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Sociodemographic Determinants, Early Maladaptive Schemas, and Childhood Traumas Increase the Risk of Substance and/or Alcohol Use in Women: A Case – Control Study*

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Main Points

- While alcohol and substance use disorders were previously seen as a problem specific to men, the frequency of use in women is also increasing. This study examined the effects of sociodemographic characteristics, traumas, and early maladaptive schemas on alcohol and substance use in women.
- While being married, having children, living with a spouse and children reduces the risk of alcohol and/or substance use in women.
- Having a high income, being a smoker, and having a relative with alcohol use disorder (AUD) and substance use disorder (SUD) increase the risk of alcohol and/or substance use in women.
- Early maladaptive schemas, and childhood traumas are important risk factors for AUD and SUD in women.

Abstract

In this case – control study, to determine the effect of early maladaptive schemas and childhood traumas under risk of alcohol and substance use in women was aimed. The case group of this study consisted of 40 women diagnosed with alcohol use disorder and/or substance use disorder in Alcohol and Substance Addiction Treatment Centers (AMATEMs) and the control group consisted of 80 women with no diagnosis of alcohol use disorder and/or substance use disorder in Mother and Child Health and Family Planning (ACSAP) Center in a city. Sociodemographic information form, BAPI Alcohol and Substance Scale, Young Schema Questionnaire, and Childhood Trauma Questionnaire were used in study. Chi-square, Mann – Whitney *U*, Spearman's correlation tests and logistic regression analysis was used for statistical analysis. According to the results of binary analyses results; being married, having children, living with spouses and children reduce the risk of alcohol or substance use in women; high income, smoking and having alcohol use disorder, or substance use disorder in relatives increase the risk of alcohol or substance use in women. According to the multiple analysis results, smoking is 22.6 fold (CI: 5.58 – 91.92), relatives substance use disorder 10.3 fold (CI: 1.79 – 59.73) increases the risk of alcohol or substance use in women. Twelve of 14 schemes and traumas increase the risk of alcohol or substance use in women. Schemas and traumas are risk factors of alcohol or substance use in women.
Keywords: Alcohol use, childhood trauma, drug use, schema therapy, woman's health

Introduction

Alcohol and substance use disorders are public health problems due to their sociological and social aspects as well as affecting individuals both physically and psychologically. While alcohol use disorder (AUD) and substance use disorder (SUD) were previously seen as a problem mostly specific to men, the frequency of use in women is also gradually

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increasing (Altıntoprak et al., 2008; Saçaklı & Odabaş, 2023a,b; Kaya & Şahin, 2013). According to the European Drug Report (EMCDDA) 2022, approximately 50.5 million men and 33 million women have used illicit substances. According to the World Drug Report (UNODC) 2022, while men constitute the majority of substance users worldwide, women also used certain types of substances almost as much as men. Despite this, women are underrepresented in the treatment of substance use. Looking at the gender distribution of inpatients who received inpatient treatment in our country in 2021, we see that 92.8% were men and 7.2% were women (TUBİM, 2022). The main factors leading to this situation are stigmatization, problems with children and spouses, and the scarcity of treatments for women (Supplementary Table 1).

Individual and social factors play an important role in the development of AUD and SUD. One of the individual factors is gender. These studies indicate gender differences in many aspects of AUD and/or SUD and related problems (Altıntoprak et al., 2008; Evren et al., 2003a). Women have different reasons for starting alcohol, substance use, and different levels of exposure. Childhood trauma is the leading risk factor for initiation of alcohol and drug use in women. Female gender is mostly sexually abused both in childhood and afterward. In addition, women may also use substances in order to lose weight. Women may use substances during stressful life events such as leaving home, going to university, marriage, and divorce. Women are more susceptible to addiction than men because they can be physiologically affected by alcohol and substances more easily (Ünübol et al., 2019; Poole & Dell, 2005). In addition, the presence of additional psychiatric diagnoses (depression, anxiety disorders, etc.) and alcohol and substance use by their partners also increase the risk. Knowing the reasons why women start alcohol and substance use is important for both prevention and treatment.

