

AFFECT OF SEVERE CHILDHOOD MALTREATMENT ON ANGER CONTROL (SOBER AND USE OF ALCOHOL) AND AGGRESSIVE BEHAVIOR

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ABSTRACT

Abuse during childhood is an important risk factor for violent behavior and diminished anger management as an adult. The study examined whether participants who reported severe childhood maltreatment also reported high levels of violent conduct and decreased emotional control in sober and drunk states as adults, and compared this to participants who reported less severe maltreatment. We also investigated the link between excessive alcohol consumption and offensive behaviour. The study was based on self-reports of childhood maltreatment, violent conduct, and use of alcohol, in addition to self-reports of the participants' typical levels of anger control in sober and use of alcohol states in a population-based sample (N=10980) of Finnish twins and their siblings. Men with severe emotional abuse reported a higher level of physical violence compared to those with mild emotional abuse. Men who experienced severe emotional abuse reported a higher level of physical violence than those who experienced less severe emotional abuse. In contrast, women with severe physical and emotional abuse and emotional and physical neglect reported higher physical violence levels than women with non-severe levels of these abuse types. Concerning greater levels of verbal violence, men with severe (vs. non-severe) physical abuse reported greater levels of verbal violence. Also, women with severe (vs. non-severe) physical and emotional abuse reported a higher level of verbal violence. In men, there were no effects of severe childhood maltreatment on levels of anger control, neither in the self-reported sober or use of alcohol state in adulthood. In the self-reported sober state, women who had experienced severe physical violence had higher levels of anger control than in the self-reported use of alcohol state. In contrast, women who self-reported being sober exhibited reduced levels of anger control when they had experienced severe emotional abuse. In addition, women with severe sexual abuse and severe physical neglect reported higher levels of anger control when sober in their self-reported sober state. Finally, women with severe emotional neglect exhibited reduced levels of anger control. There were substantial links between heavy alcohol consumption and violent behaviour in both men and women.

In sum, severe abuse during childhood increases the likelihood of antisocial behaviour and impairs adult anger control.

KEYWORDS: Severe abuse, Childhood maltreatment, Alcohol abuse, Aggressive behavior, Anger control.

INTRODUCTION

Maltreatment of children is prevalent and has severe consequences for both survivors and the community, posing challenges for systems of healthcare. (e.g., Gilbert et al., 2012; Lueger-Schuster et al., 2018; Shaw & Jong, 2012). Child maltreatment is normally referred to as severe physical, emotional, and sexual abuse, as well as severe physical and emotional neglect by adults, within child protection practice. (e.g., Radford et al., 2011). According to research conducted by the World

Health Organization (WHO), approximately 55 million children suffer emotional abuse, 44 million suffer physical abuse, and approximately 18 million children are sexually abused annually in Europe. (e.g., Sethi et al., 2013; WHO, 2015). In a similar vein, the World Health Organization (WHO) estimates that approximately 155,000 children under the age of 15 die annually as a consequence of childhood abuse. (e.g., Gilbert et al., 2009). In addition, between one and two children per week die in the United Kingdom and Germany as a result of physical and neglectful maltreatment by adults, and up to

three children per week die in France. (e.g., Collishaw, 2007; UNICEF, 2003).

The level of severity of child maltreatment can be determined according to the type of maltreatment, its frequency, whether the child was exposed to several types of maltreatment, whether a weapon was used, whether the maltreatment resulted in an injury, and whether the victim considered the maltreatment as severe. Regarding sexual abuse, even a solitary incident is frequently regarded as severe. (e.g., Radford et al., 2011).

