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Child Abuse & Neglect

journal homepage: www.elsevier.com/locate/chiabuneg

Child abuse and wellbeing: Examining the roles of self-compassion and fear of self

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ARTICLE INFO

Keywords:

Child abuse
Self-compassion
Fear of self
Psychological distress
Perceived well-being

ABSTRACT

Introduction: Childhood abuse is linked to poorer well-being, yet some survivors show no prolonged effect, suggesting multifinality. Men and women also differ in the experience and sequelae of abuse supporting gender-specific analyses. To assist in circumventing poor outcomes associated with child abuse, this study examined fear of self (FoS) and self-compassion (SC) as risk and protective factors between child abuse and well-being.

Method: Australian women ($N = 1302$, $M_{age} = 47.28$ [13.63]) completed an online assessment of childhood abuse, psychological distress, perceived quality of life, SC, FoS. Moderated-moderation examined the different abuses as predictors of psychological distress and quality of life (QoL) and FoS and SC as primary and secondary moderators, respectively.

Results: Physical abuse did not predict psychological distress or QoL. FoS and SC were independent predictors of distress and QoL. Similarly, childhood sexual abuse was not found to predict distress or QoL. FoS and SC were independent predictors of distress and QoL. There was also an interaction between childhood sexual abuse and SC in predicting QoL. A moderated-moderation was found for the relationship between child sexual abuse and distress. Psychological abuse predicted distress and QoL, and FoS and SC both moderated this relationship. Moreover, a moderated-moderation was observed for the relationship between psychological abuse and QoL. **Conclusions:** Greater FoS is associated with poorer outcomes for child abuse survivors; SC may mitigate this impact. Psychological abuse was the strongest predictor of well-being. Interventions that increase SC and raise awareness of psychological abuse and its impacts are needed.

1. Introduction

Annually, it is estimated that 1 in 7 children experience child maltreatment worldwide (Hillis et al., 2016). Given that life course models of development propose that adversity in childhood has the potential to change biological, psychological, and behavioral processes, extensive research has explored the impact of child abuse and its influence on victims throughout life (Giovannelli et al., 2020). The research findings indicate that individuals who have experienced child abuse are at risk of diminished mental health in adulthood and other outcomes that have adverse effects on their quality of life, such as substance abuse and a higher risk of revictimization (Metzler et al., 2017; Walker et al., 2019). However, not all individuals who experience child abuse have poor outcomes, suggesting differential susceptibility (Belsky et al., 2007). Several psychological risk factors that may negatively influence

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<https://doi.org/10.1016/j.chiabu.2023.106089>

Received 4 July 2022; Received in revised form 29 January 2023; Accepted 1 February 2023

Available online 8 February 2023

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developmental outcomes for child abuse survivors have been identified, including insecure attachment, negative attribution style, and maladaptive schemas (Corcoran & McNulty, 2018; Gong & Chan, 2018; Wright et al., 2009). In relation to psychological protective factors, emerging evidence suggests self-compassion may play a protective role between child abuse and psychological distress in adulthood (Wu et al., 2018). The current study focused on the previously unexplored psychological construct of fear of self as a risk factor for poor outcomes for child abuse survivors. It will also build on the existing literature on the protective nature of self-compassion by examining the influence of self-compassion on fear of self.

1.1. Defining child abuse

Definitions of child abuse vary throughout the literature (Hulme, 2004 provides examples). Generally, child abuse includes physical abuse (the intentional use of force that may result in harm), sexual abuse (sexual acts involving a child by someone in a position of power or authority), and psychological abuse being inappropriate verbal or symbolic acts toward a child or failure to provide non-physical and emotional availability (WHO, 1999). Child abuse is usually perpetrated on a child under 18 years of age; however, upper age limits that define child abuse vary by country or legislative area, with the upper age limit as young as 12 years of age in some jurisdictions (see Russell, 1983 for a discussion). Moreover, legal definitions of child abuse can differ from psychological/medical definitions, with legal definitions generally broader than more detailed psychological/medical definitions (AIFS, 2018).

Given differences in the definition of child abuse, it is not surprising that inconsistencies exist in the estimated prevalence rates of child abuse. For example, the systematic review by Moody et al. (2018) reported prevalence estimates in developed countries (e.g., Australia and North America) that range from 7 to 24 %. However, in developing countries (e.g., Africa and South America), these estimates range from 14 to 33 %. The variability is likely due to differing definitions/conceptions of child abuse, and the sample studied.

1.2. Consequences of child abuse

Notwithstanding difficulties in defining and establishing prevalence rates, the impact of child abuse on survivors is well documented. Child abuse is a risk factor for decreased psychological well-being, the development and maintenance of adult psychopathology, and diminished quality of life (Lindert et al., 2014; Norman et al., 2012; Weber et al., 2016). Burns et al. (2010) reported that women who experienced child abuse endorsed more post-traumatic symptomology, and those with greater difficulty regulating their emotions experienced higher levels of distress.