Early maladaptive schemas are general structures that start in childhood and last lifelong, consist of intellectual, emotional and physical factors, include memories and affect the future (Gör et al., 2017). Recent studies have tried to explain the effect of early maladaptive schemas on alcohol and substance use (Sakulsriprasert et al., 2023; Jalali et al., 2011; Shorey et al., 2011; Shorey et al., 2013a; Shorey et al., 2013b; Zamirinejad et al., 2018).

Child abuse is the physical or psychological harm that an adult willingly or unwillingly causes to the physical or psychological health of a child between the ages of 0 and 18 years (Gupta & Aggarwal, 2012). It includes sexual abuse, physical abuse/neglect, and emotional abuse/neglect. Many studies have revealed the relationship between traumatic AUD and SUD (Enoch, 2011; Hovdestad et al., 2011; Barbosa - Leiker et al., 2021; Kondo et al., 2023). People who have experienced trauma in the early period may use alcohol or substances in order to get away from the effects of trauma and to soothe the effects of trauma (Werner et al., 2016).

This study aimed to examine whether early maladaptive schemas, traumas, and sociodemographic characteristics increase the risk of alcohol and substance use in women.

Material and Methods

Participants and Procedure

The case group of the case – control study consisted of 40 women diagnosed with AUD and SUD who received outpatient or inpatient treatment at Alcohol and Substance Addiction Treatment Centers (AMATEMs) in a city. The control group consisted of 80 women who applied to ACSAP Center and who were not diagnosed with AUD and SUD. In the calculation of the number of case and control groups, the frequency of childhood trauma in the community was taken as 20% (Expected proportion exposed in controls). In the calculation made in Epitools with odds ratio 4, 95% confidence interval and 80% power, it was calculated that 36 cases and 72 controls should be taken, and it was planned to take 40 cases and 80 controls for the study. Sociodemographic Information Form, Addiction Profile Index (BAPI) Alcohol and Substance Scale (control group), Young Schema Questionnaire—Short Form 3, and Childhood Traumas Questionnaire were given to the participants on a voluntary basis. Written informed consent form was obtained from the participants. The questions were asked to the participants face to face in AMATEMs and ACSAP Center and marked by the researcher. Each interview lasted an average of 30 – 40 minutes. The ethics committee approval of the study was obtained from Ege University Faculty of Medicine Clinical Research Ethics Committee with the decision numbered 19-1.1T/32; Date: 23.01.2019.

Sociodemographic Information Form

Consisting of 2 sections and 12 questions, the form includes questions on sociodemographic characteristics and questions on smoking, AUD and SUD in relatives. Questions related to sociodemographic characteristics: age, educational status, marital status, age at marriage, presence of children, number of children, age at motherhood, employment status, occupation, monthly income, and with whom the respondent lives.

Questions on Smoking, Alcohol, and Drugs

This section consists of four questions and three parts and includes information on smoking, number of cigarettes smoked per day, AUD, and SUD in relatives.

BAPI Alcohol Scale

Ögel et al. (2012) developed from the Addiction Profile Index. These questions were used to create the BAPI Alcohol and Substance Scale to determine the level of alcohol and substance use. The Alcohol Scale is suitable for people aged 18 years and over, consists of 6 questions, and questions the person's alcohol use. If the score of the answers given is 3 or more than 3, the person is determined to be in the HIGH RISK group. The scale will be used in this study to determine the alcohol use of the control group. People who score 2 and below on this scale and who are not at risk of AUD will be included in the study.