The Severity of Child Maltreatment and its Consequences

Multiple studies demonstrate that childhood trauma has been linked to the development of conduct disorders such as psychopathology, violence, and/or consumption of alcohol (e.g., Dixon et al. 2005a, b; Gratz, Paulson, Jakupcak, & Tull, 2009; González et al., 2016; Luntz & Widom, 2004; Swan, Gambone, Fields, Sullivan, & Snow, 2005; Rehan et al., 2015). For instance, Hamilton, Falshaw, and Browne (2002) found that extreme childhood abuse (as opposed to less extreme or no abuse) was correlated with the commission of violent and/or sexual offences. Moreover, O'leary, Coohy, and Easton (2010) and Banyard, Williams, and Siegel (2004) found that adults who reported severe childhood physical and sexual abuse were more likely to exhibit a broader spectrum of mental health symptoms than adults who reported a lesser degree of childhood physical and sexual abuse. In accordance with the outcomes of a research study done by Luntz and Widom (2004) and Widom and Ames (1994), childhood victimisation and maltreatment predicted the number of antisocial personality disorder symptoms. In a similar way Rehan et al. (2015) reported a link between abuse in childhood and subsequent violent conduct in adolescence or adulthood for both genders. Hosser, Raddatz, and Windzio (2007) discovered that childhood abuse elevated the likelihood of violent or aggressive behaviour in adulthood among men by 15.9%. In addition, evidence shows that childhood trauma is linked to intense and chronic wrath in adulthood. (e.g., Berthelot et al., 2014). Notably, research indicates that victims of childhood maltreatment may misinterpret the emotional expressions of others as anger or recognise furious expressions more quickly than non-maltreated victims. (Pollak, & Sinha, 2002; Pollak et al., 2009). In addition to posttraumatic stress disorder symptoms, Kendra,

Bell, and Guimond (2012) A study of women showed a correlation between abuse during childhood and anger issues. Gratz et al. (2009) discovered, in a group of men and women, that exposure to childhood physical maltreatment is associated with difficulties with emotion regulation and anger. In addition, Berthelot et al. (2014) discovered in a clinical sample of adult males and females that childhood maltreatment is associated with wrathful personality traits in adulthood. In an investigation done by Swan et al. (2005), it was discovered that women with a history of childhood abuse are more likely to display anger towards others.

Alcohol Abuse and Aggressive Behavior

Alcohol abuse is considered the fourth leading preventable cause of mortality in the U.S. alone, with approximately 88,000 people; generally, men pass away from alcohol abuse yearly (e.g., Stahre, Roeber, Kanny, Brewer, & Zhang, 2014). It is usually accepted that alcohol abuse produces aggressive or antisocial behaviour (Chester, & DeWall, 2018; Exum, 2006; Murdoch & Ross, 1990). For example, according to the Centre on Addiction and Substance Abuse (1998), alcohol abuse is typically more significantly associated with aggressive behaviour or violent crime than property crimes. Furthermore, alcohol abuse is more strongly associated with aggressive or violent behaviour than all other substances combined. (e.g., Miczek, Weerts, & DeBold, 1993; Parker & Auerhahn, 1998). Unsurprisingly, Exum's (2006) meta-analysis discovered that alcohol abuse increases aggressive behaviour. Felson and Staff (2010) investigated the impact of alcohol abuse in a representative sample of US inmates' aggressive or violent behavior. The authors found that the role of alcohol addiction in violence, physical assault, and sexual assault is the strongest. Also, Roizen (1997), summarising data from published studies, found that approximately 37% per cent of physical violence is due to alcohol abuse. Similarly, it is believed that alcohol abuse contributes to between 35 and 40 per cent of all cases of violence or violence. (e.g., Greenfeld, 1998).

The Present research

Numerous studies have focused on a specific form of childhood abuse (e.g., sexual abuse) or a consequence. (e.g., violence or antisocial behavior). In addition, earlier studies relied on convenience or healthcare services samples, with

the latter potentially skewing the results and revealing less resilience than is actually the case.

In the present investigation, we utilised a sizable population-based sample of Finnish men and women. In addition to emotional, physical, and sexual abuse, emotional and physical neglect was also present.

