrate, psychomotor agitation or retardation, feelings of worthlessness, and recurrent thoughts of death (APA, 2013).

Generalized anxiety disorder: As measured by excessive anxiety and worry lasting for more days for more than a six-month period, having difficulty controlling the worry, having restlessness, irritability, muscle tension, sleep disturbances, difficulty concentrating, and/or easily fatigued, which these symptoms cause clinically significant problems in important areas of the individuals life (APA, 2013).

Millon Clinical Multiaxial Inventory-IV (MCMI-IV): As measured by 195- item true- false self- report questionnaire that identifies emotional symptoms and personality characteristics; assisting clinicians in identifying individuals who would likely meet criteria for selected Axis I and Axis II disorders (Aguerrevere, et. al., 2011; Rabin, Barr, & Burton, 2005).

Narcissistic personality disorder (NPD): As measured by the individual portraying a pattern of grandiosity, the need for admiration, and having a lack of empathy (APA, 2013).

Obsessive- compulsive personality disorder (OCPD): As measured by the individual being preoccupied with mental and interpersonal control, perfectionism, and orderliness that the efficiency, flexibility, and openness to do things is lost (APA, 2013).

Paranoid personality disorder (PPD): As measured by an individual having the characteristics of distrust and suspiciousness, with other motives being interpreted as malevolent (APA, 2013).

Post-traumatic stress disorder (PTSD): As measured by the recollection of the traumatic event that took place, efforts made to avoid thoughts and activities that would arouse the memories, loss of interest or participation in activities, difficultly falling and staying asleep, difficulty concentrating, and irritability or outburst of anger (APA, 2013).

Verbal abuse: As measured by any language or remark that is intended to cause distress to the individual which can be perceived as demeaning, humiliating, intimidating, or disrespectful (Brennan, 2001; Howells-Johnson, 2000). Verbal abuse can include: belittling, scolding, swearing, insulting, blaming, yelling, threatening, ridiculing, criticizing, teasing, name calling, verbal putdowns, negative predictions, negative comparison, scapegoat, shaming, and cursing (Brendgen et al., 2006; Teicher et al., 2006).

Assumptions of the Study

One of the most prominent assumptions in this study was regarding the responses of the participants in regard to being a retrospective study. The responses that the participants provided might not have been accurate with respect to reporting the verbal abuse in their childhood and with the psychological disorders and somatic complaints. There are normally issues with individuals looking back in their life and reporting the correct information. Historical accounts of childhood can be influenced by more recent

events than those taking place more than 10-15 years ago. What someone might perceive as verbal abuse might just be a correction from a parent and not as severe as that individual thinks he/she remembers. Concerning psychological disorders, individuals might not be clinically diagnosed or might answer the questions on the scales falsely.

Scope and Delimitations of the study

In this study, I focused on two important factors: individuals who have only been verbally abused in their childhood and the psychological effects childhood verbal abuse has on the individuals as adults. I excluded the individuals who reported physical and sexual abuse. Studies to date examined verbal abuse and its effects on children but few studies addressed the effects of childhood verbal abuse on adults.

The population for this study consisted of individuals who were non-gender specific adults, 18 to 40 years of age. A sample of approximately 500 participants were recruited from a larger population of adults at local universities and colleges. Based on the results from the Childhood Traumatic History Questionnaire participants were divided into two groups: those who had not experienced verbal abuse and those who had. Potential participants who reported physically or sexually abused were screened out initially, because this study was interested in the effects of verbal abuse alone. All individuals fitting the criteria were included in the study, except for individuals who were below the age of 18, (not legal adults), and those individuals who were over the age of 40, intended as a cut off to factor out age-related complaints or issues. Participants were selected from college settings confirming literacy skills in the individuals.

To address the possibility of potential generalization that females report higher rates of abuse and mental health disorders the study included an independent variable to look at the differences between male and female responses within each of the research questions.

Limitations of the Study

One limitation of this study is the limited amount of literature that specifically addresses verbal abuse. There have been many different studies on the effects of abuse in general, some with the breakdown of the different types of abuse, (physical, sexual, and verbal abuse), but few specifically focused on verbal abuse itself. Also, with this limitation comes the fact that it is common to find verbal abuse along with the other types of abuse, specifically physical abuse.

Knowing that verbal abuse often accompanies other forms of abuse, (sexual and physical), adds to the difficulty of trying to find individuals who only report childhood verbal abuse. It was difficult and time consuming to find a sample of 100 individuals who experienced verbal abuse alone.

Significance of the Study

This study may add to the body of knowledge created on the effects that verbal abuse has on individuals and may provide insight into the origin of some clinical disorders. In addition, this study may help not only the individuals who have been verbally abused but also with understanding the implications of childhood verbal abuse on adults. Subsequently, professionals and practitioners may be able to develop

prevention interventions and more effectively prevent abuse by teaching new parents better ways to communicate with their children.

Consistent with Walden University's mission of social change, this study may help families, especially parents, to understand that verbal communication can have an effect on children's lives and adulthood. This can inform parents about healthy versus unhealthy forms of verbal interactions with their children. This study can enable counselors and other helping professionals to become more aware of what verbal abuse is and the effects it has on the lives of the affected individuals. This information can be used in parenting classes and workshops, also with counseling professionals as they are working with young adults or teens with their families.

Summary

Knowing that verbal abuse is more common than sexual or physical abuse, which it normally precedes, gives added importance to learning the effects of verbal abuse. This study can help inform parents, caregivers, teachers, counselors, and other professionals of the effects of verbal abuse on individuals later in life. By having this information, individuals may understand the seriousness of verbal abuse, help stop the harmful styles of communication, and potentially stop the first steps of physical and sexual abuse from taking place.

In this chapter, I provided detailed information on the back-ground and need for the study; explaining the purpose of the study, research questions and hypotheses, and definitions of key terms. I outlined the theoretical framework and nature of the study.

The assumptions, scope, and limitations were also discussed, as well as the significance of the study.

In Chapter 2, I will present a detailed literature review of past information about verbal abuse and the theories that are used in this study. Chapter 3 will include an outline of the method and design of this study and how it was conducted. Chapter 4 will include the results of the study, and Chapter 5 provides a discussion of the results and conclusions. In the last chapter I will also discuss recommendations for future research.

Chapter 2: Literature Review

Introduction

Problem Statement

The verbal abuse of children affects current and future development of adults (Horwitz, 2005; Hutchinson & Mueller, 2008). The Department of Health and Human Services (2017) reported that psychological maltreatment, or verbal abuse, is almost as prevalent as sexual abuse. In 2015, there were 42,549 verbal abuse cases compared to 57,286 sexual abuse cases (The Department of Health and Human Services, 2017). These are only the cases that were reported, but according to Tencer (2006), many cases of verbal abuse are left unreported. I located numerous studies (e.g., Horwitz, 2005; Kim & Cichetti, 2003; Lane, 2003; Sachs-Ericsson et al., 2009) where researchres documented the effects of abuse on current and future development, but these studies were focused primary on physical or sexual abuse. Many of the studies only considered the effects that either physical or sexual abuse has on the child, with few of these studies focused on the long-term effects abuse can have on the adult.

Studies conducted by Gadit (2011), Hutchinson and Mueller (2008), and Sachs-Ericsson, Verona, Joiner, and Preacher (2006) were also combined with other types of abuse, not focusing on verbal abuse alone. In addition, Hutchinson and Mueller (2008) indicated that there are few studies on verbal abuse. Existing research does suggest that verbal abuse may have a greater effect on an individual's psychological or mental health functioning (Gadit, 2011; Tencer, 2002) compared to physical or sexual abuse (Vissing et al., 1991). These studies demonstrate an important gap in the literature and, more

important, a concern for the community. Verbal abuse can have lasting effects on current and future development on those children and adults that have experienced verbal abuse. Therefore, more research is needed on the effects of verbal abuse, separate from physical and/or sexual abuse. In the present study, I identify the psychological effects in adults for individuals who were verbally abused as children, by their parents, other adults (teachers, grandparents), and/or their peers.

Purpose of the Present Study

In the present quantitative study, I explored the question: "What is the relationship between verbal abuse during childhood and symptoms of anxiety, depression, PTSD, and personality disorders in adults?"

Organization of the Chapter

In this chapter, I provide background information about existing research on the topics included in this study. The definitions of some of the main psychological terms that are used in this literature review were provided in the previous chapter. The main body of this chapter contains the theoretical justification, a discussion of the methodology and background theories supporting this study, an examination of verbal abuse, and the different relationships that play a part in verbal abuse. I focus on the different effects that verbal abuse has been shown to have on the individuals who have been subjected to an adverse environment, from physical difficulties to the more serious psychological disorders. In the summary section, I synthesize the information and demonstrate why uncovering the psychological effects of verbal abuse is important for our society. This

connects the purpose of the study, problem statement, and the research questions that were outlined in the previous chapter.

Literature Search Strategy

I used the following strategy to locate the documents that are referenced in this literature review. Multiple data base searches were conducted and re-conducted in EBSCO Host Research Databases, ProQuest Databases, and Google Scholar. Key words that were used to facilitate these searches included: *verbal abuse, emotional abuse, children, effects, adults, psychological, and problems*. I found few peer-reviewed articles on this topic, as little research has been conducted solely on verbal abuse. I included all articles I found in this literature review.

Much of the existing literature is focused on physical and sexual abuse. The studies that did include verbal abuse dealt with relationships and partners, work environment relationships especially in the medical field, and school relationships bullying. Many studies reviewed were conducted in countries other than the United States. There is a gap in the literature addressing verbal abuse within the context of the parental and child relationship and its effects on that individual's life.

A few studies have been done conducted focused at the neurological aspect of verbal abuse. I made contact with Dr. Teichner, one of the main authors on these studies, to help with the literature search. Dr. Teichner provided some additional information in the area of neurological development and verbal abuse that he has been currently working on (M. Teichner, personal communication, June 13, 2014). I also contacted Dr. Sachs-Ericsson who has conducted recent studies on abuse and, effects of verbal abuse, but her

studies also included physical and sexual abuse. Dr. Sachs-Ericsson also provided some additional information/studies regarding verbal abuse along, with physical and sexual abuse that she has currently been working on (N. Sachs-Ericsson, personal communication, February 7, 2015).

Theoretical Justification

The theories that I used in this literature review are Bowlby's (1958) attachment theory and Erikson's (1950) the eight stages of psychosocial development. I present a brief background of both theories and a background of abuse as well, specifically on verbal abuse and its prevalence in society. I then describe the literature on the different effects that verbal abuse has on individuals; physiological, somatic, behavioral, and psychological effects.

Background of Theories

Attachment theory. Bowlby's (1958) attachment theory is built on the idea that the attachments that are formed during childhood have an important effect later on in their adulthood. With these attachments being so crucial on later development, Bowlby tried to focus more on studying one's childhood instead of focusing on the adults distorted accounts of their childhood (Feist & Feist, 1998).

Attachment theory is based mostly on the relationship between the child and the primary caregiver (mother, father, grandparent), but these attachment relationships continue to occur throughout all the relationships in an individual's stages of life from infant, toddler, schoolchild, during adolescences, and into adulthood with these relationships being where one draws their strength and enjoyment of life (Myers, 1999).

Bowbly described three attachment styles: *secure attachment, avoidant attachment, and insecure attachment*. The infant develops one of these types of attachments based on the relationship with his or her primary caregiver, which will affect the rest of his or her life and how relationships are formed (Myers, 1999). This theory explores the connection between one's early relationship experiences to one's current patterns in relationships (Ecke et al., 2006). Through these early relationships children form the base for security and trust in others, which is an important development milestone in early childhood (Cortina, & Marrone, 2004). When a child is abused, sexually, physically, or verbally, the attachment relationship is severely traumatized (Cortina & Marrone, 2004).