BAPI Substance Scale

The scale developed by Ögel et al. (2012) is suitable for people aged 18 and over, consists of 7 questions, and questions the substance use of the person. If the total score of the answers given to the scale is 4 or more than 4, the person is in the HIGH RISK group. If there is intravenous substance use, the person is considered directly in the high risk group. The scale will be used in this study to determine the substance use of the control group. Those who score 3 or less from these screening questions and who have never used intravenous substances will be included in the study without SUD risk.

Young Schema Questionnaire—Short Form 3

In the scale developed by Young (2003) to identify schemas, 5 schema areas and 18 schemas were proposed. No cutoff point was

determined. Increasing scores indicate the presence and intensity of schemas. The validity – reliability study of the scale was conducted by Soygüt et al. (2009) in our country. For the Turkish version, 5 domains and 14 schemas were deemed appropriate. The test – retest reliability of the Turkish form of the scale was found to be r = .66 – .82 for schemas and r = .66 – .83 for domains. Internal consistency coefficient n α = .63 – .80 for schemas and α = .53 – .81 for domains.

Childhood Traumas Questionnaire

It was developed by Bernstein et al. (1995) to measure the status of traumatic experiences encountered at early ages. Turkish validity and reliability was performed by Şar et al. (2012). The scale consists of 28 questions and 5 dimensions. In scoring, the scores obtained from positive items (2, 5, 7, 13, 19, 26, 28) are reversed. The number consisting of the sum of the sub-dimensions of the Childhood Traumas Questionnaire (CTQ) is the total score. While the sub-scores of the scale are evaluated between 5 and 25, the total score is evaluated between 25 and 125. Although they are positive, items 10, 16, and 22 will not be reversed because they do not affect the total score. Cronbach α is 0.93. The scale was found to be valid and reliable.

Statistical Analysis

Number, percentage, mean, standard deviation, and chi-square analysis were performed to compare the sociodemographic characteristics of the case and control groups. It was analyzed whether the scores of the Young Schema Questionnaire-Short Form-3 (YSQ-SF3) and Childhood Traumas Questionnaire (CTQ) were normally distributed or not and it was found that the data were not normally distributed. Mann – Whitney *U*-test was used to compare schema domains, schemas, and traumas between the case and control groups, Spearman's correlation analysis was used to evaluate the relationship between schema domains and schemas and traumas, and logistic regression analysis was used in multiple analyses for sociodemographic characteristics. Schema domains, schemas, and traumas were not included in multiple analyses because they were highly correlated.

Results

Sociodemographic Characteristics of Case and Control Groups, Tobacco Use, and Alcohol Use Disorder and Substance Use Disorder in Relatives

In the study, the mean age of the women with AUD and SUD was 30.45 ± 8.02 years and the mean age of the control group was 31.59 ± 7.32 years. The mean age at marriage of the case group was 18.81 ± 3.90, while the mean age at marriage of the control group was 21.24 ± 3.94. The mean age at becoming a mother was 20.13 ± 4.21 in the case group and 22.76 ± 4.47 in the control group. Sociodemographic characteristics of case and control groups, tobacco use and AUD and SUD in relatives are shown in Table 1.

Effect of Early Maladaptive Schemas on Alcohol and/or Substance Use in Case and Control Groups

The mean ranks of abandonment, suppression of emotions, emotional deprivation, introversion, pessimism, resilience, social isolation, defectiveness, unrelenting standards, approval-seeking, inadequate self-control, and punishment subscale scores are

Table 1.
Sociodemographic Characteristics of Case and Control Groups, Tobacco Use, Alcohol Use Disorder and Substance Use Disorder in Relatives

