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Examination of Childhood Abuse Experiences and Their Relationship with Adolescent Girls' High-risk Behavior

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Child abuse means a behavior in which a child faces a variety of physical and sexual abuse, negligence, and emotional misbehavior. The present study's aim was to examine the relationship between childhood abuse experience and the high-risk behavior of adolescent girls in Islamshahr in Tehran. This research is cross-sectional (descriptive–analytic). The subjects chosen for this study were secondary schoolgirls studying in the 2013/2014 school year in Islamshahr. They were selected from high school cluster 2. In each high school, four classes were chosen at random. The sample consisted of 300 individuals, and the data were collected in accordance with the childhood trauma questionnaire (CTQ) and Iranian young adults' risk-taking questionnaire (IARS). The Pearson's correlation and dependence, and multiple regressions were used to analyze the data. The results showed that the total abuse score had a significant positive correlation with that of risk-taking. A meaningful positive relationship was found between the emotional abuse subscale and driving dangerously, violence, smoking, and drug and alcohol abuse, the physical abuse subscale with violence and alcohol abuse, the sexual abuse subscale with

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driving dangerously, violence, smoking, drug and alcohol abuse, and friendliness with the opposite sex, and the negligence subscale with driving dangerously, violence, smoking, drug and alcohol abuse, friendliness with the opposite sex, and having dangerous sexual relationships and behaviors. They also showed that emotional abuse could not predict any risk-taking subscales, but physical abuse predicted drug abuse and friendship with the opposite sex. Sexual abuse predicted violence, drug abuse, and friendship with the opposite sex, and the negligence subscale predicted dangerous driving, violence, drug abuse, friendship with the opposite sex, and sexual relations and behavior. The results of this study showed that the teenagers who have experienced such negative events have a tendency of demonstrating high risk-taking behavior.

Keywords: abuse, risk-taking, adolescent girls

Due to various reasons, such as their young age or lack of sufficient skills, children have always been the most vulnerable people in the society. They cannot protect themselves and, so, need the support of adults, especially their parents (Ghezelseflo & Rostami, 2015). Due to parents' incompetence, crimes like child abuse are committed either by the parents themselves or by their relatives (Horan & Widom, 2015). In addition to having harmful effects on the child's growth, cognitive, emotional, and behavioral aspects, this phenomenon also threatens the child's mental health in adulthood (Banducci, Felton, Bonn-Miller, Lejuez & MacPherson, 2017). The long-term outcomes of child abuse include post-traumatic disorder, depression and anxiety, eating disorders, alexithymia, psychotic disorders, antisocial behavior, suicide, drug abuse, risky behavior, behavioral problems, and poor physical health. Therefore, family abnormality is one of the key factors that decide a child's individual and social personality (Ehring, Welboren, Morina et al., 2014).

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According to the classification offered by the World Health Organization, child abuse can be of four types: physical, sexual, mental and emotional, and negligence (Ghezelseflo & Rostami, 2015). Physical child abuse includes the behaviors that are deliberately imposed on a child by the use of physical force, that endanger his/her health, survival, and growth. It includes acts like beating, kicking, shaking, biting, choking, burning, poisoning, etc. This type of abuse is often known as "punishment," and is carried out by the family or others (Layne, Vivrette, Briggs et al., 2014).

Child sexual abuse also includes any sexual behavior with children, which opposes the laws and norms of society. Sexual abuse can be committed by both adults and teenagers. The adults involved in sexual misconduct, are, in many cases, among the child's close relatives or acquaintances, who, by deceit, threat, or encouragement, urge children to participate in it (Perez, Matin, Barsky et al., 2016; Richardson, Dietz & Gordon-Larsen, 2014). Emotional–mental misconduct also includes the parents' and the family's inability to provide an appropriate and supportive environment for a child's growth and education. This behavior can seriously damage children's physical, spiritual, mental, social, and moral health (Layne, Vivrette, Briggs et al., 2014). Humiliation, blame, threat, intimidation, detention, discrimination, ridicule, frequent comparison with siblings, peer rejection, and aggressive behavior are examples of such misconduct. Emotional misconduct seriously damages a child's self-esteem, and, in some cases, can even lead to evolutional problems, such as dysarthria (Vaillancourt, Pawlby, & Fearon, 2017).