Thus, the primary objectives of the present investigation were:

1. Investigate whether severe experiences of various types of maltreatment were affected by physical and verbal violence.
2. Investigate whether severe experiences of various types of maltreatment were affected by anger control in the self-reported sober and use of drink states.
3. Investigate whether drink abuse would be associated with increased physical and verbal violence levels.

MATERIALS AND METHODS

Participants

Based on the responses of 7214 identical females and their cousins and 3,766 male twins, the present research analysed the data. Women averaged 28.8 years of age. ($SD = 7.2$) years, In contrast, the average age of men was 29.2 ($SD = 7.4$) years. The participants represented a subset of the 2005 and 2006 Genetics of Sex and Violence (GSA) first and second data collections population-based survey (Johansson et al., 2013). Responses have been received from 3,604 respondents (36% rate of response) and 10,524 participants (45% rate of response), for a total of 14,126 respondents. (For more details on the data collection, see Johansson et al., 2013).

The current research study's data analyses were based on a subset of 3,146 participants who disregarded one or more of the utilised items. Due to the inclusion of twins in the sample, responses regarding the frequency of childhood maltreatment and sexual orientation were compared to various Finnish population samples. (e.g., Albrecht et al., 2014) of the overall population. Our sample outcomes are pertinent to non-identical twins, as we noticed no statistically significant differences between our samples. According to our operational definition (see Measures), the frequencies of severe abuse in another Finnish sample were

emotional abuse 10.6%, emotional neglect 9.0%, sexual abuse 1.6%, physical neglect 1.3%, and physical abuse, 1.1% (e.g., Albrecht et al., 2014).

Due to the absence of biological samples, the Academic Assessment Council of the Department of Psychology at Abo Akademi University in Turku, Finland, approved the data collection and research plan for the first data collection. A letter accompanying the questionnaire stated that participation was voluntary and anonymous. The committee of ethics authorised Abo Akademi University's second data collection research proposal. Both evaluations adhered to the principles of the Helsinki Declaration. All participants provided written informed approval for their anonymous and voluntary participation via a secure website or paper consent form.

MEASURES

Childhood maltreatment.

Using the Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1998), We calculated the number of participants with a record of childhood trauma. (an upper age limit was not specified). The CTQ measures five categories of abuse of children (physical, emotional, and sexual) and neglect by showing participants five comments for every kind of childhood trauma. (emotional and physical). These are made up of "I got hit or beaten so badly that a neighbour, teacher, or doctor noticed it" (physical abuse), "People in my family called me names like "stupid", "lazy", or "ugly" (emotional abuse), "Someone molested me" (sexual abuse), "People in my family looked out for each other" (emotional neglect), and "I didn't get enough to eat" (physical neglect). In accordance with a Likert-type scale ranging from 0 ("never") to 4 ("very often"), Participants indicated the frequency with which they suffered abuse and/or neglect beforehand getting to the age of 18. The range of values of total scores for every category of the CTQ is 0 to 20, with greater scores showing more severe maltreatment. Test-retest reliability coefficients for CTQ range between 0.79 and 0.86, proving excellent reliability (Bernstein & Fink, 1998). The CTQ has also been shown to have validity convergence with a clinically-rated evaluation of childhood trauma and therapy ratings of abuse. (Bernstein, Ahluvalia, Pogge, & Handelsman, 1997). In the case of our study, the questionnaire's internal consistency was satisfactory. The Cronbach's for physical abuse was 0.73, for emotional abuse it was 0.82, for sexual abuse it was 0.89, for emotional neglect it was 0.86, and for physical

neglect, it was 0.56. On a review of the participant's responses, a number of classifications were developed: Participants scoring 15 or more scores on the CTQ categories were classified as having endured severe maltreatment. (i.e., a minimum score of 3 on a scale of 0 to 4 for every one of the five items that comprise each CTQ subscale).