Bowbly theorized that when a parent/caregiver treated a child in an intrusive or abusive way it would lead to pathogenic conditions in the child and also later on in adulthood (Ecke et al., 2006). Gadit (2011) reports that children tend to develop insecure attachments due to the verbal abuse and then they will constantly fall into the trap of having feelings of un-acceptance, unloved, and rejected. It is also reported that children who develop insecure attachments due to abuse or neglect that they lack personal control, rely on others who may or may not meet their needs, and believe that their efforts are ineffective; which is different than the individuals who have secure attachments who have learned that they can fulfill their needs through their own efforts (Sachs-Ericsson, Kendall, & Taylor, 2011; Weinberg et. al., 1999).

Erikson's eight stages of development. The American psychoanalyst and professor of human development, Erik Erikson, developed an eight stage model of human development, which described how a person's personality forms as they progress through

these stages during their lifetime. The eight stages are: (a) Basic trust versus mistrust, (b) autonomy versus shame and doubt, (c) initiative versus guilt, (d) industry versus inferiority, (e) identity versus role diffusion, (f) intimacy versus isolation, (g) generativity versus stagnation, and (h) ego integrity versus despair (Davidoff, 1976; Erikson, 1950; Morris, 1979; Schell & Hall, 1979). In each of these stages there is a conflict that must be resolved with either a negative or positive outcome. With positive solutions the individual will have healthy interactions with oneself, others, and their environment. The negative solutions will lead to maladjustments of mistrust, guilt, shame, role confusion, inferiority, self-absorption, isolation, and despair (Davidoff, 1976). If the problem is not positively resolved during any one of these stages (especially during the earliest, formative stages) this can result in the individuals having arrested development, which can lead to psychological disorders that can affect the rest of their life (Schell & Hall, 1979). Erikson believed that a person's mental health is always continually evolving (Davidoff, 1976).

The quality of the parent-child relationship is what Erikson thought counted the most in healthy psychosocial development. It was the general atmosphere of the home that made the child feel either loved or hated, especially when being disciplined. If the child feels that his or her own needs and desires are compatible with societies then he or she will develop a sense of competence, being valuable, and have identity (Morris, 1979). The first five are explained in more detail for the understanding of this literature review, because the focus of this study is on the childhood verbal abuse.

The first stage occurs during infancy and is called basic trust versus mistrust. During this stage the relationship between the infant and primary caregiver (normally the mother) is all-important. If the infant is cared for, fed, kept warm, cuddled, played with, and talked to then he or she will develop a feeling of trust, knowing that their environment is safe and pleasant. If the caregiver does not meet the needs of the infant he or she will develop fears and suspicions, which can result in a mistrust of the world around them (Davidoff, 1976). This mistrust can lead the infant to react to frustration with anxiety and upset (Schell & Hall, 1979).

Autonomy versus shame and doubt is the second stage which takes place from about 2 to 3 years of age. During this stage the child is developing rapidly learning to walk, run, hold, push, and pull. If the parent encourages the child to do things on his or her own he or she will develop a sense of control which Erikson called autonomy. If the parent demands too much from the child or if they prevent the child from using these new abilities it will promote feelings of shame and doubt in the child (Davidoff, 1976). Erikson believed that if the parent shamed the child into feeling that he or she was incompetent that it would be a devastating experience and the child would not develop competent self-regulation (Morris, 1979; Schell & Hall, 1979).

The third stage, initiative versus guilt, takes place during 3 to 5 years of age. During this stage of life children are working on their abilities to use language. As children ask questions and try to conquer their environment the parent can be understanding, answering questions, and let them play in their world of fantasy this will develop a sense of initiative. But if the parent is impatient and punitive with the child as

he or she asks questions and plays games, the child will feel guilty and be more reluctant to act out his or her own desires (Davidoff, 1976). It is the loss of self-esteem that occurs during this stage when the parent is overly restrictive to the child (Morris, 1979).

Industry versus inferiority is the fourth stage that takes place when the child is 6 to 11 years old. During this stage in life the child enters a whole new world-school. If a child is successful he or she will develop a sense of industry by taking pleasure in their own work and a feeling of competence. If the child feels inadequate when compared to the other children in achievements, abilities, and skills then a feeling of inferiority will develop (Davidoff, 1976).

The last stage that is discussed is the identity versus role diffusion that takes place during adolescence. If the preceding four stages have developed positive solutions, then the task of achieving an identity will develop much easier. At this point the child will emerge into a sense of who they are and what they stand for. If the child has not developed positive solutions on the other stages the danger of role confusion will emerge and the child will have the inability to find a coherent identity (Davidoff, 1976).

Having an understanding of the theories and how important the development in childhood is, the focus turns now to a review of pertinent research on verbal abuse.

Research on Abuse

Background of Abuse

Abuse, especially physical and sexual, has been associated with many physical, emotional, social, and cognitive impairments which can occur later on in life (Tonmyr, Jamieson, Mery, & MacMillan, 2005; Sachs-Ericsson, et al. 2006; Sachs-Ericsson, et al.

2013). The serious consequences that it can have on individuals make it a major public concern for communities (Koloski, Talley, & Boyce, 2005). There have been few studies conducted where the researchers comprehensively assessed and integrated findings across the different types of childhood abuse/maltreatment. Most of the studies were focused on physical and sexual abuse, in a vacuum, and did not focus on the emotional and psychosocial environment of occurrence (Simeon, 2006). Studying only certain types of abuse can produce potential pitfalls in the conclusions of the studies. One might assume that childhood physical abuse produces depression where the real issue may be the verbal abuse that precedes it as more of the cause for the depression than the physical abuse. Studies have shown that verbal abuse was present in most physical abuse cases (Sachs-Ericsson et al., 2006; Sachs-Ericsson et al., 2009; Sachs-Ericsson et al., 2011; Simeon, 2006; Vissing et al., 1991). However, these studies have only addressed the effect that physical abuse has with not addressing or looking into the role that verbal abuse has or may have effected depression.

Child maltreatment, in general, has proven to have profound effects on the course of development on the child and to have ramifications throughout that individual's life (Cicchetti, 2004; Sachs-Ericsson et al., 2006). Studies that have been conducted involving individuals who have been sexually or physically abused have found that these individuals are more likely to be diagnosed with anxiety disorders, acute stress reactions, personality disorders, affective disorders, major mental health disorders, and behavioral problems (Cicchetti; Spataro, Mullan, & Burgess, 2004; Sachs-Ericsson et al., 2006). Other effects that have been a result of childhood abuse include: depression, eating

disorders, PTSD, substance misuse/addictions, dissociation, somatization, sexual and relational problems, poor health, chronic pain, suicide attempts, and problem pregnancies (Cromer & Sachs-Ericsson, 2006; Golding, 2003; Hall, 2003; Larson et al., 2005; Pettinati, Rukstalis, Luck, Volpicelli, O'Brien, 2000; Sachs-Ericsson et al., 2009; Sachs-Ericsson et al., 2011).

Cognitive, social, linguistic, emotional, and representational development areas are other potential deleterious effects that individuals may experience (Cicchetti, 2004). Horwitz (2005) indicated that psychological maltreatment is included as child abuse that can have lasting effects in the development of the child. Psychological maltreatment is also known as verbal or emotional abuse, which have also been associated with negative social and emotions outcomes that include depression, anxiety, aggression, and social withdrawal or dissociation (Choi et al., 2009; Tencer, 2004).

Even though verbal abuse does have negative effects, it is less likely to be reported as compared with physical or sexual abuse. If it happens to be reported it is rarely entered into the child's protective system (Tencer, 2004) or it is reported alongside with the physical and/or sexual abuse that came after the verbal abuse and which is now being reported (Sachs-Ericsson et al., 2006; Sachs-Ericsson et al., 2009; Sachs-Ericsson et al., 2011; Simeon, 2006; Vissing et al., 1991).

Tencer (2004) reported that the National Incidence Study of Child Abuse and Neglect (NIS-3) identified 27% of the protective reports that were collected showed that the children had received emotional abuse or neglect. Other studies conducted also reported 3 to 11 of children meeting the criteria for emotional abuse or neglect (Tencer,

2004). Many of the studies that are included in this literature review reported verbal abuse being more prevalent than the other forms of abuse. In the study conducted by Williamson and colleagues (2002) the most common reported type of abuse was verbal (47.3%), followed by physical (44.5%), and sexual (21.7%).

Another study conducted reported that the majority of the participants experienced in their childhood three or more major adverse events, with the primary event indicating at least one parent being psychopathologic (79%) with verbal abuse following (47%), then sexual abuse (37%) and physical abuse (26%; Horwitz, 2005). A more recent study by Sachs-Ericsson, Kendall, and Taylor (2011) reports from their sample that 4% reported emotional abuse, were 2.6% reported physical abuse and 2.4% reported sexual abuse. The study done by Florida State University reported that out of their 5,614 participants 30% stated that they had been sometimes or often verbally abused by a parent, which was higher than the physical abuse (6.6%) or sexual abuse (4.5%) reported (Sachs-Ericsson et al., 2006; Obesity, Fitness, & Wellness Week, 2006). The researchers were surprised by this and considered this a high percentage (Obesity, Fitness, & Wellness Week, 2006). In a study done by Vissing et al. (1991, as cited in Tencer, 2004) "it was concluded that at least 1 in 10 children experiences verbal abuse each year" (p. 12).

This foundational study by Vissing et al. (1991) also identified that two out of three children in America have been verbally abused, boys seemed to be more subjected to the verbal abuse, and the abuse happened more often to children over the age of 6, if the child was under 6 years old the verbal abuse occurred more frequently. With all the

statistics and findings still very few studies have been done to examine verbal abuse alone. Let alone the lasting psychological effects it might have on that individual later on in life.

Verbal Abuse

Verbal abuse has not been as easily recognized or defined as sexual and physical abuse. It is also hard to gauge the effects that is has on its victims, but it is believed to be more common than physical abuse (Bennetts, 2006; Hutchinson & Mueller, 2008) and has more lasting consequences than any of the other forms of abuse (Teicher, Samson, Polcari, & McGreenery, 2006; Vissing et al., 1991). Verbal abuse is considered to be a part of psychological abuse or maltreatment or what some have referred to as emotional abuse because of the negative effect verbal abuse has on the emotional well-being and development of the individual (Brendgen, Wanner, & Vitaro, 2006). The *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* (2013) includes child psychological abuse in the section of "Other conditions that may be a focus of clinical attention" describing it as "nonaccidental verbal or symbolic acts by a child's parent or caregiver that result, or have reasonable potential to result, in significant psychological harm to the child (pg. 719)".

Both psychological and emotional abuse are broader categories of behavior that, include, parental neglect, deprivation, detachment, and other distancing behaviors (Kaplan & Sadlock, 1998). The U. S. Department of Health and Human Services uses the same definition for psychological maltreatment as found in the *DSM-5* (2013). Other studies defined *verbal abuse* as any language or remark that is intended to cause distress

to the individual which can be perceived as being demeaning, humiliating, intimidating, or disrespectful (Brennan, 2001; Howells-Johnson, 2000), resulting in feelings of inferiority, lowered self-worth and self-esteem, stunted goals and ambitions (Goldberg & Goldstein, 2000; Goldberg, Pachas, & Keith, 1999). The words or statements which are being spoken are normally said in a serious manner, that is repeated consistently and are not later retracted or amended by the individual that just said them (Horwitz, 2005). Lane (2003) also included in her definition of verbal abuse the use of critical or insulting behavior. Using the word *behavior* keeps the definition open to include not just the words that are being spoken, but the tone of voice, facial expressions, and body language. These instances are normally overt in nature, but sometimes can be subtle like double-edged comments, rumors, and gossip (Brennan, 2001, 2003).