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In addition, the most common cause of emotional abuse is excessive expectation from children in various fields, such as school, sports, and the like. When children cannot meet these expectations, they feel frustrated (Perez, Matin, Barsky et al., 2016). The misconduct of negligence occurs when the child's guardian, despite having the ability to meet the child's essential needs, refuses to do so. These needs include health, education, emotional growth, nutrition, shelter, safe living conditions, and the like (Rabinovitch, Kerr, Leve, & Chamberlain, 2015).

This misconduct not only appears in families of low economic classes, but may also occur in affluent families. Unfortunately, due to the lack of a system to record and monitor cases of such abuse in many countries or societies, and due to the care systems not being interdisciplinary, there are no exact statistics of child abuse (Vézina, Hébert, Poulin et al., 2015). In many cases, only the acute cases that lead to the child being referred to a health care center are recorded. Hence, each kind of abuse, due to its special nature, increases the possibility of the abuse remaining hidden. For example, the reluctance of many cultures to discuss freely and easily sexual issues in general and sexual abuse in particular makes it difficult to measure this kind of misconduct with children (Wolfe, Crooks, Jaffe, Chiodo, Hughes & Ellis, 2009).

Research has shown that the experience of misconduct and other forms of aggression in childhood has a connection with risky behavior in adulthood. These can include being subject to violence or violent behavior, depression, smoking, obesity, risky sexual behavior, unwanted pregnancies, and alcohol and drug abuse (Ghezelseflo & Rostami, 2015). These risks can lead to death, disease, and disability. Common consequences are

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cardiovascular and sexually transmitted diseases, cancer, and suicide. Misconduct with children can lead to vast physical, spiritual, and social effects, which can be costly for both children and society (Testa, Hoffman & Livingston, 2010). Research also shows that a child's experience of abuse might have long-term effects on all aspects of health, growth, intelligence, and mental welfare, and can lead to the destruction of performance and risky behavior in the future (Vézina, Hébert, Poulin, Lavoie, Vitaro & Tremblay, 2011). Today, risky behavior among teenagers has become one of the most important and common concerns in human society. Many kinds of risky behavior, such as smoking, drug abuse, and unsafe sexual relations, occur before people turn 18 (Vézina & Hébert, 2007). In Iran, most sexual recklessness (55.6%) occurs between the ages of 16 and 21. The average age of starting smoking is 16.6 years. And the highest proportion of the country's addicts (45.7%) started using drugs when they were between 17 and 22 (Ghezelseflo & Rostami, 2015). There are different reasons for risky behavior. These include excitement-seeking, fears of incompetence, the need to strengthen masculine identity, and peer pressure. This kind of behavior can also lead some teenagers to imagine that they are invulnerable to injury and damage (Silverman, Raj, Mucci & Hathaway, 2001). Various studies have been conducted on risky behavior. Some researchers believe that teenagers' tendency to demonstrate risky behavior, which is increasing continuously, reflects excitement and psychological problems (Vézina et al., 2011; Vézina & Hébert, 2007). Other research has shown that risky behavior among teenagers has a meaningful relationship with childhood injury inflicted by parents or the main guardians

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(Ghezelseflo & Rostami, 2015; Wolfe et al., 2009; Perez et al., 2016). Also, longitudinal studies have shown that emotional abuse and negligence in childhood play an important role in teenagers' tendency to take drugs (Horan & Widom, 2015).

Some studies have also shown that depression, loneliness and isolation, antisocial behavior, risky sexual behavior, self-mutilation, and drug abuse often have a direct relationship with risky behavior among teenagers. Similarly, high self-esteem and strong supportive social resources are among the factors that protect teenagers from risky behavior (Ghezelseflo & Rostami, 2015). Therefore, given that teenagers are most vulnerable to risky behavior, any injury and failure of their physical and/or mental health that decreases their ability slows down social progress. Besides, damage to their physical and mental health might have a negative impact on the society's health in the long term. So, in this study, we seek to investigate the role of injury in childhood in predicting risky behavior among teenage girls.