Aggression Questionnaire

The primary A.Q. contains 29 questions that examine four different factors. (Buss & Perry, 1992). Two variables were considered in this investigation: (1) Physical Aggression includes nine paragraphs (for example, "If I must resort to violence to protect my rights, I will"), and (2) Verbal Aggression includes five paragraphs (e.g., "I express my disagreement with my friends openly"). To determine the cumulative ratings for these two Variables of Aggression, the item responses were added together. A.Q. items are scored on a scale resembling a Likert ranging from 1 ("extremely uncharacteristic of me") to 5 ("very characteristic of me"). ("extremely characteristic of me"). The Aggression Quotient has shown excellent internal consistency, test-retest reliability, and convergent validity with other self-report measures of violence. Cronbach's alpha was 0.77 for items measuring physical violence and 0.63 for items measuring verbal violence in the current sample.

Measurement of anger control

Measures from the second edition of the self-report questionnaire State-Trait Anger Expression Index (STAXI-2; Spielberger, 1999) used for evaluating the display and control of wrath among participants. This section contains 32 paragraphs that participants rate on a scale consisting of four Likert points. (1 = almost never, 2 = sometimes, 3 = often, 4 = almost always) based on how frequently each paragraph feels like an accurate description of how they generally react when angry (e.g., "I control my temper," "I express my anger"). Participants were asked to describe their typical response to rage when sober and their alcohol consumption. Higher overall ratings indicate greater anger management and less rage expression. The degree of impairment was unspecified. Participants who did not consume alcohol were only asked to assess the statements while sober. STAXI-2 and its predecessors have demonstrated outstanding psychometric properties, and it is regarded as the gold standard

for evaluating anger expression and control (Martin & Dahlen, 2007; Spielberger, 1999). Internal consistency and test-retest correlations along with convergence of validity with other self-report measures of violence have demonstrated the STAXI-2's reliability. In the present sample, Cronbach's alpha for items evaluating self-reported sober and use of alcohol anger control had been 0.79.

Alcohol abuse.

The Alcohol Use Disorder Identification Test (AUDIT; Babar, Higgins-Biddle, Saunders, & Montero, 2001) of the World Health Organization has been used for evaluating dangerous and harmful alcohol consumption. The AUDIT includes ten queries (e.g., "On an average day, how many alcoholic beverages do you consume?"). It addresses alcohol consumption, drinking habits, and alcohol-related concerns. Fiellin et al. discovered that the sensitivity of the AUDIT items varied from 54% to 98%. (2000). Every response gets a score between 0 and 4, with the highest possible total of 40. Individuals are categorized as low-risk group drinkers (scores 1–7); risky drinkers (scores 8–15); high-risk drinkers (scores 16–19); or possibly dependent drinkers (scores 20–40). We utilised the WHO-recommended cutoff score of 16 or higher to identify problematic alcohol abuse. In the present study, the AUDIT's Cronbach's alpha was 0.98.

Statistical Analyses

Statistical analysis was conducted with the aid of Statistical Package for the Social Sciences. (Version 24.0; SPSS. Inc, Chicago, Illinois, USA). Men's and women's aggressive behaviour (physical and verbal violence) was analysed using ANOVA to ascertain the effect of severe exposure to different types of childhood maltreatment. In addition, repeated-measures ANOVA was used to determine whether severe experiences of various types of childhood maltreatment impact anger management in men and women who self-report being in either an use of alcohol or sober state. Men and women were evaluated using the T-test to determine the relationship between acute alcohol abuse and aggressive behaviour (physical and verbal violence). In all analyses of direct effects, p-values less than 0.05 were considered significant.

RESULTS

The effects of severe experiences of different types of maltreatment on physical violence in men and women.

The present research study investigated whether participants who reported high levels of aggressive behaviour and decreased anger control in sober and use of alcohol states were more likely to have experienced severe abuse and neglect and whether or not alcohol abuse was associated with higher levels of physical and verbal violence. The descriptive data for the sample are provided in Table 1. With one exception, severe childhood maltreatment did not influence the physical violence of adult men. Men with severe emotional abuse histories reported higher levels of physical violence than men with less severe emotional abuse histories. However, the following effects were statistically significant only among women. In other words, the more severe the physical and emotional abuse and emotional and physical neglect, the greater the physical violence.