Verbal abuse includes: belittling, scolding, swearing, insulting, blaming, yelling, threatening, ridiculing, shaming, cursing, scapegoating, negative comparison, teasing, name calling, and criticizing (Brendgen et al, 2006; Gadit, 2011; Teicher et al.). Vissing, Straus, Gelles, and Harrop (1991) used the definition for verbal aggression which combined the previous mentioned traits for verbal abuse is:

> Verbal/symbolic aggression is a communication intended to cause psychological pain to another person, or a communication perceived as having that intent. The communicative act may be active or passive, and verbal or nonverbal. Examples include name calling or nasty remarks (active, verbal), slamming a door or smashing something (active, nonverbal) and stony silence or sulking (passive, nonverbal; Vissing et al., 1991)

Brennan (2003) pointed out that triggers for verbal abuse include: situations that cause emotional or psychological distress, anger, confusion, perceived injustice, means of dominations, poor communication skills, mental health problems, and the use of alcohol and drugs. Other studies have shown that factors associated with abuse are single parenthood, poverty, shelter placement, divorce, substance use, and institutionalization (Sternberg et al., 1993). Some more recent studies found that parent psychopathology increased the risk for abuse towards the child/children, specifically physical abuse (Medley &Sachs-Ericsson, 2009; Sachs-Ericsson et al., 2012).

There are various relationships that verbal abuse characterizes. The following are types of relationships where verbal abuse occurs especially in one's childhood:

Parent to child. The relationship between the child and their parent(s) is very important in the development of that individual's growth in terms of the self, attachment, and their relationship to significant others (Cortina & Marrone, 2004; Ecke, Chope, & Emmelkamp, 2006; Toth & Cicchetti, 1996). Handy (2004) pointed out that when children seem to be socially and emotionally disabled, but do not have a biological cause, this could be due to the discomfort that they might be experiencing in their home and/or school. This discomfort at home could be verbal abuse: the parent telling the child that they are useless. This discomfort or crises can scar the individual, which can last a lifetime and can leave an imprint on other individuals in society (Rynders, 2006). Children first learn to trust their parents, because these people are supposed to love them unconditionally. So when the parent(s) uses criticism, unkind words, and are cruel children will believe what they say is true (Rynders, 2006). As time goes on children

may use these negative comments to explain anything that goes wrong in their lives (Obesity, Fitness, & Wellness Week, 2006). This then leads to the conclusion that the relationship between parent and child is extremely important and can have a lasting effect on that child as they grow up, as evident as to the two theories being used- attachment theory and Erikson stages of development.

The relationship between father and child has been proven to have serious negative consequences if verbal abuse is involved. It has been reported that father's verbal aggression is related more to adult psychiatric symptoms and dissociations compared to mother's verbal aggression. High rates of anxiety, depression, interpersonal sensitivity, and dissociation have been correlated with verbal abuse by fathers, so this appears that a mother's use of verbal abuse may not be as harmful as the father's use of verbal aggression. Studies indicate that children are more likely to report paternal verbal aggression and are less likely to report maternal verbal aggression (Tencer, 2004).

Teachers and peers to students. Another relationship where verbal abuse has been found is in the classroom setting, not just among peers but also in the teacher student relationship. These negative social experiences that happen in the school setting have also been found to have a negative health and maladjustment risk for the children in these situations (Brendgen et al., 2006). There has been very little research done on the effects that verbal abuse has on the teacher/student relationship (Brendgen et al., 2006). More studies have been done looking at peer verbal abuse, otherwise known as *bullying*. In one study that looked at the teacher student relationship revealed that repeated criticism or scolding done in front of other students by the teacher would affect the

child's academic performance. This study also showed that this repeated verbal abuse by the teacher had a significant prediction of early adolescent delinquent behavior, but this was only true for the children that were also only moderately accepted by their peers (Brendgen et al., 2006). From the perspective of both teachers and peers those students who have been verbally maltreated tend to have lower social competence levels which are related to maladaptive outcomes later on in life (Kim & Cicchetti, 2003).

Bullying is constant unwanted behavior such as criticism, nit-picking, exclusion, isolation, being shouted at, being humiliated, and name calling. Basically it is a more concise definition of verbal abuse mainly done among peers (Howells-Johnson, 2000). Dealing with students, it is found that it is normally a weaker child that is being verbally abused, but sometime physically bullied by a stronger child (Perry, Kusel, & Perry, 1988). This verbal bullying from peers has resulted in individuals having lower self-esteem, lower self-worth, feeling helpless, and having the feeling that they lack control over their own feelings and actions (Journal of Quality and Participation, 2003). Lines (1999) goes as far to say that those individuals that are bullied lack confidence and for the rest of their life are affected with low self-esteem. These individuals start to accept and believe what is being said about them, no matter if the individual that is verbally bullying is significant or not, which results in the lowering of self-esteem and self-confidence (Lines, 1999).

Men to women (spouses). One of the most commonly reported abusive relationships is between a husband and wife or boyfriend and girlfriend, normally as physical abuse. Many times verbal abuse and psychological abuse will precede the

physical abuse (McGowan, 1999). Orava, McLeod, and Sharpe (1996) found that women who reported that they had been physically abused also reported significantly more verbal abuse. According to a survey of 234 battered women emotional (verbal) abuse was far more scarring then the physical abuse that they had received (McGowan, 1999). Women have also reported that psychological abuse has a more severe negative effect on their emotional well-being compared to the physical abuse (Katz & Arias, 1999). Verbal abuse can subtlety be introduced into the couple's relationship and the women may not recognize it as clearly as they would physical abuse. The end result that the verbal abuse has on its victim is that the individual (woman) ends up believing what the abuser is saying (Bennetts, 2006). Some men belittle their wives constantly and never go further than that, while others during fits of anger are on the brink of physical violence. Peggy Papp, who is a family and couples therapist at the Ackerman Institute for the Family which is located in New York City, states that verbal abuse in these relationships can be as much as a hundred times more common than physical abuse (Bennetts, 2006). One main effect that verbal abuse seems to have on these women that are in these relationships is depression, even with the absence of any physical abuse (Katz & Arias, 1999).

Verbal abuse in a marriage relationship can also be very harmful to the children, they can easily pick up their parents moods, which can be very destructive to them. Peggy Papp states that these children that grow up in these situations normally end up developing some kind of disorder (Bennetts, 2006). This gives the impression that verbal

abuse might have effects on individuals even if not directly stated to them, but if they are surrounded in the environment of the verbal abuse.

Effects of Verbal Abuse

Physiological. Verbal abuse plays a role in the development of the increased risk of physical disorders in individuals that are in their mid-adulthood (Wamboldt & Reiss, 2006). The physical effects of verbal abuse that have been reported are increased weight or obesity, eating disorders, and irritable bowel syndrome (Koloski, Talley, & Boyce, 2005; Simeon, 2006; Williamson, Thompson, Anda, Dietz, & Felitti, 2002). It has been studied that individuals who reported being verbally abused average 1.3 to 8.8 lbs. heavier than individuals that did not report being abused. Those individuals who reported more frequent verbal abuse are also more strongly associated in adulthood with the increased risk of obesity (Williamson et al., 2002). Individuals who have been emotionally abused have also reported higher incidence of having bulimia nervosa, binge-eating disorders, and basically just having an unhealthy adult eating attitude in general (Simeon, 2006, Walker, 2000). Koloski, Talley, and Boyce (2005) found that irritable bowel syndrome and/or functional dyspepsia were significantly more commonly with individuals who reported adult verbal abuse then childhood verbal abuse. Therefore, based on the previous studies verbal abuse has effect on one's physiological bodies, mainly dealing with one's weight, food habits, and gastrointestinal problems. Other studies have found that abuse in general has an effect on one's overall health, making these individual have poor health and/or serious medical problems (Cromer & Sanchs-Ericsson, 2006; Golding, 2003; Sachs-Ericsson et al., 2005; Sachs-Ericsson et. al., 2009)

Somatic complaints. Several studies have reported a significant statistical association between chronic pain and childhood and adolescent traumatic experiences such as verbal abuse (Goldenberg & Goldstein, 2000; Goldenberg et al., 1999; Hilker, Murphy, & Kelley, 2005; Simeon, 2006). In one study individuals in a pain or chronic pain group were four to six times more likely to have been verbally abused as a child (Goldenberg & Goldstein, 2000). Some of these somatic complaints or pains include: chronic fatigue syndrome, fibromyalgia, facial, myofascial, migraines, and childhood illness (Goldenberg et al.; Goodwin, Hoven, Murison, & Hotopf, 2003; Simeon, 2006). Simeon also reported that individuals' unexplained medical symptoms were a strong predictor for that individual having been chronically emotionally abused.

Behavioral problems. Behavioral problems that have been exhibited in children who were frequently verbally abused include: Delinquency, physical aggression, dropping out of school, substance use, suicide, negative self-perceptions, inappropriate behaviors, and interpersonal problems with other children (Hepler, 1997; Perry et al., 1988; Teicher et al., 2006). Having a negative model of interpersonal communication can lead to behavioral issues in future relationships (Teicher et al., 2006). Verbal abuse may play a role in a young child's development of conduct disorder symptoms (Wamboldt & Reiss, 2006).

Psychiatric Disorders

Psychiatric symptoms have been associated with parental verbal abuse more often when compared to physical abuse (Teicher et al., 2006; Teicher, et al., 2010; Sachs-Ericsson et al., 2006). Compared to the other types of abuse (physical and sexual) there

has been relatively sparse research done on verbal abuse. The research that has been done does show that individuals who have been emotionally (verbally) abused have an association with a wide range of psychiatric disorders (Simeon, 2006). These psychiatric disorders include: mood disorders, dissociative disorders, schizophrenia, post-traumatic stress disorder (PTSD); borderline personality disorder (BPD), narcissistic personality disorder (NPD), obsessive-compulsive personality disorder (OCPD), and paranoid personality disorders (PPD); and depression (Bennetts, 2006; Brennan, 2001; Perry et al., 1988; Simeon; Teicher et al., 2006).

Mood disorders. Mood and anxiety disorders have been found in individuals who are in their young to mid adulthood that were verbally abused (Wamboldt & Reiss, 2006). In a recent study done by the Florida State University researchers, they found that individuals who reported being verbally abused as a child grew up to be more self-critical as adults and 1.6 times more prone to have symptoms of depression and anxiety. It was also shown that individuals were twice as likely to have suffered from a mood or anxiety disorder over his or her lifetime if he or she had been verbally abused (Obesity, Fitness, & Wellness Week, 2006; Sachs-Ericsson et al., 2006).

Depression. One of the most common effects of verbal abuse is depression. One study reported that individuals who were depressed are three times more likely to report having been verbally abused during the past 12 months (DiClemente et al., 2005). Horwitz (2005) reported that individuals in his study who were diagnosed with early-onset chronic major depression reported significantly higher rates of verbal abuse. Depression also serves as a marker to check for other mental health problems such as low

self-esteem, poor body image, antisocial behaviors, and suicide (DiClemente et al., 2005; Hardt, Johnson, Courtney, & Sareen, 2006). Clinical depression is often associated with the ideation of suicide and attempted suicide especially in adolescence (Sternberg et al., 1993). When someone is depressed the clinician needs to fully assess the history of that individual's interpersonal problems and childhood adversities, because these can play a key role in the development of the patient's depressive and suicidal behavior. One who is verbally abused may develop a learned helplessness, hopelessness, and persistent suppression can be attributed to depression and leading to suicidal ideation (Hardt et al., 2006). Two other studies done by Sachs-Ericsson and colleagues (2003; 2013) found an association between suicidal ideation even later in life with those who have been reported to have been abused in their childhood (Joiner Jr. et al., 2003; Sachs-Ericsson et al., 2013).