Method

This research is cross-sectional (descriptive-analytic). The subjects were selected after making them familiar with the research aim, and after they proclaimed their willingness to participate in it. The sample comprised secondary schoolgirls studying in the 2013/2014 school year in Islamshahr. They were selected from high school cluster 2. From each high school, four classes were chosen at random. The sample consisted of 300 individuals. The collected data were analyzed using SPSS software (version 21) with the help of descriptive statistics, Pearson's correlation coefficient, and multiple regression.

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The Childhood Trauma Questionnaire (CTQ)

The CTQ was created by Bernstein et al. (1994). He presented the final version of the transcription of the 53 articles in 1995. It measures abuse in terms of the four subscales, and shows the total score, which indicates general abuse. The four subscales are emotional abuse, physical abuse, sexual abuse, and negligence. To give points to each subject, a five-point Likert scale is used. The factors' permanence has been reported with two methods of retesting and Cronbach's alpha by Berstein et al. (1994). The various factors of the questionnaire were reported with a retest and Cronbach's alpha between .97 and .94. Shahni Yeylagh (1997) used factor analyses to determine the questionnaire's reliability, and mentioned that the obtained factors coincided with the questionnaire's subscales (Shahny Yeylagh, 1997).

The Iranian Adolescents' Risk-taking Scale (IARS)

The IARS (Zadeh Mohammadi, Ahmadabadi & Heidari, 2011) consists of 38 items used for the measurement of vulnerability among adolescents against seven types of high-risk-taking behavior, such as violence, smoking, substance abuse, alcohol abuse, sexual behavior and activity, and the tendency to befriend members of the opposite sex. The respondents expressed their idea about every item on a five-point scale ranging from "completely agree" (5) to "completely disagree" (1). The IARS's validity is estimated through an inner harmonious method and with the help of the Cronbach's alpha. Its permissibility is estimated by conducting an exploratory factor analysis of the basic components. The Kaiser–Mayer–Oklin measure of sampling adequacy and the Bartlett test of

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sphericity were used to assess the suitability of the sample size (1,204 individuals). The KMO test gave a score of .952—a very satisfactory and desired level—and the Bertlett test was statistically significant (P = .00, df= 703, $\chi 2$ =26.21). The method of analyzing the basic components and the Varimax rotation were used to analyze the scales' factors. The basic components' analyses showed that the IARS is a multidimensional scale whose first subscale, drug use, has the highest portion (13.9%) in the variance explanation. They also showed that the validity of the IARS and its subscales was at the desired level. So, the obtained Cronbach's alpha scores for the overall scale of .941 were as follows: dangerous driving .746, violence .784, smoking .931, substance abuse .901, alcohol abuse .909, sexual behavior and activity .876, and friendship with the opposite sex .835.

Results

Table 1 shows the descriptive statistical indexes, the mean differences, and the standard deviation of the sample. Table 2 presents the correlation matrix between the total score and the subscales of the abuse and risk-taking behavior. Table 3 shows the multiple regression results.

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Table 1
Descriptive Indexes for Abuse and Risk-Taking Subscales (N=300)

		Minimum	Maximum	Mean		Std. Deviation	Variance
		Statistic	Statistic	Statistic	Std. Error	Statistic	Statistic
Scale Abuse	sub Emotional abuse	21.00	65.00	32.12	.50	8.78	77.10
	sub Physical abuse	5.00	20.00	8.78	.11	1.96	3.84
	sub Sexual Abuse	5.00	17.00	7.83	.09	1.68	2.85
	sub Neglect	15.00	53.00	25.96	.38	6.67	44.56
Risk-taking	sub dangerous driving	12.00	30.00	21.75	.26	4.64	21.62
	sub violence	5.00	25.00	12.76	.26	4.63	21.45
	sub smoking	5.00	25.00	8.46	.29	5.16	26.67
	substance abuse	7.00	34.00	10.48	.25	4.49	20.21
	sub alcohol using	5.00	26.00	10.30	.28	4.97	24.79
	sub sexual behavior	3.00	20.00	10.46	.28	4.96	24.69
	sub opposite sex friendship	.00	17.00	5.38	.16	2.77	7.70