The effects of severe experiences from different types of maltreatment on verbal violence in men and women.

With one exception, severe experiences of any form of childhood maltreatment had no effect on the level of verbal violence in adulthood between men, as shown in Table 2. Men with extensive physical abuse histories revealed greater amounts of verbal violence than men with less severe physical abuse histories.

In women, the results suggested that severe experiences of physical and emotional abuse had statistically significant effects on the level of verbal violence in adulthood, i.e., In comparison to women with less severe experiences of physical and emotional abuse, women with severe experiences of physical and emotional abuse indicated greater amounts of verbal violence.

The effects of severe experiences of different types of maltreatment on anger control in the self-reported sober and use of alcohol states in men.

There were no statistically significant effects of any form of severe childhood maltreatment (abuse and neglect) on self-reported sober and use of alcohol levels of anger regulation in adult men. (See Table 3).

The effects of severe experiences of different types of maltreatment on anger control in the

self-reported sober and use of alcohol states in women.

In the self-reported lucid state, women with severe experiences of physical abuse demonstrated greater anger management than women with less severe experiences of physical abuse. In contrast, women with severe experience of physical abuse demonstrated less emotional control during self-reported alcohol intoxication than women with less severe experience.

However, only in the self-reported sober state did women with severe experiences of emotional abuse demonstrate less anger control than women with less severe experiences of emotional abuse.

In addition, there were no statistically significant effects of severe emotional abuse or non-severe emotional abuse on women's self-reported levels of violence control while use of alcohol. In addition, women with severe experiences of sexual abuse demonstrated greater levels of fury regulation in the sober state than women with less severe experiences of sexual abuse. In women, however, there was no statistically significant difference between those with severe experiences of sexual abuse and those without severe experiences of sexual abuse in terms of fury control in the self-reported use of alcohol state. In the self-reported sober state, women with severe emotional neglect demonstrated lower levels of violence control than women with less severe emotional neglect. There were no statistically significant effects for each severe experience of emotional and physical neglect or non-severe experience of emotional neglect on women's levels of violence control in self-reported use of alcohol states. In the self-reported sober state, women with severe experience of physical neglect demonstrated greater fury management than women with less severe experience of physical neglect. (See Table 4).

Association between severe alcohol abuse and aggressive behavior in both men and women.

Considered separately by gender, chronic alcohol abuse increased the likelihood of displaying aggressive behaviour. There were strong associations between severe alcohol abuse and aggressive behaviour in both men and women, i.e., participants with severe alcohol abuse reported more aggressive behaviour than those with moderate or no alcohol abuse. (See Table 5).

DISCUSSION

This study examined five forms of childhood maltreatment (CTQ; Bernstein & Fink, 1998): physical, emotional, and sexual abuse, and emotional and physical neglect; and how they related to violent behavior and anger control in the self-reported sober and use of alcohol states, in addition to whether or not severe alcohol abuse moderated the connection with abuse and violent behavior. The study collected 10980 participants from the general population as a whole. It utilised validated measures of childhood maltreatment, current aggressive behavior, and dependency on alcohol, along with self-reported levels of anger control in sober and use of alcohol states. Particularly, we intended to determine whether participants who reported severe experiences of various types of childhood abuse differed from those who didn't did not in terms of the presence of violent behavior and levels of anger control in sober and use of alcohol states.

Based on the findings of the present study, severe emotional abuse has been linked to an increase in physical Violence among men. In women, however, severe experiences of childhood maltreatment (physical and emotional abuse and physical and emotional neglect) were associated with an increase in adult physical violence.