Sociodemographic Characteristics	Case, *n* (%)	Control, *n* (%)
Age		
20 – 29	18 (45)	35 (43.75)
30 – 39	17 (42.5)	33 (41.25)
40 – 49	5 (12.5)	12 (15)
Education		
Primary school	9 (22.5)	16 (20)
Middle school	15 (37.5)	28 (35)
High school	10 (25)	25 (31.25)
University	6 (15)	11 (13.75)
Marital Status		
Single	13 (32.5)	8 (10)
Married	9 (22.5)	46 (57.5)
Divorced	18 (45)	26 (32.5)
Children		
Yes	24 (60)	63 (78.75)
No	16 (40)	17 (21.25)
Number of children		
1	13 (54.16)	21 (33.33)
2	7 (29.17)	32 (50.79)
3	4 (16.67)	10 (15.87)
Working status		
Working	18 (45)	32 (40)
Unemployed	22 (55)	48 (60)
Monthly Income		
<2000	14 (35)	17 (21.25)
2000 – 4000	19 (47.5)	58 (72.5)
>4000	7 (17.5)	5 (6.25)
Companions		
Alone	7 (17.5)	6 (7.5)
Family	18 (45)	12 (15)
Spouse and children	6 (15)	40 (50)
Other	9 (22.5)	22 (27.5)
Smoking		
Yes	36 (90)	26 (32.5)
No	4 (10)	54 (67.5)
AUD in Relatives		
Yes	8 (20)	4 (5)
No	32 (80)	76 (95)
SUD in Relatives		
Yes	12 (30)	4 (5)
No	28 (70)	76 (95)

Note: AUD = alcohol use disorder; SUD = substance use disorder.
*p < .05.

Table 2.
Effect of Early Maladaptive Schemas on Alcohol and/or Substance Use in Case and Control Groups

Schema Domains	Schemes	Case Rank Mean (Median)	Control Rank Mean (Median)	Test Statistic		
				U	z	p
Impaired Autonomy and Performance	Abandonment	75.7 (14.5)	52.8 (7.5)	988.5	−3.473	.001*
	Failure	64.5 (9.0)	58.5 (8.0)	1440.0	−0.923	.356
	Pessimism	74.2 (20.0)	53.6 (11.5)	1051.5	−3.062	.002*
	Vulnerability to harm	86.2 (19.0)	47.6 (9.5)	569.5	−5.759	<.001*
	Enmeshment	77.1 (22.5)	52.1 (12.0)	933.5	−3760	<.001*
Disconnection and Rejection	Emotional deprivation	76.7 (20.0)	52.3 (7.0)	948.5	−3.705	<.001*
	Social isolation	83.18 (23.0)	49.1 (13.0)	694.5	−5.049	<.001*
	Defectiveness	75.1 (12.0)	53.1 (7.0)	1015.0	−3.411	.001*
	Emotional Inhibition	72.0 (12.0)	54.7 (8.0)	1138.0	−2.603	.009*
Unrelenting Standards	Unrelenting standards	72.5 (9.0)	54.4 (7.0)	1117.0	−2.712	.007*
	Approval-seeking	70.6 (21.0)	55.4 (16.5)	1193.5	−2.267	.023*
Impaired Limits	Insufficient self-control	87.2 (34.5)	47.1 (20.0)	531.0	−5.959	<.001*
Other-Directedness	Self-sacrifice	60.8 (18.5)	60.3 (16.0)	1586.0	−0.078	.938
	Punitiveness	76.4 (24.0)	52.5 (17.0)	962.0	−3.558	<.001*

Note: Values in bold indicate statistical significance.
*$p < .05$.

statistically significantly higher in the case group ($p < 0.05$). On the other hand the mean ranks of failure and self-sacrifice subscale scores were similar in case and control groups and no statistically significant difference was observed ($p > 0.05$). Results on the effect of early maladaptive schemas on alcohol and/or substance use in case and control groups are shown in Table 2.

Effect of Childhood Traumas on Alcohol and/or Substance Use in Case and Control Groups

The mean ranks of physical abuse, physical neglect, emotional abuse, emotional neglect, and sexual abuse subscale scores were significantly higher in the case group ($p < 0.05$). Results on the effect of childhood traumas on alcohol and/or substance use in case and control groups are shown in Table 3.

