

# Child Maltreatment in Deaf College Students: An Analysis of the Prevalence, Characteristics, and Clinical Outcomes

Danielle L. Burnash, Gail Rothman-Marshall, & Lindsay S. Schenkel  
Rochester Institute of Technology  
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## Introduction

- Past studies have linked childhood maltreatment (CM) with negative outcomes later in life (Lu et al., 2008; De Bellis & Thomas, 2007; Grassi-Oliveira & Stein, 2008).
- Although limited, there have been a few studies that have reported increased incidences of physical and sexual abuse and neglect among deaf and hard of hearing (D/HOH) children.
- However, to date, there have been no investigations in D/HOH populations that have examined the long-term effects of CM on later psychological adjustment and psychiatric symptoms in adulthood.
- Therefore, the purpose of the present investigation is to examine CM (i.e., emotional abuse, physical abuse, sexual abuse, emotional neglect and physical neglect), and the long-term outcomes among D/HOH adults. Specifically, we examined relationships between early maltreatment and adult mood disorders (depression mania, and biphasic cycling), symptoms of Post Traumatic Stress Disorder (PTSD), and negative cognitions (view of self, view of others, and view of future).

## Methods and Measures

### Participants:

▪ Participants (N=425) were college students, 317 hearing (H) and 108 deaf (D) and hard of hearing (HOH), (M age 21.2 years, SD 4.6).

### Measures:

- **Childhood Trauma Questionnaire (CTQ;** Bernstein et al., 1994) assesses 5 types of childhood maltreatment before the age of 16 years: emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect.
- **General Behavior Inventory (GBI;** Depue & Klein, 1989) assess clinical symptoms of depression, biphasic cycling, and hypomania.
- **PTSD Checklist (PCL;** Blanchard et al., 1996) is a 17 item questionnaire that assesses each of the DSM-IV PTSD symptoms. It requires the respondent to rate the severity of each symptom over the past month using a 5-point Likert Scale ranging from 1 (“not at all”) to 5 (“extremely”).
- **Cognitive Triad Inventory (CTI;** Beckham et al, 1986) consists of 36 items that measure negative cognitions: view of the self, view of the world, and view of the future. Participants responses are based on a 7-point Likert scale ranging from 1 (“total agree”) to 7 (“total disagree”). The scores for each

category are calculated, with higher scores representing more positive views.

## Results

### History of CM and Clinical Outcomes:

- Among all participants, the CM group reported elevated symptoms on the GBI ( $F(3,401)=16.57, p<.0001$ ), with higher scores on the depressive ( $F(1,403)=49.67, p<.0001$ ), hypomanic ( $F(1,403)=20.26, p<.0001$ ), and biphasic ( $F(1,403)=25.28, p<.0001$ ) subscales.
- CM participants also reported more negative cognitions on the CTI ( $F(3,410)=33.42, p<.0001$ ), with significantly lower appraisals of themselves ( $F(1,412)=83.07, p<.0001$ ), the world ( $F(1,412)=86.98, p<.0001$ ), and the future ( $F(1,412)=57.83, p<.0001$ ) compared to individuals with no reported history.

### CM among D/HOH Participants

- D/HOH participants reported significantly more instances of CM (77%) compared to H participants (49%) ( $\chi^2=26.10, p<.0001$ ). In terms of different types of abuse and/or neglect, D/HOH participants had significantly higher scores on all maltreatment domains of the CTQ (see Table).

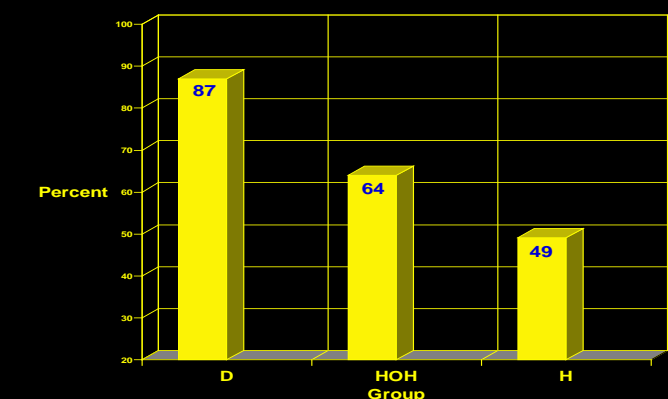
Reported instances of CM among deaf and hard of hearing (D/HOH), versus hearing (H) participants.

	H	D/HOH	$\chi^2$ Value
Emotional Abuse	93 (29%)	52 (48%)	$\chi^2=12.68, p<.0001$
Physical Abuse	57 (18%)	43 (40%)	$\chi^2=21.34, p<.0001$
Sexual Abuse	41 (13%)	34 (31%)	$\chi^2=19.07, p<.0001$
Emotional Neglect	99 (31%)	47 (44%)	$\chi^2=5.39, p<.05$
Physical Neglect	60 (19%)	48 (44%)	$\chi^2=27.67, p<.0001$

- On the PCL, D/HOH participants reported greater symptoms of current PTSD compared to H participants ( $t(407) = 2.60, p<.01$ ).
- Among only those participants with CM histories, D/HOH participants reported significantly more negative cognitions on the CTI ( $F(3,222)=7.88, p<.0001$ ) with lower appraisals of themselves ( $F(1,224)=20.93, p<.0001$ ), the world ( $F(1,224)=8.33, p<.005$ ), and the future ( $F(1,224)=20.37, p<.0001$ ). There were no significant group differences on the GBI ( $ps>.05$ ).
- Among D/HOH participants, having a deaf parent, having a family member who signs, or being part of the deaf community did not differentiate those with CM from those without ( $ps>.05$ ). However, identifying with the deaf community was associated with fewer symptoms of depression ( $t(97)=3.20, p<.005$ ) and fewer current symptoms of PTSD ( $t(99) = 2.20, p<.05$ ).

- When examining the three groups individually (D, HOH, & H), there were significant group differences on the CTQ ( $\chi^2=31.82, p<.0001$ ) with D participants reporting significantly more instances of CM than H ( $p<.001$ ) and HOH participants ( $p=.005$ ), and HOH participants reporting more instances of CM than H participants ( $p<.05$ ).
- There was also a significant group difference for the number of different types of abuse ( $F(2,422)=21.20, p<.0001$ ) with D participants reporting significantly more types of CM than H ( $p<.001$ ) and HOH participants ( $p=.01$ ), and there was a trend toward HOH participants reporting more instances of CM than H participants ( $p=.09$ ).

Percent of total deaf (D), hard of hearing (HOH) and hearing (H) participants reporting CM.



## Conclusions

- Consistent with previous findings, childhood maltreatment is associated with poorer long-term outcomes. Individuals who reported histories of childhood maltreatment were more likely to have greater mood symptoms and more maladaptive cognitions.
- D/HOH participants report significantly higher rates and incidences of CM compared to H participants. D/HOH participants also report greater current symptoms of PTSD.
- Severity of deafness appears to increase the risk of being victimized.
- Interestingly, having a deaf parent, a family member who signs, or being part of the deaf community did not reduce the risk of CM. However, being part of the deaf community was associated with lower depressive and PTSD symptoms among D/HOH participants and may serve as an important protective factor for psychological wellbeing.

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Lindsay S. Schenkel, Ph.D.  
Department of Psychology  
Rochester Institute of Technology  
18 Lomb Memorial Drive  
Rochester, NY 14623  
lssgsh@rit.edu  
(585) 475-2422