In terms of the impact of multiple types of severe maltreatment on verbal aggression in men and women, the results suggested that men with severe experiences of physical abuse had higher levels of verbal violence. Women who suffered severe physical and emotional abuse revealed higher rates of verbal violence as adults. Consistent with prior research, the results also demonstrated that childhood maltreatment is the most important indicator of aggressive behaviour in adolescents and young adults (e.g., González et al., 2016; Hamilton et al., 2002; Jung et al., 2015; Manly et al., 2001; McGuigan, Luchette, & Atterholt, 2018; Whitfield et al., 2003).

Previous investigations (e.g., Hosser et al., 2007; Schumacher et al., 2001) discovered a link among the severity of childhood abuse and adult aggression in men; however, when comparing men to women, we find a weaker association among severe experiences of childhood maltreatment and aggressive behaviour. One potential reason for why women appear to experience greater repercussions of severe childhood maltreatment in terms of aggressive

behaviour as adults are that boys are more inclined to indulge in violent play and play battles (e.g., Harbin, 2016) and are therefore more desensitised to severe childhood maltreatment than women. However, measurement invariance may also account for the observed gender differences.

These findings line up with the attachment theory, which proposes that early experiences with parents and carers influence the formation of relationships later in life.

Children develop distinct expectations for future relationships based on their past interactions with specific parents or caregivers, including a self-image. This early psychological representation of relationships serves as a template for all subsequent associations. (Dixon et al., 2005). Therefore, abused children are likely to form an image of their abusive parents as unresponsive, rejecting, and unavailable, as well as an image of themselves as contemptible and incapable of eliciting appropriate care and attention. In addition, they are likely to struggle with other development skills, such as developing interpersonal relationships with their peers. (Dixon et al., 2005). As a result, they have trouble forming relationships with their offspring and establishing secure attachment patterns with others, which can manifest as aggressive or antisocial behaviour.

Based on the social learning theory, children learn by observing how the behaviour of others is rewarded and penalised and by imitating the behaviour that is rewarded. By repeatedly exposing children to violence, adults teach them that violence is an effective means of achieving their requirements and regulating their emotions. Regarding the findings of this study, children view violence as justifiable, incorporate it into their schema for resolving conflict, and readily impute hostile intentions to others. Mistreatment frequently occurs in conjunction with other risk factors for psychological disorders, such as parental psychopathology, strained family relationships, and poverty. Psychopathology can also enhance the risk of violence. Substance abuse, antisocial personality disorder, and psychotic disorders may predispose individuals to violence, either via their association with low impulse control, impaired affect regulation, narcissistic cognitions, and paranoid ideation; or via their association with low impulse control, impaired affect regulation, narcissistic cognitions, and paranoid ideation. (e.g., Beck, & Andreas, 2013).

When we examined each type of severe experience of childhood maltreatment for associations with levels of anger control in the self-reported sober and use of alcohol states in adulthood, the results indicated that in men, there were no effects of any type of severe experience of childhood maltreatment (abuse and neglect) on levels of anger control in the self-reported sober and use of alcohol states.

Whereas the findings revealed that women with severe histories of physical and sexual abuse and physical neglect exhibited greater levels of anger management in their self-reported lucid states, the opposite was true for women with no history of abuse. However, women who only experienced severe physical abuse emerged as a predictor of reduced levels of anger control in self-reported states of alcohol intoxication. However, only in the self-reported sober condition did women with painful experiences of emotional abuse and emotional neglect exhibit lower levels of anger control.

This finding lines up with past study results indicating that women with a history of childhood maltreatment are positively correlated with anger arousal. (e.g., Kendra, Bell & Guimond, 2012; Swan et al., 2005). Similar to findings from previous studies, exposure to abuse as a child was associated with anger personality traits or difficulties with emotion regulation and anger in maturity for both men and women. (e.g., Berthelot et al., 2014; Gratz et al., 2009; Pollak, & Sinha, 2002; Pollak et al., 2009). As a probable explanation for the difference between the sexes, genetic factors may cause men and women to react differently to abuse. The gene-environment interaction (GxE) may account for a substantial proportion of the difference in susceptibility between genders. This implies that men and women with distinct genotypes may respond differently to the same environment.