Post-traumatic disorder. There is conflicting research conclusions on whether verbal abuse can cause PTSD; it still needs to be determined what specific role verbal abuse has on the development of PTSD (Teicher et al., 2006). One study that dealt with verbal bullying suggested that one third of those individuals who had been bullied suffered from clinically significant levels of post-traumatic stress, but it was thought that it was more of the social manipulation that lead to the PTSD, such as excluding that individual from taking part in games than the verbal taunts (Journal for Quality and Participation, 2003). Brennan (2001) stated that individuals who have continued verbal abuse or have a single, highly offensive episode of verbal abuse have shown to

experience symptoms that are associated with PTSD. Brennan (2003) also reported that verbal abuse can produce symptoms that are similar to PTSD.

Personality disorders. Various studies have shown that individuals who were verbally abused in their childhood are more associated with cluster A, B, and C personality disorders symptoms in their adolescence and adulthood (Simeon, 2006). Cluster A, B, and C personality disorders include: Paranoid, schizoid, schizotypal, antisocial, borderline, histrionic, narcissistic, avoidant, dependent, and obsessive-compulsive personality disorders (APA, 2013). Teicher et al. (2006) pointed out that childhood maternal verbal abuse has a higher association with the risk of developing borderline, narcissistic, obsessive-compulsive, and paranoid personality disorders.

Dissociative disorders. Studies have shown that verbal abuse has a risk factor of young adults developing dissociative symptoms (Simeon, 2006; Teicher et al., 2006; Wamboldt & Reiss, 2006). Schizophrenia in adults has been found to have an association with emotional abuse, but with physical abuse as well. With the individuals who were verbally abused who have schizophrenia, an association found to substance abuse and suicidal attempts (Simeon, 2006).

Summary

Verbal abuse has a major effect on individuals in our society. Researchers have shown that it is more prevalent than physical and sexual abuse, but not very many studies have been conducted looking just at verbal abuse alone. Verbal abuse plays a role in different relationships, but the main one seems to be the parent/child relationship. More importantly, the results of some studies have stressed the father/child relationship. The

effects that have resulted from verbal abuse are physiological, somatic, behavioral, and psychological.

Of the psychological effects depression seems the most common, but others include: Mood disorders, PTSD, different personality disorders, and dissociative disorders. Having a study that focuses only on childhood verbal abuse and the psychological effects it has on the individuals can help with the advancement of the knowledge as to the damage of verbal abuse can inflict and to educate parents, counselors, and other professionals. It can also serve a preventive function if early indicators of verbal abuse are noted and followed by counseling intervention. In Chapter 3, I outline my study focused on childhood verbal abuse and explain how it was conducted.

Chapter 3: Research Method

Introduction

Purpose of the Present Study

In the present quantitative study, I explored the question: "What is the relationship between verbal abuse during childhood and symptoms of anxiety, depression, PTSD, and personality disorders in adults?"

Chapter Overview

In this chapter, I present the retrospective, casual comparative design that I used in this study on verbal abuse. This study included college student participants from local university and community colleges, 18 to 40 years of age who reported verbal abuse in their childhood and those who did not. I used the Childhood Traumatic History Questionnaire and the Millon Clinical Multiaxial Inventory-IV (MCMI- IV) while conducting this study. The procedures for the study are discussed in this chapter. My goal was to determine whether childhood verbal abuse contributed to adults developing symptoms of psychological disorders.

Research Design and Rational

Research Questions and Hypotheses

The sample obtained for this study were individuals who were 18 to 40 years old and currently attending local university or community colleges. Those individuals who reported verbal abuse in their childhood and those who reported no verbal abuse made up the sample used for this study.

The following research questions and hypotheses were tested in this study:

Research Question #1: After controlling for gender, does verbal abuse predict the occurrence of anxiety disorders with adults who have been verbally abused as children and those who have not?

Null Hypothesis #1: After controlling for gender, there will be no significant relationship in the scores on the Millon Clinical Multiaxial Inventory-IV anxiety scales when comparing adults who have been verbally abused as children and those who have not.

Alternative Hypothesis #1: After controlling for gender, there will be a significant relationship in the scores on the Millon Clinical Multiaxial Inventory-IV anxiety scales when comparing adults who have been verbally abused as children and those who have not.

Research Question #2: After controlling for gender, does verbal abuse predict the occurrence of depression with adults who have been verbally abused as children and those who have not?

Null Hypothesis #2: After controlling for gender, there will be no significant relationship in the scores on the Millon Clinical Multiaxial Inventory-IV depression scales when comparing adults who have been verbally abused as children and those who have not.

Alternative Hypothesis #2: After controlling for gender, there will be a significant relationship in the scores on the Millon Clinical Multiaxial Inventory-IV

depression scales when comparing adults who have been verbally abused as children and those who have not.

Research Question #3: After controlling for gender, does verbal abuse predict the occurrence of post-traumatic stress with adults who have been verbally abused as children and those who have not?

Null Hypothesis #3: After controlling for gender, there will be no significant relationship in the scores on the Millon Clinical Multiaxial Inventory-IV post-traumatic stress scales when comparing adults who have been verbally abused as children and those who have not.

Alternative Hypothesis #3: After controlling for gender, there will be a significant relationship in the scores on the Millon Clinical Multiaxial Inventory-IV post-traumatic stress scales when comparing adults who have been verbally abused as children and those who have not.

Research Question #4: After controlling for gender, does verbal abuse predict the occurrence of personality disorders with adults between those who have been verbally abused as children and those who have not?

Null Hypothesis #4: After controlling for gender, there will be no significant relationship in the scores on the Millon Clinical Multiaxial Inventory-IV personality disorders scales when comparing adults who have been verbally abused as children and those who have not.

Alternative Hypothesis #4: After controlling for gender, there will be a significant relationship in the scores on the Millon Clinical Multiaxial Inventory-IV personality

disorders scales when comparing adults who have been verbally abused as children and those who have not.

In this study, I used a retrospective, casual-comparative design. The justification for using a retrospective or post-hoc design is due to having the adults look back their childhood and either report verbal abuse or not. A casual comparative design was used to find meaningful psychological differences between those individuals who reported verbal abuse and those who did not on adult measures of clinical disorders. The independent variable in this study was the presence of childhood verbal abuse as measured by the Childhood Traumatic History Questionnaire. The dependent variables in this study was the presence of symptoms of anxiety, depression, PTSD, or personality disorders in the adult as measured by the Millon Clinical Multiaxial Inventory-IV (MCMI- IV). Logistic regression was used because the study includes several dependent variables (scores on the MCMI- IV scales). This is the appropriate analysis to conduct when the research aim is to find the predictive effect that a set of one or more variables has on a single, dichotomous dependent variable (Tabachnick & Fidell, 2013).

Methodology

As the literature review revealed, a few studies have been conducted with similar results. A recent study done at the Florida State University (2006) found that individuals who were verbally abused in their childhood became, as adults, more self-critical and more prone to depression and anxiety. The Florida State University researchers reported that these symptoms where 1.6 times more likely in individuals that reported the verbal

abuse compared to those that did not report any abuse. These individuals were twice as likely to suffer from a mood or anxiety disorder in their life time (Obesity, Fitness, & Wellness Week, 2006; Sachs-Ericsson et al., 2006). In another recent study, Teicher et al. (2006) reported that verbal abuse was more closely associated with psychiatric problems when compared to physical abuse. They found moderate to large effects on measures dealing with dissociation, limbic irritability, depression, and anger-hostility when the individual in their childhood was exposed to parental verbal abuse (Tiecher et al., 2006).

Simeon (2006) reported findings of personality disorders, mood disorders, eating disorders, dissociative disorders, schizophrenia, somatoform, and psychosomatic disorders in individuals who reported childhood verbal abuse. This study gave more evidence that psychological issues arise in adulthood when that individual had been verbally abused as a child.

Participants

The population consisted of individuals who were non-gender specific adults 18 to 40 years of age. A sample of approximately 500 participants were recruited from local university or community colleges which has a large population of adults. Based on the results from the Childhood Traumatic History Questionnaire participants were divided into two groups: those with no verbal abuse and those with the presence of verbal abuse. The individuals who had been physically or sexually abused were not included in this study. Those with these two forms of abuse were screened out initially, because in this study I was interested in the effects of verbal abuse alone. Answers from the Childhood

Traumatic History Questionnaire determined which group participants were in or if they were excluded due to the presence of physical or sexual abuse. The goal was to have a minimum of 100 in the verbal abuse group and 100 in the non-abuse group. This sample size was a function of three factors, (a) statistical power, (b) alpha, and (c) effect size. The effect size was conservatively set at .80. The alpha level set was .05 ($\alpha = .05$). The effect size was calculated at $d = M1 - M2 \div SD$. (Domain equals Mean of group 1 was subtracted by Mean of group 2 and was divided by sample's standard deviation). A small effect size was set where $d < .50$. (Cohen, 1988). The result of this was that the sample for the study was set at 200 participants.

The sample of 500 recruits were taken from the university/community college settings, recruited through notices, fliers, and posters asking individuals to participate in an anonymous psychological study being conducted. The fliers did not indicate any specific information about the study to obtain an unbiased set of individuals, those who have suffered from verbal abuse and those who have not. All individuals fitting the criteria were included in the study, expect for individuals who were below the age of 18, (not legal adults), and those individuals who were over the age of 40, intended as a cut off to factor out age-related complaints or issues. Participants were selected from a college setting to confirm literacy skills in these individuals.

Informed consent, specifying confidentiality and anonymity, were discussed with all the participants who participated in this study. I informed the participants that at any time they wish to stop participating in the study they have the right to withdraw. Participant were also given information about counseling services that are available at the

college and locally if discomfort and/or stress resulted from their participation in the study. All this information was also given to them in writing.

Measures

The measures used in this study included the Childhood Traumatic History Questionnaire and the Millon Clinical Multiaxial Inventory-IV (MCMI- IV). All the individuals who reported for the study were given the first measure to determine those individuals who had been physically and sexually abused; only the individuals who reported verbal abuse and/or no verbal abuse were used. After answers from the Childhood Traumatic History Questionnaire identified the individuals who reported verbally abused and those who did not report any abuse, participants were given the second questionnaire (Millon Clinical Multiaxial Inventory-IV). A comparison of the two groups was made utilizing the aforementioned statistical procedures.

Childhood Traumatic History Questionnaire

The Childhood Traumatic History Questionnaire is used to assess if the individual has been physically, sexually, or verbally abused. It is a 9-item questionnaire that indicates what type of abuse occurred, the abuser, frequency and duration of the abuse. This is accomplished by answering yes or no or marking the appropriate answers from the list. (The overall score identifies types of abuse the participant might have experienced in their childhood.) This questionnaire was designed especially for a study conducted by Goldberg, Pachas, and Keith (1999) and Goldberg and Goldstein (2000) and is found in the Appendix A.

Millon Clinical Multiaxial Inventory- IV

The Millon Clinical Multiaxial Inventory- IV (MCMI- IV) is in its fourth edition after being created over 40 years ago to help assist clinicians in identifying individuals who would likely met criteria for selected Axis I and Axis II disorders in line with the Diagnostic and Statistical Manual of Mental Disorders, *4th Edition TR* (Aguerrevere et. al., 2011; Rabin, Barr, & Burton, 2005). It is a 195-item true – false self-report questionnaire identifying emotional symptoms and personality characteristics. The MCMI- IV uses base rate (BR) scores instead of T scores like other personality instruments do, which BR score were designed to have a fix cutoff regarding the prevalence of a particular attribute in the psychiatric population (Aguerrevere et. al., 2011). This questionnaire measures 14 personality disorders and 10 clinical syndromes, with the personality disorders the questionnaire uses the criteria from the DSM-V so to assist in the diagnosis of these disorders.