Multiple Logistic Regression Analysis of Sociodemographic Factors Affecting Alcohol and/or Substance Use in Women

An analysis of sociodemographic variables by multiple logistic regression revealed that smoking increased the risk of alcohol and/or substance use 22.6 times in women and having a family member or relative with substance use disorder increases 10.3 times in women. Multiple logistic regression analysis of sociodemographic factors affecting alcohol and/or substance use in women are shown in Table 4.

Discussion

The study is the first case – control study in Türkiye regarding alcohol and substance use in women to examine the extent to which early maladaptive schemas, and childhood traumas increase the risk of alcohol and substance use in women.

According to the results of the dual study showing the effect of sociodemographic characteristics on alcohol and/or substance use, being married, having children and living with spouse and children decreases the risk of alcohol and/or substance use in women, while having high income increases it. The results are similar to other studies. It is seen that individuals with AUD and

Table 3.
Effect of Childhood Traumas on Alcohol and/or Substance Use in Case and Control Groups

Childhood Traumas	Case Rank Mean (Median)	Control Rank Mean (Median)	Test Statistic		
			U	z	p
Physical abuse	76.5 (7.0)	52.4 (5.0)	958.0	−4.453	<.001*
Physical neglect	72.9 (7.0)	54.2 (5.0)	1100.5	−3.048	.002*
Emotional abuse	84.7 (12.5)	48.3 (5.0)	630.0	−5.638	<.001*
Emotional neglect	83.9 (19.5)	48.8 (7.0)	668.0	−5.312	<.001*
Sexual abuse	74.6 (5.0)	53.4 (5.0)	1035.5	−3.843	<.001*

Note: Values in bold indicate statistical significance.
*p<.05

Table 4.
Multiple Logistic Regression Analysis of Sociodemographic Factors Affecting Alcohol and/or Substance Use in Women

Sociodemographic Variables		Alcohol and Substance Abuse Odds Ratio (95% CI)
Marital status (ref. Married)	Single	2.20 (0.32 – 15.00)
	Divorced	0.34 (0.04 – 3.00)
Having children (ref. Yes)	No	0.88 (0.20 – 3.87)
Monthly income (ref. 2000-4000)	<2000	0.68 (0.09 – 4.74)
	>4000	0.33 (0.06 – 1.82)
Companions (ref. Spouse and child)	Alone	0.46 (0.06 – 3.32)
	Family	0.53 (0.10 – 2.84)
	Other	0.28 (0.02 – 2.76)
Smoking (ref. No)	Yes	**22.66* (5.58 – 91.92)**
Alcohol in relatives (ref. No)	Yes	4.68 (0.66 – 33.17)
Substance in relatives (ref. No)	Yes	**10.35* (1.79 – 59.73)**

*$p < .05$.

SUD have a desire to stay away from people and to be alone, that loneliness is a risk factor in the addiction process and that the thing that causes them to be alone may also be addiction itself. The fact that high income is a risk factor is related to the fact that financial means facilitate access to alcohol and drugs. (Dişsiz, 2010, 2012; Tuchman 2015).

According to the results of multiple analyses, being a smoker increases the risk of alcohol and/or substance use in women 22.6 times and having SUD in the family and relatives 10.3 times. Literature shows that smoking is seen as a risk factor in the transition to other substances. A study revealed that smokers used alcohol 3-4 times more frequently and substance use 5 times more frequently (Karşıdağ et al., 2005). This finding also supports the literature (Chen & Gueta, 2015; Dişsiz 2012). In a study conducted in Bakırköy AMATEM, the rate of substance users in relatives of SUD patients was 21.9% (Evren & Ögel, 2003). As a result of twin and family studies on the genetics of addiction, it was found that the genetic factor was effective, and the rate of addiction in the relatives of addicts was high (Yüncü & Savaş, 2007). Reportedly, genetic factors are also effective in AUD and SUD as in most psychiatric disorders (Abay & Ateş, 2001). In addition to genetic factors, social learning is also important (Ögel, 2018). The social environment and family environment in which the child grows up can determine the child's approach to alcohol and substances.