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Table 2
Descriptive Indicators of the Abuse and Risk-Taking Relationship (N = 300)

		1	2	3	4	5	6	7	8	9	10	11	12	13
1-	**Scale Abuse**	-	.949**	.631**	.470**	.911**	.334**	.186**	.514**	.202**	.257**	.252**	.172**	.082
2-	**sub Emotional abuse**		-	.567**	.333**	.772**	.241**	.133*	.444**	.178**	.236**	.208**	.101	.032
3-	**sub Physical abuse**			-	.274**	.450**	.096	.076	.281**	.067	.009	.123*	.004	-.056
4-	**sub Sexual Abuse**				-	.389**	.458**	.163**	.378**	.137*	.127*	.258**	.353**	.040
5-	**sub Neglect**					-	.358**	.213**	.501**	.212**	.292**	.248**	.201**	.143*
6-	**risk-taking**						-	.561**	.635**	.691**	.715**	.799**	.709**	.508**
7-	**sub dangerous driving**							-	.486**	.269**	.269**	.300**	.317**	.180**
8-	**sub violence**								-	.347**	.395**	.441**	.369**	.161**
9-	**sub smoking**									-	.641**	.639**	.342**	.296**
10-	**substance abuse**										-	.656**	.366**	.402**
11-	**sub alcohol using**											-	.493**	.421**
12-	**sub sexual behavior**												-	.486**
13-	**sub opposite sex friendship**													-
	Mean	74.73	32.12	8.78	7.83	25.96	80.28	21.75	12.76	8.46	10.48	10.30	10.46	2.77
	SD	16.42	8.78	1.96	1.68	6.67	23.36	4.64	4.63	5.16	4.49	4.97	4.96	5.38

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Table 3
The Multiple Regression Coefficients' Summary for Risk-Taking Subscale Prediction

Model			Unstandardized Coefficients		Standardized Coefficients	R	R^2	F	T	Sig.
			B	Std. Error	Beta					
1	(Constant)		16.88	1.55	-				10.88	.000
	sub Emotional abuse		-.04	.05	-.07	.23	.05	4.37	-.80	.421
	sub Physical abuse	dangerous driving	-.03	.16	-.01				-.21	.829
	sub Sexual Abuse		.27	.17	.10				1.60	.109
	sub Neglect		.16	.06	.24				2.63	.009
2	(Constant)		.18	1.33	-				.14	.888
	sub Emotional abuse	sub violence	.06	.04	.11	.54	.29	31.14	1.40	.161
	sub Physical abuse		.02	.14	.01				.19	.842
	sub Sexual Abuse		.57	.14	.21				3.93	.000
	sub Neglect		.22	.05	.32				4.10	.000
			3.73	1.72	-				2.16	.031

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3	**(Constant)**									
	sub Emotional abuse	**sub smoking**	.03	.057	.06	.22	.05	3.99	.65	.511
	sub Physical abuse		-.16	.182	-.06				-.88	.378
	sub Sexual Abuse		.20	.190	.06				1.10	.271
	sub Neglect		.12	.071	.16				1.79	.074
4	**(Constant)**		6.90	1.45	-				4.74	.000
	sub Emotional abuse	**substance abuse**	.06	.04	.12	.33	.11	9.19	1.36	.174
	sub Physical abuse		-.44	.15	-.19				-2.88	.004
	sub Sexual Abuse		.08	.16	.03				.55	.580
	sub Neglect		.18	.06	.26				3.02	.003
5	**(Constant)**		2.67	1.62	-				1.64	.102
	sub Emotional abuse	**sub alcohol using**	.02	.05	.03	.30	.09	7.53	.37	.711
	sub Physical		-.04	.17	-.01				-.28	.779