The Millon Clinical Multiaxial Inventory- IV is reported to be one of the most commonly used personality assessments in North America (Rabin, Barr, & Burton, 2005). The MCMI-IV instrument includes scales that measure the validity and modifying indices (disclosure, debasement, and desirability) of participant responses. Having high scores on the debasement scale would indicate that their responses were likely over-exaggerated and thus will be invalid. Having high scores on desirability and disclosure scores would indicate that those participants were likely underreporting their symptoms. Scores for anxiety and depression were automatically adjusted for based on the MCMI-IV modifying indices (Aguerrevere et. al., 2011).

Procedures

This study was a multi-test design. As necessary, the study description was presented to the participating institutions' ethics review board prior to the study being conducted. After it was approved by all boards, I contacted the college facility and requested permission to conduct the study, giving them the full description of the study. The individuals who participated in this study were recruited from the notices and fliers posted at the school giving the specific day and time that the primary researcher will be at the school to conduct an anonymous study. I set up information in a lobby or lounge area to recruit participants.

As part of informed consent, I provided each participant with the expectations, procedures, and the risks of participation in this study and they were informed that they have the right to decline participation or to discontinue participation at any time without penalty. All the individuals who walked up to me were given a packet with information and copies of implied consent, counseling services that are available at the college and locally, and definitions for the terms used for this study. All participants were given the option to participate in the study after being given implied consent forms, specifying confidentiality, and anonymity for all participants.

First, I asked participates to complete the first form which was a brief biographical data form, which recorded their age, gender, race/ethnic background, and educational and occupational status of their parents. Following this, they took the Childhood Traumatic History Questionnaire (see Appendix A). Those individuals who indicated on the Childhood Traumatic History Questionnaire that there was any physical

and/or sexual abuse in their childhood were thanked for their participation and excused at this time.

The participants who did not report physical and/or sexual abuse were directed to complete the next questionnaire through a link/website on an iPad or their personal computer. I directed participants to complete the MCMI- IV questionnaire for the study. At this time both groups: those who reported verbal abuse and those who reported no verbal abuse in their childhood, were given the MCMI- IV, which was used to assess the presence of any mental disorders/symptoms and other somatic complaints in that individual. This part of the study took the participant approximately 25 to 30 minutes to complete. Once the participants completed the questionnaires they were debriefed including a general description of the study, addressed any concerns (highlight information on counseling services that are available), and information on how to receive the results of the research once it was complete (all this information was in the packet given to the participates prior to engaging in the study).

Since first initial recruitment of participants did not result in an adequate sample size, I set up a second recruitment at a different location (main campus). The second location followed all previously mentioned procedures to mirror the first one in effort to get the required sample size.

Data Analysis

In this study, I used SPSS to conduct the analysis. The mean, standard deviation, and standard error were calculated for each of the scales on the MCMI- IV.

Logistic regression was utilized to evaluate whether significant changes occurred on the results of the scores on the MCMI- IV anxiety, depression, PTSD, and personality disorders scales within the two groups: those who reported verbal abuse in their childhood and those who reported no verbal abuse. Each of the different scales from the questionnaire were evaluated against the same scales from the two different groups to see if there are any significant differences. Drawing on this comparison determined whether the null hypothesis was supported or rejected.

Null Hypothesis #1: There will be no significant differences in the scores on the Millon Clinical Multiaxial Inventory-IV anxiety scales when comparing the two groups of adult participants.

Alternative Hypothesis #1: There will be a significant difference in the scores on the Millon Clinical Multiaxial Inventory-IV anxiety scales when comparing the two groups of adult participants.

Null Hypothesis #2: There will be no significant differences in the scores on the Millon Clinical Multiaxial Inventory-IV depression scales when comparing the two groups of adult participants.

Alternative Hypothesis #2: There will be a significant difference in the scores on the Millon Clinical Multiaxial Inventory-IV depression scales when comparing the two groups of adult participants.

Null Hypothesis #3: There will be no significant differences in the scores on the Millon Clinical Multiaxial Inventory-IV post-traumatic stress scales when comparing the two groups of adult participants.

Alternative Hypothesis #3: There will be a significant difference in the scores on the Millon Clinical Multiaxial Inventory-IV post-traumatic stress scales when comparing the two groups of adult participants.

Null Hypothesis #4: There will be no significant differences in the scores on the Millon Clinical Multiaxial Inventory-IV personality disorders scales when comparing the two groups of adult participants.

Alternative Hypothesis #4: There will be a significant difference in the scores on the Millon Clinical Multiaxial Inventory-IV personality disorders scales when comparing the two groups of adult participants.

Once the research hypothesis is accepted it will provide more evidence that individuals who report verbal abuse in their childhood have a significantly higher probability of having psychological problems. By looking at the results of the MCMI-IV, one can further compare which psychological problems are more prevalent in the individuals that report verbal abuse and those who do not.

Threats to Validity

External threats to validity occurred in this study deal with population. I conducted this study on a college level setting and open to the population with the hope of obtaining individuals from different ages, generations, cultures, and races. Recruitment was open to anyone who would like to participate who are in between the

ages of 18 to 40 years old. All the individuals were asked to complete a brief biographical data form, which records their age, gender, race/ethnic background, and educational and occupational status of their parents, to help address the threat to validity in this area.

I presented the instructions so the same information was conveyed to all taking the study to address another external threat of validity. Another consideration that was identified was individuals that were together, aka friends or groups, and one was thanked for his or her participation and then asked to leave after the first questionnaire the other friend(s) who came with them also left at that time. Once individuals started the study they were not obligated to complete the questionnaires, so this became a threat with individuals dropping out.

Internal threats to validity also affected by the individuals who dropped out due to the length of the testing. To help address this threat and also to show gratitude for their participation, I provided snacks (small bottles of water, granola bars, and chocolates). I was present for each measure with instruction and interpretation, so hopefully this internal threat was covered, but the length of the testing with individuals getting tired and just wanting to end it so rushing through the testing might be affected. Another internal threat to validity was the history of the information being provided. Individuals were asked to recall the past, so accurate information might not be recalled correctly due to the length of time that had lapsed and other events that had happened in that individual's life. Another threat were other conditions in the individual lives that might affect the answers

on the questionnaires, like a family history of mental health issues or other physical issues in their history.

Ethical Procedures

I presented the study description to the participating institutions' ethics review board, after obtaining approval by the Institutional Review Board, prior to the study being conducted (see Appendix C). Once having gained approval by the ethics review boards, I contacted the participating institute itself to request permission to conduct the study, giving them the full description of the study (see Appendix D). All participants were given the option to participate in the study after receiving implied consent forms, specifying confidentiality, and anonymity for all participants. Once the participants completed the questionnaires they were debriefed including a general description of the study, address any concerns, and then give them the chance to receive the results of the research once it is complete.

Informed consent, specifying confidentiality and anonymity, were given to all the participants that were used in this study. The participants were informed that at any time they wish to stop participating in the study they have the right to do so. Individuals were given information about counseling services offered at the school or surrounding areas if they needed the resources due to bringing up the past with the verbal abuse and the clinical concerns they already have or might have with bringing up the past.

Summary

This chapter outlined the research design with the details of the design, participants, measures, and procedures. Chapter 4 presents the findings of the study and

then Chapter 5 concludes with the discussion, conclusions, and further recommendations for future studies.

Chapter 4: Results

Chapter Overview

In this quantitative study, I explored the question: "What is the relationship between verbal abuse during childhood and symptoms of anxiety, depression, PTSD, and personality disorders in adults?" In this chapter, I present the results of the analyses described in the previous chapter. First, pre-analysis data cleaning is explained. Descriptive statistics are presented, followed by the results of the analyses, organized by each research question.

Pre-Analysis Data Cleaning

There was a total of 224 participants who participated in this study after all the recruitments dates were set up, over a 2-month timeframe. After I received approval from the participating institutions' ethics review board and the local college facility, multiple dates were set for me to come to one school campus and recruit participants. After the first initial recruitment of participants did not result in an adequate sample size, set up a second recruitment location (main campus). The second location followed all previously mentioned procedures (in Chapter 3) to mirror the first one in effort to obtain the required sample size. I spoke to multiple students passing by in attempts to recruitment (asking if they would like to participate), multiple students spoke to primary researcher, but only 224 participants completed all components of the study.

In this study, I excluded potential participants who had suffered physical or sexual abuse, and focused on the effects of verbal abuse without the possible confounding effects of those experiences. There were 10 participants who suffered physical or sexual

abuse; their data were not included in the dataset. The MCMI instrument includes scales that measure the validity of participant responses; MCMI scores were not generated for six participants who had invalid response patterns. There were a further five participants removed from the dataset due to having scores on the debasement scale that indicated that their responses were likely over-exaggerated and thus invalid.

Almost half of the participants had desirability and disclosure scores that indicated that those participants were likely underreporting their symptoms. These participants were retained in the dataset to retain an appropriate sample size. In addition, as these participants were likely to be under-reporting rather than over-reporting, keeping these participants in the dataset would not increase chances of committing a Type I error (i.e., a false positive). I regarded committing a Type I error more serious than committing a Type II error (i.e., a false negative). Scores for anxiety and depression were automatically adjusted for based on the MCMII modifying indices before the reports were generated.

Then I assessed the data for outliers by creating standardized values and evaluating them based on guidelines stated by Tabachnick and Fidell (2013), where values beyond ±3.29 standard deviations from the mean are indicative of outlying values. All values were within ± 3.29 standard deviations from the mean, indicating that no outliers were detected. As such, the final dataset consisted of 203 participants.

This study was conducted in a college level setting and open to the population to get a representative target population of individuals from different ages, generations, cultures, and races. Recruitment was open to anyone who would like to participate who

are in between the ages of 18 to 40 years old. All the individuals were asked to complete a brief biographical data form, which records their age, gender, race/ethnic background, and educational and occupational status of their parents, to help address the threat to validity in this area.

Descriptive Statistics

The majority of participants were female (77.8%), between the ages of 22-25 (41.9%), and Hispanic/Latino (58.6%). Most participants were single (71.9%), and were students (48.3%). Most participants' mothers had a college/bachelor's degree (47.8%) and worked full time (69.5%). Most participants' fathers had a college/bachelor's degree (33.5%) and worked full time (75.9%). Of those who responded to the question, most (58.6%) indicated that either parent or grandparent had not been an alcoholic. Similarly, most (69.0%) indicated that either parent or grandparent had not been drug dependent. More than half (57.6%) of the participants who responded indicated that no other family member had been either drug or alcohol dependent. Table 2 presents the frequencies and percentages of the participant demographics. Table 3 present the frequencies and percentages of the parental demographics.