According to the YSQ-SF3, applied to measure the schemas in the study, all 5 schema domains and 12 of 14 schemas were found to be higher in the group with AUD and SUD compared to the control group (Shorey et al., 2012, 2013a, 2014; Jalali et al., 2011).

In the domain of impaired autonomy and performance (abandonment, enmeshment, pessimism, vulnerability to harm) schema, the person is characterized by the beliefs that he/she cannot survive on his/her own without help, cannot meet his/her needs, and cannot be protected from dangers (Young et al., 2017) In order to escape from negative emotions such as anxiety, stress, and fear caused by these beliefs and thoughts, the person may resort to alcohol and/or substance abuse (Ögel,2018).

The sub-dimensions of the disconnection schema domain (social isolation, emotional inhibition, emotional deprivation, defectiveness) are related to the unmet basic needs of the person such as love, empathy, trust, care, acceptance, and traumatic childhood experiences (Young et al., 2017). The fact that these basic needs are not met and the deficiency caused by strong beliefs that they will not be met increase the tendency to alcohol and/or substance abuse.

In the high standards schema domain (high standards, approval seeking), the person may use alcohol and/or substances as a dysfunctional coping method as a result of perceiving failure in the face of unrealistically rigid standards as catastrophic. Since the person sees himself/herself as unloved and defective, he/she needs the approval of others (Young & Klosko, 2017). If he/she cannot find this approval, he/she may turn to alcohol and/or drugs to cope with this.

In the schema domain of impaired limits schema area (insufficient self-control), the inability of individuals to set realistic boundaries for themselves may increase their susceptibility to risky behaviors such as alcohol and/or substance abuse. This may be associated with lower self-management capacity and seeking more innovation and impulsivity in people diagnosed with AUD and SUD (Ögel, 2018).

People with the other directedness schema domain (punitiveness) may turn to alcohol and/or substance use to cope with the negative emotions they experience when they cannot forgive themselves or others, or as a way of punishing themselves (Aksoy and Ögel, 2003)

When we compared the groups in the study in terms of childhood traumas, we observed that women with AUD and SUD had higher scores in all subscales of the childhood traumas scale compared to the control group. Previous studies also support this result (Yüksel et al., 2013; Malik, 2017). As in many psychiatric disorders, childhood traumas are a risk factor that increases susceptibility for AUD and SUD (Cavanaugh, et al., 2015; Dye, 2018).

Women with AUD and SUD may use alcohol and/or substances in order to avoid re-experiencing the effects of trauma, to avoid reminders of trauma, and to avoid mood changes and hyperarousal. Since traumas are usually not forgotten over time, alcohol or substance use may be chosen as a dysfunctional method to cope with the effects of trauma throughout life (Hingray et al., 2018a). Studies have found that women need trauma-oriented treatments more than men in the treatment of SUD and/or AUD (Grella, 2003).

Failure to meet core emotional needs, early negative experiences, and emotional temperament lie at the basis of these schemas (Young et al., 2017). Childhood traumas are at the beginning of the negativities experienced in the early period. In order to cope

with these severe situations experienced in childhood, the foundations of dysfunctional, rigid, change-resistant, and automatic schemas are laid in children. In this study, significant relationships were found between traumas and schemas. Many studies have shown that schemas are associated with childhood abuse and neglect (Yiğit & Erden, 2015; Can et al., 2019).

In conclusion, in this study, sociodemographic characteristics, childhood traumas, and early maladaptive schemas that affect alcohol and substance use in women were evaluated. It is important to understand, treat, and prevent relapses of women with AUD and SUD and to understand childhood traumas and address these traumas during the treatment process. At the same time, working with early maladaptive schemas will make positive contributions to their treatment, coping mechanisms, and perspective on life.