People with certain genetic variants may be less likely to internalise feelings about abuse, even in the face of severe childhood maltreatment, and develop higher levels of anger control. (e.g., Johansson, 2012; Ottman, 1996; Thomas, & Sara, 2008).

In conclusion, this study found strong associations between heavy alcohol abuse and aggressive behaviour in both men and women. These results confirm previous findings that alcohol abuse has a primary influence on violent behavior. (e.g., Felson & Staff, 2010; Greenfeld, 1998; Roizen, 1997). In line with a meta-

analysis, alcohol addiction increases violent behavior. (Exum, 2006). Social learning theory explains that interactions with peers or relatives who exhibit violent behaviors while under the influence of alcohol play a crucial role in the onset of alcohol abuse-related violence through modelling. (e.g., Beck, & Andreas, 2013).

LIMITATIONS OF THE RESEARCH

In spite of the study's strengths, it is also distinguished by a number of noteworthy limitations. First, memories are typically impacted by later experiences and the questionnaire was about formative events, the information collected may be slightly biased. Second, we failed to account for the likelihood of overlap among different maltreatment categories. Because abuse and neglect are cumulative because exposure to one form of abuse or neglect increases the risk of exposure to another form of abuse or neglect. (e.g., Bifulco, Moran, Baines, Bunn, & Stanford, 2002; Evans, Steel, & DiLillo, 2013).

Severe childhood maltreatment and neglect are likely associated with additional forms of maltreatment. This could indicate, for instance, that a number of participants with aggressive behaviour or anger control issues had experienced not just one but multiple instances of severe childhood abuse. Thus, the cumulative effect of multiple forms of child abuse may have an effect on the results. Due to the study's reliance on a single cross-sectional evaluation of the aforementioned indicators, it is conceivable that the true prevalence of aggressive behaviour or temper control issues has been underestimated. (In other words, some participants may have exhibited aggressive behaviour or were suffering from anger control issues prior to study participation, or might have symptoms in later years but not at the time of evaluation). So, it could be argued that a longitudinal evaluation of maturation symptoms would have been preferable to a single cross-sectional measurement. In addition, several of the results and group comparisons were based on a limited sample size. This might affect the predicted prevalence of experienced confrontational behaviour and anger management issues and reduce the statistical ability to detect differences.

Finally, we listed only two documented consequences of childhood maltreatment: violent conduct and difficulties in emotion regulation.

Some individuals who demonstrate resilience with respect to these prospective outcomes of maltreatment may not demonstrate resilience with respect to other adverse effects, like poor interpersonal relationships or wellness-risk behaviour.

CONCLUSIONS

It is the first study in our knowledge that looks at the impact of severe abuse in childhood on aggressive behaviour and anger control in the self-reported sober and use of alcohol states, in addition to the first study to examine the connection between severe alcohol abuse in adulthood as well as moderated aggressive behaviour in a relatively huge sample. Exposure to severe childhood maltreatment was associated with an increase in adult violence, based on our results. In men's self-reported coherent and use of alcohol adulthood states, severe childhood maltreatment had no significant effect on anger regulation. A greater degree of anger management were linked with self-reported sobriety among women with previous experiences of acute physical and sexual maltreatment and physical neglect. Only severe physical abuse, however, emerged as a predictor for decreased levels of emotional control in self-reported states of alcohol intoxication. In addition, only in the self-reported state of sobriety did women with previous experiences of severe emotional abuse and emotional neglect exhibit diminished levels of anger management.

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APPENDICES

Table (1) :- The effects of severe experiences of different types of maltreatment on physical violence in men and women.