Table 2

Participant's Demographic Characteristics

Variable	*n*	%
Age		
18-21	42	20.7
22-25	85	41.9
26-29	29	13.3
30-33	27	13.3
34-37	10	4.9
38-40	10	4.9
Gender		
Male	45	22.2
Female	158	77.8
Race		
African-American/Black	25	12.3
Asian/Pacific Islander	7	3.4
Caucasian/White	38	18.7
Hispanic/Latino	119	58.6
Hispanic/Latino/Black	2	1.0
Multiracial	11	5.4
Not listed/Other	1	0.5
Marital status		
Divorced/separated	14	6.9
Married	43	21.2
Single	146	71.9
Occupation		
Full time	43	21.2
Part time	15	7.4
Student	98	48.3
Student/full time job	13	6.4
Student/part time job	34	16.3

Table 3

Participant's Parental Demographic Information

Variable	*n*	%
Mother's education		
9th Grade	1	0.5
Less than High school, last grade completed not indicated	4	2.0
High School/GED	63	31.0
College/Bachelors	97	47.8
Post-Graduate	32	15.8
Vocational	6	3.0
Mother's occupation		
No response or N/A	5	2.5
Disabled	7	3.4
Full Time	141	69.5
Part Time	26	12.8
Retired	17	8.4
Retired/Disabled	1	0.5
Student	3	1.5
Unemployed	3	1.5
Father's education		
No response or N/A	6	3.4
5th Grade	1	0.5
6th Grade	2	1.0
8th Grade	1	0.5
9th Grade	2	1.0
11th Grade	3	1.5
High School/GED	64	31.5
Less than High school, last grade completed not indicated	7	3.2
College/Bachelors	68	33.5
Post-Graduate	25	12.3
Vocational	24	11.8
Father's occupation		
No response or N/A	8	3.9
Deceased	1	0.5
Disabled	11	5.4
Full time	154	75.9
Part time	11	5.4
Retired	18	8.9
Student	1	0.5

(table continues)

Variable	*n*	%
Alcoholic		
No response or N/A	53	26.1
No	119	58.6
Yes	31	15.3
Drug dependent		
No response or N/A	53	26.1
No	140	69.0
Yes	10	4.9
Other family member alcoholic or drug dependent		
No response or N/A	53	26
No	117	57.6
Yes	33	16.3

There were 73 (37.4%) participants who indicated that they had been verbally abused. Of those who had been abused and chose to answer, the majority of the sample stated that they had been abused once a week (n = 39, 19.2%), for longer than one year (n = 56, 27.6%). The average age at which participants became aware that they had been abused was 16.71 years (SD = 5.10). Most indicated that their abuser was a parent (n = 39, 19.2%), while a further 12 (5.9%) indicated that the abuse came from both parents. An additional participant (0.5%) indicated that the abuse came from a parent and another relative. There were a variety of responses when asked for the age of their abuser, but most (n = 184, 90.6%) did not answer this question. Tables 4 present all frequencies and percentages related to the background of the participants' abuse.

Table 4

Participant's Abuse Information

Variable	*n*	%
Verbally abused		
No	127	62.6
Yes	73	37.4
Frequency of abuse		
No response or N/A	131	64.9
Once	6	3.0
Once a day	3	1.5
Once a month	24	11.3
Once a week	39	19.2
Once a year	1	0.5
Duration of abuse		
No response or N/A	131	64.5
Less than 1 month	4	2.0
Less than 6 months	1	0.5
Less than 1 year	11	5.4
Greater than 1 year	56	27.6
Relationship to Abuser		
No response or N/A	130	64.1
Classmate	1	0.5
Grandparent	8	3.9
Other relative	5	2.5
Other relative/teacher	1	0.5
Parent	39	19.2
Parent/brother	1	0.5
Parent/other relative	1	0.5
Parents	12	5.9
Siblings	3	1.5
Sister	1	0.5
Teacher	1	0.5

(table continues)

Variable	*n*	%
Age of abuser		
No response or N/A	184	90.6
28	1	0.5
30	4	2.0
40	3	1.5
45	1	0.5
50	3	1.5
50, 35	1	0.5
55	2	1.0
58, 60	1	0.5
60	1	0.5
Teens	2	1.0

Participants were given the Millon Clinical Multiaxial Inventory-IV (MCMI- IV). For anxiety, depression, and PTSD, scores 0-75 are considered “normal” and scores above 75 are indicative of the presence of the disorder. For the personality disorders, scores below 60 are considered “ *normal* ”, whereas scores between 60-75 indicates the participant has the “ *style* ”, scores from 75-80 indicates the participant has the “ *type* ”, and scores above 85 indicates that the disorder would have a definite diagnosis (Aguerrevere, et. al., 2011; Rabin, Barr, & Burton, 2005). The average anxiety score was 46.17 (*SD* = 30.57). The average depression score was 23.58 (*SD* = 29.87). The average PTSD score was 35.13 (*SD* = 30341). The average narcissistic score was 55.34 (*SD* = 26.04). The average obsessive-compulsive score was 58.30 (*SD* = 19.51). The average borderline score was 27.69 (*SD* = 26.11). The average paranoid score was 43.98 (*SD* = 28.21). Table 5 presents the range, means, and standard deviations of these scores.

Table 5

Participant's Disorder Scores

Disorder	Min	Max	*M*	*SD*
Anxiety	0.00	109.00	46.17	30.57
Depression	0.00	109.00	23.58	29.87
PTSD	0.00	104.00	35.13	30.41
Narcissistic	0.00	113.00	55.34	26.04
Obsessive-compulsive	0.00	100.00	58.30	19.51
Borderline	0.00	93.00	27.69	26.11
Paranoid	0.00	89.00	43.98	28.21

Participants' continuous disorder scores were recoded into dichotomous variables based on whether their score was indicative of having the disorder or not. For anxiety, depression and PTSD, scores 75 and below were coded 0 = *no,* and score above 75 were coded 1 = *yes.* Personality disordered were coded similarly. Most participants did not have the presence of an anxiety (73.9) depression (91.1%), or PTSD (94.1%) disorder. Similarly, most did not have the presence of narcissistic disorder (79.3%), obsessive-compulsive (87.7%), borderline (93.6%), or paranoid (93.6%) disorders. Table 6 presents the frequencies and percentages of each disorder.

Table 6

Participant's Disorder Frequencies and Percentages

Disorder	*n*	%
Anxiety		
No	150	73.9
Yes	53	26.1
Depression		
No	185	91.1
Yes	18	8.9
PTSD		
No	191	94.1
Yes	12	8.9
Narcissistic		
No	161	79.3
Yes	42	20.7
Obsessive-compulsive		
No	178	87.7
Yes	25	12.3
Borderline		
No	192	94.6
Yes	11	5.4
Paranoid		
No	190	93.6
Yes	13	6.4

Detailed Analysis

To answer each research question, I performed a series of binary logistic regressions. This is the appropriate analysis to conduct when the research aim is to find the predictive effect that a set of one or more variables has on a single, dichotomous dependent variable (Tabachnick & Fidell, 2013). For these analyses, the independent variable was verbal abuse, coded as 1 = *yes* and 0 = *no*. The covariate was gender, coded

as 0 = *male*, 1 = *female*. The Nagelkerke R^2, reported for each significant result, is a pseudo-R^2, and as such cannot be interpreted as the percentage of variance explained by the predictor model (Tabachnick & Fidell, 2013). However, the coefficient ranges from 0 to 1, where higher values indicate a higher amount of explanatory power of the predictors (Tabachnick & Fidell, 2013).

Research Question 1. After controlling for gender, does verbal abuse predict the occurrence of anxiety disorders with adults who have been verbally abused as children and those who have not?

$H_0$1. After controlling for gender, there is no significant relationship in the scores on the Millon Clinical Multiaxial Inventory-IV anxiety scale when comparing adults who have been verbally abused as children and those who have not.

H_a1. After controlling for gender, there is a significant relationship in the scores on the Millon Clinical Multiaxial Inventory-IV anxiety scale when comparing adults who have been verbally abused as children and those who have not.

For this analysis, the dependent variable was anxiety, coded as 0 = *no*, 1 = *yes*. The overall model was significant, $\chi^2(2) = 34.12$, $p < .001$, Nagelkerke $R^2 = 0.23$. This indicates that when combined, verbal abuse and gender significantly predict the occurrence of anxiety. The model can accurately predict 74.9% of the cases.

As the overall model was significant, the individual predictors were examined. Gender was a significant predictor, $B = 1.01$, $p = .020$, $OR = 3.05$. This indicates that when compared to males, females are 3.05 times more likely to have the presence of an anxiety disorder than not. In other words, in this sample, females are 205% more likely

to have an anxiety disorder than males. Verbal abuse was also a significant predictor, B = 1.88, $p < .001$, OR = 6.57. This indicates that those who have been verbally abused are 6.57 times more likely to have an anxiety disorder than those who have not been verbally abused, after controlling for gender. Verbal abuse predicts a 557% higher chance of having anxiety. Null hypothesis 1 may be rejected. Table 7 presents the full results of this analysis.

Table 7

Results of the Logistic Regression Predicting Anxiety

Variable	*B*	*SE*	Wald	*p*	*OR*
Gender	1.1	0.48	5.38	.020	3.05
Verbal abuse	1.88	0.36	27.55	< .001	6.57

Research Question 2. After controlling for gender, does verbal abuse predict the occurrence of depression with adults who have been verbally abused as children and those who have not?

$H_0$2. After controlling for gender, there is no significant relationship in the scores on the Millon Clinical Multiaxial Inventory-IV depression scale when comparing adults who have been verbally abused as children and those who have not.

H_a2. After controlling for gender, there is a significant relationship in the scores on the Millon Clinical Multiaxial Inventory-IV depression scale when comparing adults who have been verbally abused as children and those who have not.

This analysis involved the dependent variable of depression, coded as 0 = *no*, 1 = *yes*. The overall model was significant, $\chi^2(2) = 10.63$, $p = .005$, Nagelkerke $R^2 = 0.11$.

This model can accurately predict 91.1% of the cases. Gender was not a significant predictor of depression (p = .410). After controlling for gender, verbal abuse significantly predicts the odds of having depression, B = 1.65, p = .003, OR = 5.23. When compared to those who have not been verbally abused, those who have been verbally abused are 5.23 times or 423% more likely to have depression. Null hypothesis 2 can be rejected. Table 8 presents the full results of this analysis.

Table 8

Results of the Logistic Regression Predicting Depression

Variable	*B*	*SE*	Wald	*p*	*OR*
Gender	0.55	0.67	0.68	.410	1.74
Verbal abuse	1.65	0.55	9.00	.003	5.23

Research Question 3. After controlling for gender, does verbal abuse predict the occurrence of post-traumatic stress with adults who have been verbally abused as children and those who have not?

$H_0$3. After controlling for gender, there is no significant relationship in the scores on the Millon Clinical Multiaxial Inventory-IV post-traumatic stress scale when comparing adults who have been verbally abused as children and those who have not.

H_a3. After controlling for gender, there is a significant relationship in the scores on the Millon Clinical Multiaxial Inventory-IV post-traumatic stress scale when comparing adults who have been verbally abused as children and those who have not.

The dependent variable for this analysis was PTSD, coded as 0 = *no*, 1 = *yes.* The overall model was significant, $\chi^2(2) = 17.30$, $p < .001$, Nagelkerke $R^2 = 0.23$. The model can accurately predict 94.1% of the cases.

Gender was not significantly predictive of PTSD ($p = .444$). After controlling for gender, verbal abuse was significantly predictive of the odds of having PTSD, $B = 3.10$, $p = .003$, $OR = 22.25$. Those who were verbally abused are 22.25 times or 2,125% more likely to have PTSD, when compared to those who were not verbally abused. Null hypothesis 3 can be rejected. Table 9 presents the full results of this analysis.

Table 9

Results of the Logistic Regression Predicting PTSD

Variable	*B*	*SE*	Wald	*p*	*OR*
Gender	0.63	0.82	0.57	.444	1.87
Verbal abuse	3.10	1.06	8.61	.003	22.25

Research Question 4. After controlling for gender, does verbal abuse predict the occurrence of personality disorders with adults who have been verbally abused as children and those who have not?

$H_0$4. After controlling for gender, there is no significant relationship in the scores on the Millon Clinical Multiaxial Inventory-IV personality disorder scales when comparing adults who have been verbally abused as children and those who have not.

H_a4. After controlling for gender, there is a significant relationship in the scores on the Millon Clinical Multiaxial Inventory-IV personality disorder scales when comparing adults who have been verbally abused as children and those who have not.

Four logistic regressions were performed to answer this research question. For these analyses, the dependent variables were narcissistic, obsessive-compulsive, borderline, and paranoid personality disorders, respectively. Each was coded as 0 = *no* and 1 = *yes*.

The model predicting narcissistic personality disorder was not significant, $\chi^2(2) = 4.01$, $p = .134$. Verbal abuse does not predict the occurrence of narcissistic personality disorder after controlling for gender. As such, the results were not investigated further.