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	abuse									
	sub Sexual Abuse		.56	.17	.19				3.15	.002
	sub Neglect		.11	.06	.15				1.73	.084
6	**(Constant)**		3.26	1.57	-				2.07	.039
	sub Emotional abuse	**sub sexual behavior**	-.05	.05	-.09	.38	.15	13.00	-1.03	.304
	sub Physical abuse		-.31	.16	-.12				-1.89	.059
	sub Sexual Abuse		1.00	.17	.34				5.81	.000
	sub Neglect		.14	.06	.19				2.27	.024
7	**(Constant)**		4.95	.93	-				5.32	.000
	sub Emotional abuse	**sub opposite sex friendship**	-.04	.03	-.13	.21	.04	3.42	-1.33	.183
	sub Physical abuse		-.16	.09	-.11				-1.66	.098
	sub Sexual Abuse		-.00	.10	-.00				-.00	.993
	sub Neglect		.12	.03	.29				3.21	.001

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Table 1 shows the descriptive indicators of the abuse and risk-taking subscales for the sample. For example, the mean and standard deviation of emotional abuse are 32.12 and 7.83 respectively. The most reported type of abuse among girls was emotional, and the least was sexual.

The results obtained from Table 3 show that emotional abuse could not predict any of the risk-taking subscales, but physical abuse predicted substance abuse (P<.004), and friendship with the opposite sex (P<.05). Sexual abuse predicted violence (P<.000), substance abuse (P<.002), and friendship with the opposite sex (P<.000). Negligence indicated dangerous driving (P<.009), violence (P<.000), substance abuse (P<.002), friendship with the opposite sex (P<.02), and sexual behavior and relationships (P<.001).

Discussion

This study examined the relationship between child abuse and risk-taking behavior among the girls of Islamshahr in Tehran. Considering the descriptive analysis indicators in Table 1, the most common abuse the girls faced was of an emotional nature, with an average of 32.12, and the least was sexual abuse, with an average of 7.83.

As Table 2 shows, there is a significant positive relation between the total risk-taking score and abuse. This significant positive relation can also be observed between emotional abuse and dangerous driving, violence, smoking, drug and alcohol abuse, between physical abuse and alcohol abuse, and between sexual abuse and dangerous driving, violence, smoking, drug and alcohol abuse, and friendship with the opposite sex. Negligence also has a meaningful positive relation with

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dangerous driving, violence, smoking, drug and alcohol abuse, friendship with the opposite sex, and sexual behavior and relationships. The results of Table 3 show that emotional abuse could not predict any of the risk-taking subscales, but physical abuse indicated drug and alcohol abuse and friendship with the opposite sex, and sexual abuse indicated violence, drug and alcohol abuse, and friendship with the opposite sex. Also, negligence indicated dangerous driving, violence, drug and alcohol abuse, friendship with the opposite sex, and sexual behavior and relationships.

This study's results are in line with those of Testa et al. (2010), Ghezelseflo and Rostami (2015), Vaillancourt et al. (2017), Vézina et al. (2011), and Wolfe et al. (2009). To explain the above-mentioned results, Freud's psychoanalytic theory can be used. According to the psychoanalytic point of view, family and parents play a very important and expanded role in character construction. Although the family plays a key role in creating an environment for socialization and training the next generation, many families suffer injuries like divorce, violence, child abuse, etc., which weaken and destroy the healthy relations that are necessary and essential for its survival and strengthening. These tormenting events in childhood lead to risk-taking behavior like smoking, drug and alcohol abuse, and risky sexual behavior in adolescence (Vézina et al., 2015). There may be another way to explain this study's results—by considering the behavioral, cognitive, and emotional effects of child abuse. Evidence indicates that experience of abuse in childhood can have long-term effects on all aspects of life and mental health (Rabinovitch et al., 2015). Depression, severe anxiety, panic attacks, and shocking behavior could be the outcomes of child abuse. If the

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child feels banished or unloved by the family, s/he could take such beliefs to school, apart from the fact that his/her self-confidence and relationships would decline, and the world would seem unsafe (Vézina et al., 2011). A wrong belief might be established in the child's mind, paving the way for a mental disorder, ranging from acquired schizophrenia or behavioral confusion to being ready to break the law, all of which comes from the idea of being unloved and unsafe (Ghezelseflo and Rostami, 2015). Various kinds of misbehavior in childhood could influence the emotional well-being and psychological aspects of the child, and the impact could become apparent years later. The long-term and immediate effects of abuse can consist of psychosomatic health problems, like anxiety, depression, substance abuse, eating disorder, and self-destructive behavior. All these symptoms could play a significant role in the individual's character formation (Ehring et al., 2014).