Limitations and Directions for Future Research

A limitation of the study is the small number of women with AUD and SUD who participated in the study. The research was conducted with a small sample.

There may have been a recall bias in the study regarding past events when women's childhood traumas were questioned.

Another limitation is that the control group was selected only from ACSAP Center. The women who came to this center may not reflect the general population of Bursa in terms of sociocultural, economic, etc.

Additionally, in this study, detailed information regarding the alcohol and substance use of the case group was not obtained. One of the reasons for this is to investigate the underlying causes of alcohol and/or substance use disorder, which is emphasized in this study. Another reason is that the increase in scale questions is thought to affect participation in the research.

The difficulty experienced in reaching an adequate number of the case group in our study led to the thought that women with AUD and SUD may have fewer applications to treatment or may have barriers in this regard. In order to ensure that more women apply to AUD and SUD treatment, there is a need to plan studies to determine the reasons that prevent women from applying.

In this study, information regarding the alcohol and substance use of the case group was not obtained in detail. This was partly due to the long questioning of schemas and traumas which were the focus of the study. The nature of the disorder was not detailed in our questionnaire, and we did not attempt to access their personal patient documents to comply with patient – physician privacy. This omission brings about a lack of insight to the characteristics of the population regarding their use of alcohol/substance. However, as the focus of the study is the underlying causes, this omission does not bias our results.

Data Availability Statement: The data that support the findings of this study are available on request from the corresponding author.

Ethics Committee Approval: Ethical approval was obtained from Ege University Faculty of Medicine Clinical Research Ethics Committee with the decision numbered 19-1.1T/32; Date: 23.01.2019.

Informed Consent: Written informed consent was obtained from the participants who agreed to take part in the study.

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Supplementary Table

Spearman's Correlation Analysis of the Relationship Between the Case and Control Groups' Scores from Schemas and Childhood Traumas

		Enmeshment	Abandonment	Failure	Pessimism	Vulnerability to harm	Emotional deprivation	Emotional inhibition	Social isolation	Defectiveness	Unrelenting standards	Approval - seeking	Insufficient self-control	Self-sacrifice	Punitiveness
Physical abuse	r	0.119	0.193	-0.159	0.154	0.236	0.209	-0.017	0.137	0.068	0.123	0.059	0.243	0.002	0.053
	p	0.194	0.035*	0.083	0.093	0.009*	0.022*	0.854	0.134	0.462	0.180	0.552	0.007*	0.980	0.568
Physical neglect	r	0.271	0.265	0.207	0.316	0.398	0.302	0.205	0.369	0.327	0.032	0.155	0.248	0.194	0.288
	p	0.003*	0.003*	0.023*	<0.001*	<0.001*	0.001*	0.025*	<0.001*	<0.001*	0.731	0.090	0.006*	0.034*	0.001*
Emotional abuse	r	0.379	0.397	0.122	0.332	0.483	0.485	0.138	0.416	0.436	0.165	0.267	0.369	0.114	0.242
	p	<0.001*	<0.001*	0.183	<0.001*	<0.001*	<0.001*	0.132	<0.001*	<0.001*	0.072	0.003*	<0.001*	0.214	0.008*
Emotional neglect	r	0.327	0.378	0.175	0.302	0.527	0.468	0.219	0.446	0.396	0.114	0.275	0.339	0.171	0.270
	p	<0.001*	<0.001*	0.055	<0.001*	<0.001*	<0.001*	0.016*	<0.001*	<0.001*	0.117	0.002*	<0.001*	0.061	0.003*
Sexual abuse	r	0.152	0.127	0.043	0.148	0.286	0.109	0.022	0.197	0.170	0.104	0.070	0.261	-0.025	0.097
	p	0.098	0.166	0.644	0.106	0.002*	0.235	0.808	0.031*	0.064	0.257	0.449	0.004*	0.787	0.293