The model predicting obsessive-compulsive personality disorder was not significant, $\chi^2(2) = 4.02$, $p = .134$. Verbal abuse does not predict the occurrence of obsessive-compulsive personality disorder after controlling for gender. As such, the results were not examined further.

The model predicting borderline personality disorder was significant, $\chi^2(2) = 10.44$, $p = .005$, Nagelkerke $R^2 = 0.15$. The model can accurately predict 94.6% of the cases. Gender was not an individually significant predictor ($p = .368$). After controlling for gender, verbal abuse was a significant predictor, $B = 2.09$, $p = .009$, $OR = 8.09$. When compared to those who have not been verbally abused, verbal abuse predicts 8.09 times or 709% greater likelihood of having borderline personality disorder. Table 10 presents the full results of this analysis.

Table 10

Results of the Logistic Regression Predicting Borderline Personality Disorder

Variable	*B*	*SE*	Wald	*p*	*OR*
Gender	-0.60	0.67	0.81	.368	0.55
Verbal abuse	2.09	0.80	6.86	.009	8.09

The model predicting paranoid personality disorder was not significant, $\chi^2(2) = 0.64$, $p = .726$. Verbal abuse does not predict the occurrence of paranoid personality disorder after controlling for gender. As such, the results were not examined further.

In this sample, verbal abuse significantly predicted the likelihood of having borderline personality disorders. Verbal abuse did not significantly predict narcissistic, obsessive-compulsive, or paranoid personality disorders. As such, null hypothesis 4 may be partially rejected.

Summary

The analysis of Research Question 1 indicated that the null hypothesis can be rejected; verbal abuse significantly predicts the likelihood of anxiety. Similarly, the analysis of Research Question 2 indicated that the null hypothesis can be rejected; verbal abuse significantly predicts the likelihood of depression. The null hypothesis for Research Question 3 may be rejected, as verbal abuse significantly predicts the likelihood of the occurrence of PTSD. The null hypothesis for Research Question 4 may be partially rejected, as verbal abuse significantly predicts the likelihood of borderline personality disorder, but not narcissistic, paranoid or obsessive-compulsive personality disorders. The following chapter outlines the interpretation of the findings as they relate to the

extant literature. The limitations of the study will be reviewed. Recommendations and implications will be explored. Finally, directions for future research will be given in conclusion.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this comparison study was to determine whether adult psychological symptoms are most likely associated in individuals who have experienced childhood verbal abuse and those who have not. My research question was: "What is the relationship between verbal abuse during childhood and symptoms of anxiety, depression, PTSD, and personality disorders in adults?"

Using a retrospective, casual-comparative design to examine these effects a sample of 224 (203) was obtained from individuals who currently attend regional universities and colleges ranging from 18 to 40 years old. The measures used were the Childhood Traumatic History Questionnaire and the Millon Clinical Multiaxial Inventory-IV (MCMI-IV) using logistic regression to examine the relationship between verbal abuse and the scores from the MCMI-IV.

The analysis of the four research questions resulted in the rejection of the null hypothesis for Research Questions 1, 2, and 3 with the scores showing that verbal abuse significantly predicts the likelihood of anxiety, depression, and PTSD. For Research Question 4 the null hypothesis is partially rejected with verbal abuse significantly predicts the likelihood of one personality disorders, but not three other ones.

Interpretation of Findings

As identified in the literature review the effects that have resulted from verbal abuse are physiological, somatic, behavioral, and psychological. The physical effects of verbal abuse that have been reported are increased weight or obesity, eating disorders,

and irritable bowel syndrome (Koloski, Talley, & Boyce, 2005; Simeon, 2006; Williamson, Thompson, Anda, Dietz, & Felitti, 2002). Somatic complaints or pains include: chronic fatigue syndrome, fibromyalgia, facial, myofascial, migraines, and childhood illness (Goldenberg et al.; Goodwin, Hoven, Murison, & Hotopf, 2003; Simeon, 2006). Behavioral problems that have been exhibited in children who were frequently verbally abused include: Delinquency, physical aggression, dropping out of school, substance use, suicide, negative self-perceptions, inappropriate behaviors, and interpersonal problems with other children (Hepler, 1997; Perry et al., 1988; Teicher et al., 2006). Having a negative model of interpersonal communication can lead to behavioral issues in future relationships (Teicher et al., 2006). Verbal abuse may play a role in a young child's development of conduct disorder symptoms (Wamboldt & Reiss, 2006). Of the psychological effects depression seems the most common, but others include: Mood disorders, PTSD, different personality disorders, and dissociative disorders. The research that has been done does show that individuals who have been emotionally (verbally) abused have an association with a wide range of Axis I and Axis II psychiatric disorders (Simeon, 2006). These psychiatric disorders include: mood disorders, dissociative disorders, schizophrenia, post-traumatic stress disorder (PTSD); borderline personality disorder (BPD), narcissistic personality disorder (NPD), obsessive-compulsive personality disorder (OCPD), and paranoid personality disorders (PPD); and depression (Bennetts, 2006; Brennan, 2001; Perry et al., 1988; Simeon; Teicher et al., 2006).

The results of this study confirm and extend to the body of knowledge presented in Chapter 2 literature review with individuals having been verbally abused and having psychiatric disorders. The analysis of Research Question 1 indicated that the null hypothesis may be rejected; verbal abuse significantly predicts the likelihood of anxiety. Similarly, Research Question 2 was answered with significant results, indicating that verbal abuse significantly predicts the likelihood of depression; null hypothesis 2 may be rejected. Null hypothesis 3 may be rejected, as verbal abuse significantly predicts the likelihood of the occurrence of PTSD. Null hypothesis 4 may be partially rejected, as verbal abuse significantly predicts the likelihood of borderline personality disorders, but not narcissistic, obsessive-compulsive, or paranoid personality disorders.

The theories that I used in this study were Bowlby's attachment theory and Erikson's eight stages of psychosocial development. The attachment theory was built upon 30 years of studies conducted that examined the relationship between the mother figure (either biological or non-biological) and the child in the first few years of life and how it serves as a foundation to mental health. John Bowbly's attachment theory is influential throughout one's lifetime and influences one's emotional reactions and overall mental state (Kasdin, 2000). This theory explores the connection between one's early relationship experiences to one's current patterns in relationships (Ecke et al., 2006). Through these early relationships children form the base for security and trust in others, which is an important development milestone in early childhood (Cortina, & Marrone, 2004). When a child is abused, sexually, physically, or verbally, the attachment relationship is severely traumatized (Cortina & Marrone, 2004). Bowbly believed that

when a parent/caregiver treated a child in an intrusive or abusive way it would lead to pathogenic conditions in the child and later on in adulthood (Ecke et al., 2006). Gadit (2011) reports that children tend to develop insecure attachments due to the verbal abuse and then they may constantly fall into the trap of having feelings of un-acceptance, unloved, and rejected. It is also reported that children who develop insecure attachments due to abuse or neglect that they lack personal control, rely on others who may or may not meet their needs, and believe that their efforts are ineffective; which is different than the individuals who have secure attachments who have learned that they can fulfill their needs through their own efforts (Sachs-Ericsson, Kendall, & Taylor, 2011; Weinberg et. al., 1999). The results of this study agree with this theoretical study and the previous studies conducted indicating that individuals who have been verbally abused develop insecure attachments which effect one's emotional state and overall mental health state.

Erikson examined all areas of life from birth to late adulthood resulting in eight stages, with each area addressing a trait that individuals can learn which influences them later in life. The first few areas rely on the parent or caregiver and their response to the child (Morris & Maisto, 2007). In each of these stages there is a conflict that must be resolved with either a negative or positive outcome. With positive solutions the individual can have healthy interactions with oneself, others, and their environment. The negative solutions can lead to maladjustments of mistrust, guilt, shame, role confusion, inferiority, self-absorption, isolation, and despair (Davidoff, 1976). If the problem is not positively resolved during any one of these stages (especially during the earliest, formative stages) this can result in the individuals having arrested development, which

can lead to psychological disorders that can affect the rest of their life (Schell & Hall, 1979). Erikson theorized that a person's mental health is always continually evolving (Davidoff, 1976). Again, with the results of this study indicates that individuals who have been verbally abused in their childhood during different stages in their lives can lead to psychological disorders as the null hypothesis was rejected for three of the questions and partially rejected on the fourth question.

Limitations of the Study

As stated in Chapter 1, one of the big limitations of this study is the limited amount of literature that specifically addresses verbal abuse alone. There have been many different studies done looking at the effects of abuse in general, some with the breakdown of the different types of abuse, physical, sexual, and verbal abuse, but only very few looking specifically at verbal abuse itself. Also, with this limitation comes the fact that it is very common to find verbal abuse along with the other types of abuse, specifically physical abuse.

Knowing that verbal abuse often accompanies other forms of abuse, sexual and physical abuse, adds to the difficulty of trying to find individuals who only report childhood verbal abuse. It was time consuming to find a sample of 100 individuals who experienced verbal abuse only, but there was a total of 224 participants obtained. In this study, those who have suffered physical or sexual abuse were excluded, to focus on the effect of verbal abuse without possible confound. There were ten participants who suffered physical or sexual abuse, whose data were not included. Of those ten participants that had to be excluded due to the admission of the other forms of abuse; five

reported only sexual abuse, four reported both physical and verbal abuse, and only one reported all three. There were six participants who had invalid response patterns, whose data were removed. There were a further five participants removed from the dataset due to having scores on the debasement scale that indicated that their responses were likely over-exaggerated and thus invalid. Almost half of the participants had desirability and disclosure scores that indicated that those participants were likely underreporting their symptoms. These participants were retained in the dataset to retain an appropriate sample size.

While conducting the study another limitation observed was in the cultural setting; as it was reported that within Hispanic families' verbal abuse is common. While giving the definition of verbal abuse one of the female Hispanic participants stated, "that is normal in a Hispanic home, nothing wrong with that". This would pose a limitation of reliability with individuals not reporting verbal abuse as this seems to be normal within certain cultures.

Another limitation in this study was not having a representation of the target population of individuals from different ages, generations, cultures, and races. As the majority of participants were female (77.8%), between the ages of 22-25 (41.9%), and Hispanic/Latino (58.6%).

Recommendations

Verbal abuse has a major effect on individuals in our society. Studies have shown that it is more prevalent than physical and sexual abuse, but not very many studies have been conducted looking just at verbal abuse alone. Verbal abuse plays a role in different

relationships, but the main one seems to be the parent/child relationship. More importantly, the results of some studies have stressed the father/child relationship. The effects that have resulted from verbal abuse are physiological, somatic, behavioral, and psychological. Of the psychological effects depression seems the most common, but others include: Mood disorders, PTSD, different personality disorders, and dissociative disorders. Having a study that focuses only on childhood verbal abuse and the psychological effects it has on the individuals can help with the advancement of the knowledge as to the damage of verbal abuse can inflict and to educate parents, counselors, and other professionals. It can also serve a preventive function if early indicators of verbal abuse are noted and followed by counseling intervention.

Implications

This study adds to the body of knowledge created by other studies that have examined the effects that verbal abuse has on individuals and may shed insight into the origin of some clinical disorders. This study may not just help the individuals who have been verbally abused, but can also help with understanding the implications of childhood verbal abuse on adults, which may in turn be able to develop prevention interventions more effectively to help prevent the abuse from happening by teaching new parents better ways to communicate with their children.

Consistent with Walden University's mission of social change, this study may help families, especially parents, to see that verbal communication can have a powerful effect on the children's lives and into their early adulthood. This information can inform

parents about healthy versus unhealthy forms of verbal interactions with their children.

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Knowing that verbal abuse is more common than sexual or physical abuse, which it normally precedes, gives added importance to learning the effects of verbal abuse. This study can help inform parents, caregivers, teachers, counselors, and other professionals of the serious effects that verbal abuse has on individuals later in life. By having this information, it could help individuals see the seriousness of verbal abuse, to help stop the hurtful styles of communication and to potentially help to stop the first steps of physical and sexual abuse from taking place.