Studies show that people who have faced negligence could reveal antisocial and boundary personality, and demonstrate risk-taking and antisocial behavior in their adolescence (Ghezelseflo and Rostami, 2015). Abused children are deficient in the social skills that are necessary for compatibility in a school environment. Their behavior oscillates from isolation to severe aggression, and their classmates reject them due to such behavior (Layne et al., 2014). Testa et al. (2010) also expressed that abused children experience fewer friendly situations and exchanges, and also have less collaboration with their parents and teachers. Socially, these children are negativist and miserly. These may lead to introversion, and the child may not be socialized or good-hearted, and may have social concerns. This is in line with the present study's findings. These teens have

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communication problems. They cannot create and protect hearty relations (Perez et al., 2016). The abused child reveals more negative feelings and contradictions in his/her relationships. Their interpersonal problems come from the absence of an emotional understanding of social situations and limited social problem-solving skills. The latter reason can lead to openness specialty failure (Wolfe et al., 2009). Abused children perform weakly in intelligence tests from the cognitive dimension of the personality. On an average, abused children obtain lower scores in all cognitive aspects and are not educationally successful. Misbehavior can have negative effects on the constancy ability and excitement regulation, problem-solving skills, and the ability to adapt to new and stressful situations (Layne et al., 2014). With regard to the research findings, it can be said that we usually meet two kinds of people who have grown up under these circumstances. The first group consists of people with properties like low self-confidence, isolation, depression, introversion, shyness, and sociopathic tendencies. These people suffer from anxiety and depression; in other words, they are extinct volcanoes. But in the second group, we find people who are likely to demonstrate antisocial and indecent behavior. They have abnormal personalities. They commit crimes like smuggling, addiction, and burglary, and demonstrate risky sexual behavior. They have repressed anger, which may erupt at any time. Another common behavior of this group is vandalism, in which the individual damages another's possessions. Abused children cannot establish appropriate affection. They are not sympathetic and conscientious (Vaillancourt et al., 2017).

From these results, it is clear that abused children may demonstrate unfit behavior. They usually accept that they

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deserve to be abused, and this decreases their self-respect and paves the way for depression and aversion. Abused children are exposed to personality disorders and, in some severe cases, antisocial personalities, and suicidal and criminal behavior. It has been observed in some studies that the adolescents who have faced negative events in their lives are more likely to demonstrate risk-taking behavior. Some evidence has shown that adolescents use drugs to confront their problems, negative feelings, and stressful situations. Mental pressure, like peer pressure, and aggression predict drug abuse among adolescents. This is in line with our findings.

The importance of children—the individuals who will form the next generation of society—is clear to everyone. In society, almost everyone is in contact and interacts with children. But there are some people whose first audiences are children. These include teachers, coaches, and pediatricians (Ghezelseflo and Rostami, 2015). Hence, children who are mistreated by their family may find refuge in their teachers, coaches, and pediatricians in the next step. Thus, there is a necessity to inform those who occupy these careers about the mistreatment of children. By knowing how to identify and deal with possible cases of abuse and by disseminating this knowledge, they can help build a more beautiful world (Layne et al., 2014). Since this study comprised only students, it did not cover dropouts or the girls who have never attended school. Most studies have shown that the prevalence of risky behavior among teenage dropouts or those who have passed high school is higher than that among other teenagers. Thus, it is possible that the prevalence of risky behavior in the study sample has been underestimated. Hence, it is suggested that in future research, the population of the study

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should be extended to all teenagers of society, wider areas, and various cultural, social, and economic aspects, so that the results can be generalized. Also, if the sampling is wider, the detection function of each abuse and the various kinds of risky behavior will differ from each other. Thus, it is suggested that in future studies, a bigger sample should be selected to study each kind of risky behavior, and the issue of child abuse should be investigated for each one, and the results compared with each other.

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