Physical Violence						
Sex	Men			Women		
	M	SD	P	M	SD	P
Factors						
Severe physical abuse	20.33	2.52		24.2	6.76	
Non-severe physical abuse	18.02	4.47	.37	16.47	4.33	.001
Severe emotional abuse	22.67	5		20.24	5.69	
Non-severe emotional abuse	18	4.47	.011	16.45	4.31	.001
Severe sexual abuse	-	-		18.25	6.69	
Non-severe sexual abuse	-	-	-	16.47	4.32	.10
Severe emotional neglect	18.8	2.49		19.06	6.68	
Non-severe emotional neglect	18.01	4.47	.696	16.46	4.31	.011
Severe physical neglect	-	-		23	6	
Non-severe physical neglect	-	-	-	16.47	4.32	.009

Note: Higher values indicate more physical violence.

Table (2) The effects of severe experiences of different types of maltreatment on verbal violence in men and women.

Verbal Violence						
Sex	Men			Women		
Factors	M	SD	P	M	SD	P
Severe physical abuse	15.6	1.54		14.86	4.56	
Non-severe physical abuse	12.1	2.67	.023	12.01	2.8	.007
Severe emotional abuse	12.67	2.68		13.27	3.52	
Non-severe emotional abuse	12.15	2.34	.637	12.01	2.8	.015
Severe sexual abuse	-	-		12.41	3.5	
Non-severe sexual abuse	-	-	-	12.01	2.8	.562
Severe emotional neglect	12.8	4.15		12.89	3.16	
Non-severe emotional neglect	12.15	2.67	.588	12.01	2.8	.187
Severe physical neglect	-	-		12.67	2.8	
Non-severe physical neglect	-	-	-	12.01	2.31	.689

Note: Higher values indicate more verbal violence.

Table (3) :- The effects of severe experiences of different types of maltreatment on anger control in the self-reported sober and use of alcohol states in men.

Factors	Anger control sober			Anger control use of alcohol		
	M	SD	P	M	SD	P
Severe physical abuse	80	13.75		81	15.1	
Non-severe physical abuse	79.11	9.59	.676	75.53	13.88	.459
Severe emotional abuse	76.17	9		75.17	8.26	
Non-severe emotional abuse	79.12	9.59	.295	75.53	13.89	.555
Severe sexual abuse	-	-		-	-	
Non-severe sexual abuse	-	-	-	-	-	-
Severe emotional neglect	87.75	11.53		85	9.56	
Non-severe emotional neglect	79.1	9.58	.238	75.52	13.88	.877
Severe physical neglect	-	-		-	-	
Non-severe physical neglect	-	-	-	-	-	-

Note: Higher values indicate more anger control in the self-reported sober and use of alcohol states.

Table (4) :- The effects of severe experiences of different types of maltreatment on anger control in the self-reported sober and use of alcohol states in women.

Factors	Anger control sober			Anger control use of alcohol		
	M	SD	P	M	SD	P
Severe physical abuse	83.83	8.28		68.17	28.20	
Non-severe physical abuse	77.24	9.82	.001	73.17	13.55	.006
Severe emotional abuse	74.89	20.67		69.44	22.64	
Non-severe emotional abuse	77.26	9.72	.001	73.19	13.48	.493
Severe sexual abuse	82.07	10.21		78.21	10.65	
Non-severe sexual abuse	77.24	9.81	.004	73.16	13.56	.936
Severe emotional neglect	71.41	23.79		65.18	26.39	
Non-severe emotional neglect	77.27	9.73	.001	73.2	13.48	.391
Severe physical neglect	83.67	7.77		73.33	5.51	
Non-severe physical neglect	77.25	9.81	.016	73.17	3.56	.296

Note: Higher values indicate more anger control in the self-reported sober and use of alcohol states.

Table (2) :- Association between severe alcohol abuse and aggressive behavior in men and women.

Factors	Physical violence			Verbal violence		
	M	SD	P	M	SD	p
Men Severe alcohol abuse	20.53	5.56		13.04	2.98	
Non-severe alcohol abuse	17.53	4.06	.001	11.98	2.57	.001
Woman Severe alcohol abuse	20.05	6.26		13.95	3.39	
Non-severe alcohol abuse	16.27	4.1	.001	11.91	2.37	.001

Note: Higher values indicate more Physical and verbal violence.