Conclusion

In recent years words have been a focal point/subject in popular songs; examples being Taylor Swift's song -"Mean"- (country/pop) that came out in 2011 with lyrics indicating:

> You, with your words like knives and swords and weapons that you use against me. You, have knocked me off my feet again, got me feeling like a nothing. You, with your voice like nails on a chalk board, calling me out when I'm wounded. You, picking on the weaker man. (Swift, 2011)

Or the 2012 song by Hawk Nelson, -"Words"- (Christian), specifically addressing the different effects that words has on an individual with lyrics saying:

> They've made me feel like a prisoner. They've made me feel set free. They've made me feel like a criminal. Made me feel like a king. They've lifted my heart

> to places I'd never been and they've dragged me down back to where I began. Words can build you up. Works can break you down. Start a fire in your heart or put it out. (Steingard, Hammit, & Mosely, 2013)

"I wish words were like little toy guns. No sting, no hurt no one, just a bang rolling off your tongue (I wish words were like little toy guns)" (Stefano, Lindsey, & Underwood, 2015) the lyrics for another popular song that came out in 2015 by Carrie Underwood "Little toy guns" (country) or "Your words cut deeper than a knife now I need someone to breathe me back to life" (Parker, 2015) a song that came out in 2015 by Shawn Mendez titled "Stitches" (pop rock). These examples are just a few identifying that the media is giving attention to the effects that words can have on others.

Words have also been brought to light in the news with reports of teens committing suicide due to bullying as the US News reports the rate for suicide has increased for teenage girls (Newman, 2017). Reporting that potential risk factors for this increase are social isolation or bullying, lack of access to support, conflict with relationships, substance abuse, and the stigma of mental health issues. This increase in suicide is at an all-time high in the last forty years with teen girls ages 15-19 years, and between 2007-2015 has doubled for girls and increased 30% in boys. The youngest individual believed to have reported committing suicide due to bullying is an 11-year-old boy who overdosed on painkillers within this year. At the same school two other individuals ages 15 and 16 years old also committed suicide due to bullying, these being females, reported the Dailymail.com (2017). A 12-year-old girl committed suicide in

June 2017 due to months of bullying in New Jersey (Schmidt, Morning Mix 2017). In response to the increase of bullying and suicide rate a town in New York has implemented a new law to fine parents up to $250 and be increased to 15 days jail time if their child is found bullying another (Daily News, 2017). This is giving more attention to the parents with the ways they respond to their children with things that are going on in the home to address the reasons why other kids go out and bullying (verbally abuse) other children.

This leads to show that lately more attention has been given to the words we say so the popular childhood riddle "sticks and stones my break my bones but words will never hurt me" has started to change. A specific example of this riddle gaining attention and starting to change is the new hit song by Eric Church (2016; country/rock) which states:

> Give me sticks, give stones. Bend my body, break my bones. Use staff and rod to turn me black and blue 'cause you can't unhear, you can't unsay. But if were up to me to change I'd turn lies and hate to love and truth. If I could only kill a word. (Church, Dick, & Hyde, 2016)

Or as a rewrite to the well-known riddle Laura (2016) cited:

> Sticks and stone my break my bones. But words can also hurt me. Sticks and stones my break only skin, while words are ghost that haunt me. Pain from words has left its scar on mind and heart that's tender. Cuts and bruises now having healed. Its words that I remember.

With the results of this study identifying some of the possible long-term effects of childhood verbal abuse more attention needs to be on the home with education to the parents about the affects their words has on their children in the long run. More studies need to be done to see the connection between verbal abuse and bullying and other long-term effects that it has on the child or the now adult. This begins in the home with the young and education of their parents, grandparents, and caregivers to educate them on the power that their words have on their children not only at the time that they are being spoken to, but when their child grows up.

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Appendix A: Childhood Traumatic History

CHILDHOOD TRAUMATIC HISTORY

1. **Were you abused as a child?**
   Yes______ No_______

2. **Type of abuse:**
   Physical________ Sexual_________ Verbal________

3. **Relationship to abuser and age of abuser when abuse took place:**
   Parent__________ Grandparent______ Brother________
   Other relative______ Neighbor________ Stranger_______
   Teacher_______ Clergyman________ Physician_______

4. **Frequency of abuse:**
   Once a week_____ Once a month_____ Once a year______ Only one incident_____

5. **Duration of abuse:**
   Less than 1 month_____ Less than 6 months_____
   Less than 1 year_______ Greater than 1 year_____

6. **Awareness of abuse:**
   How old were you when you became aware you were abused?______________

7. **Was either parent or grandparent an alcoholic?**
   Yes______ No_______

8. **Was either parent or grandparent drug dependent?**
   Yes______ No_______

9. **Was any other family member alcoholic or drug dependent?**

Appendix B: Consent to use questionnaire

Dissertation student
Inbox x

Lani Thomason <lani.wall@waldenu.edu> 12/16/15

to rgoldberg2

Good Evening Dr. Goldberg,

My name is Lani Thomason, I am currently a PhD. student with Walden University and am currently working on my dissertation. I have read may of your article's and studies, specifically the one in 1999 and 2000 with looking at individuals that were abused. I am writing requesting permission to use the Childhood Traumatic History questionnaire that you used in those studies and is included at the end of the 1999 article. I am doing my dissertation on verbal abuse and that would be a good first questionnaire to help me identify participants that have been abused and which type. Please advise me on how I would obtain permission to use it and any other information I might need.

Thank you so very much in your help in this matter.

Sincerely,

Goldberg, Richard,Ed.D. <RGOLDBERG2@mgh.harvard.edu> 12/17/15

to me

Dear Ms. Thomason: You certainly can use the questionnaire with appropriate references. I would first want to reexamine the questionnaire to make certain that none of the items was taken from another instrument. You may wish to send me your proposal if you want some additional comments. RG.

From: Lani Thomason [mailto:lani.wall@waldenu.edu]
Sent: Wednesday, December 16, 2015 6:53 PM
To: Goldberg, Richard,Ed.D.
Subject: Dissertation student
The information in this e-mail is intended only for the person to whom it is addressed. If you believe this e-mail was sent to you in error and the e-mail

contains patient information, please contact the Partners Compliance HelpLine at http://www.partners.org/complianceline . If the e-mail was sent to you in error but does not contain patient information, please contact the sender and properly dispose of the e-mail.

Lani Thomason <lani.wall@waldenu.edu>

12/17/15

to Richard,Ed.D.

Dr. Goldberg,

I am so sorry, I had meant to attach the questionnaire so you would know which one I was referring too. I will attach it here now. Yes, I will/have used appropriate references. Thanks for being willing to review my proposal, I would greatly appreciate any feed back. Thank you so very much for your time.

Thanks,

2 Attachments

Appendix C: Approval Walden IRB

Conditional IRB Approval - Lani Thomason 03-11-16-0036351

Inbox x

IRB

IRB

Mar 11

to me, Sandra

Dear Ms. Thomason,

This email is to notify you that the Institutional Review Board (IRB) has approved your application for the study entitled, "Childhood Verbal Abuse and its Psychological Effects on Adults," conditional upon the approval of the community research partners, which will need to be documented in signed notifications of approval. Walden's IRB approval only goes into effect once the Walden IRB confirms receipt of those approval notifications.

Your approval # is 03-11-16-0036351. You will need to reference this number in your dissertation and in any future funding or publication submissions. Also attached to this e-mail are the IRB approved consent forms. Please note, if these are already in an on-line format, you will need to update those consent documents to include the IRB approval number and expiration date.

Your IRB approval expires on March 10, 2017. One month before this expiration date, you will be sent a Continuing Review Form, which must be submitted if you wish to collect data beyond the approval expiration date.

Please note that this letter indicates that the IRB has approved your research. You may **NOT** begin the research phase of your doctoral study, however, until you have received official notification from the IRB to do so. Once you have received this notification by email, you may begin your data collection. Your IRB approval is contingent upon your adherence to the exact procedures described in the final version of the IRB application materials that have been submitted as of this date. This includes maintaining your current status with the university. Your IRB approval is only valid while you are an actively enrolled student at Walden University. If you need to take a leave of absence or are otherwise unable to remain actively enrolled, your IRB approval is suspended.

Absolutely NO participant recruitment or data collection may occur while a student is not actively enrolled.

If you need to make any changes to your research staff or procedures, you must obtain IRB approval by submitting the IRB Request for Change in Procedures Form. You will receive confirmation with a status update of the request within 1 week of submitting the change request form and are not permitted to implement changes prior to receiving approval. Please note that Walden University does not accept responsibility or liability for research activities conducted without the IRB's approval, and the University will not accept or grant credit for student work that fails to comply with the policies and procedures related to ethical standards in research.

When you submitted your IRB application, you a made commitment to communicate both discrete adverse events and general problems to the IRB within 1 week of their occurrence/realization. Failure to do so may result in invalidation of data, loss of academic credit, and/or loss of legal protections otherwise available to the researcher.

Both the Adverse Event Reporting form and Request for Change in Procedures form can be obtained at the IRB section of the Walden website: http://academicguides.waldenu.edu/researchcenter/orec

Researchers are expected to keep detailed records of their research activities (i.e., participant log sheets, completed consent forms, etc.) for the same period of time they retain the original data. If, in the future, you require copies of the originally submitted IRB materials, you may request them from Institutional Review Board.

Both students and faculty are invited to provide feedback on this IRB experience at the link below:

http://www.surveymonkey.com/s.aspx?sm=qHBJzkJMUx43pZegKlmdiQ_3d_3d

Sincerely,
Libby Munson
Research Ethics Support Specialist
Office of Research Ethics and Compliance
irb@waldenu.edu
Fax: 626-605-0472
Phone: 612-312-1283

Office address for Walden University:
100 Washington Avenue South, Suite 900
Minneapolis, MN 55401

Information about the Walden University Institutional Review Board, including instructions for application, may be found at this link:http://academicguides.waldenu.edu/researchcenter/orec

Appendix D: Institution Approval

Thomason Letter of Cooperation from a Research Partner

09/13/2016

Dear Lani Thomason,

Based on my review of your research proposal, I give permission for you to conduct the study entitled "**Childhood Verbal Abuse and its Psychological Effects on Adults"** within Nova Southwestern University. As part of this study, I authorize you to recruit close to 500 participants to obtain 100 participates in each group (verbal abuse and non-verbal), to conduct study at approved location, to collect data from completion of questionnaires to see possible link between verbal abuse and psychological effects on adults. Individuals' participation will be voluntary and at their own discretion.

We understand that our organization's responsibilities include: posting of research invitations (flyers, notices), and research location site to conduct study (lobby area, table). We reserve the right to withdraw from the study at any time if our circumstances change.

I confirm that I am authorized to approve research in this setting and that this plan complies with the organization's policies.

I understand that the data collected will remain entirely confidential and may not be provided to anyone outside of the student's supervising faculty/staff without permission from the Walden University IRB.

Sincerely,

John Bennett
Assistant Director of Student Affairs, NSU Miami Campus
Nova Southeastern University Miami Campus
8585 SW 124th Avenue
Miami, Florida 33183
Phone: (305) 275-2632
Fax: (305) 274-8075
Email:*jbennett2@nova.edu*

Walden University policy on electronic signatures: An electronic signature is just as valid as a written signature as long as both parties have agreed to conduct the transaction electronically. Electronic signatures are regulated by the Uniform Electronic Transactions Act. Electronic signatures are only valid when the signer is either (a) the sender of the email, or (b) copied on the email containing the signed document. Legally an "electronic signature" can be the person's typed name, their email address, or any other identifying marker. Walden University staff verify any electronic signatures that do not originate from a password-protected source (i.e., an email address officially on file with Walden).