The impact of childhood adversity on quality of life in adulthood has been the focus of several studies. A systematic review by Weber et al. (2016) identified consistent and significant negative associations between maltreatment and poorer health-related quality of life. Others have also demonstrated a linear relationship between maltreatment and poorer quality of life in childhood (Jernbro et al., 2015) and lower life satisfaction in children aged 4 to 16 years (Tanaka et al., 2015). Studies that have examined gender differences have mixed findings with no differences noted (Tanaka et al., 2015), whereas others have identified lower life satisfaction for males but not females (Chahine, 2014).

1.3. Gender-specific analysis

An important consideration is the different experiences of abuse for men and women. For instance, women are more likely to be exposed to frequent sexual and psychological abuse and suffer multiple types of abuse. In comparison, men experience higher levels of physical abuse (Almuneef et al., 2017; McAnee et al., 2019). Furthermore, the behavioral impact of child abuse on females may increase and becomes more pronounced over time (Godinet et al., 2014). Thus, females who endure child abuse are more likely to suffer lifetime internalizing disorders (i.e., depression, anxiety, mood disorder) and self-blame more so than men (Gershon et al., 2008; Meng and D'Arcy, 2016). Almuneef et al. (2017), in a large-scale population-based study of 10,156 participants (48 % females), reported that women with a child abuse history were around seven times more likely to experience depression, anxiety, or other mental illnesses in adulthood (aOR = 6.4–7.4). In contrast, men were around three times as likely (aOR = 3.1–3.7).

Despite the consistent findings in extant literature that child abuse is related to adverse outcomes, there is a need for further gender-specific analysis. Recent reviews have identified limited studies on protective psychological factors, few studies include emotional abuse, and often sample size is a limitation (Gallo et al., 2018; Meng et al., 2018). Also, research suggests that men and women may process trauma differently suggesting the pathways between maltreatment and outcome may differ. For example, Benedini and Fagan (2020) found that the relationship between child maltreatment and adverse outcomes is mediated by internalizing problems (e.g., mental health problems) for women. In contrast, other findings indicate that this relationship may be mediated by externalizing behaviors for men (e.g., Asgeirsdottir et al., 2011 and Hudson et al., 2017). However, these results are inconsistent, warranting further examination.

1.4. Risk and protective factors

Risk factors are individual (e.g., personality) and environmental (e.g., family and external systems) influences that increase the possibility of a specific adverse outcome or threat to the development of an individual (Kraemer et al., 2005; Masten & Cicchetti, 2010). In contrast, protective factors are those that may mitigate or moderate the impact of risk or adversity associated with child development (Narayan et al., 2015). Developmental cascade models provide a theoretical framework to understand the cumulative

effect that early life adversity can have on cognitive, social, and emotional developmental outcomes (Masten & Cicchetti, 2010). The effects of adversity over the life course primarily cascade from the early trauma, with subsequent events or circumstances potentially promoting or hindering development (Masten & Cicchetti, 2010). Poorer outcomes can contribute to health risk behaviors leading to later disease, disability, and social problems that can impact the quality of life (Giovannelli et al., 2020). Individually, risk and protective factors are generally psychological, yet few studies have considered these factors. This is an important but often overlooked aspect. Abuse may impact how a child views themselves and thus their cognitive and behavioral response to stress (Berber Çelik & Odaci, 2020). Understanding psychological risk and protective factors allow for exploring differential susceptibility to the negative outcomes associated with child abuse.

One such factor is negative self-appraisal or fear of self. Fear of self is an individual's fear of whom they may become, which is an irrational fear usually based on faulty self-evaluations (Aardema et al., 2013). The notion of a feared self is consistent with self-discrepancy theory (Higgins, 1987), which posits that discrepancies can exist between the actual self, who we believe we are, and the ought self, who we feel we should be. When these selves are discrepant, the actual self may be akin to a feared self. Studies have linked the feared self to negative emotions such as fear, anxiety, and psychopathology (i.e., Obsessive Compulsive Disorder and eating disorders, Aardema et al., 2013; Godwin et al., 2020). In addition, child abuse survivors report increased negative self-associations, so they may adopt negative beliefs about themselves (van Harmelen et al., 2010). Therefore, fear of self may influence how a child abuse survivor experiences adverse outcomes in later life, but currently, it is a relatively unexplored area.

In contrast to fear of self, self-compassion is an important self-regulation strategy to cope with uncomfortable feelings by acknowledging them with self-kindness (Neff, 2003). Self-compassion is directing feelings of caring, non-judgment, kindness toward oneself, and accepting inadequacies and failures (Neff, 2003). Therefore, it is conceivable that self-compassion would lessen or moderate uncomfortable feelings such as fear of self. Self-compassion may circumvent self-criticism and negative appraisals associated with fear of self, allowing an individual greater control over stressful events (Phelps et al., 2018).

Child abuse survivors generally report lower levels of self-compassion. Tanaka et al. (2011) examined 117 Canadians (45 % female) receiving child protection services aged 16 to 20. They found that psychological abuse was associated with lower levels of self-compassion; however, those with more self-compassion were less likely to experience psychological distress. Therefore, it is plausible that self-compassion may be a protective factor for survivors of child abuse. While self-compassion is a relatively stable trait, it can be developed, which may benefit interventions for survivors of child abuse (Leary et al., 2007; Neff & Germer, 2013). However, the relationship between fear of self, self-compassion, and child abuse has not been examined to the best of our knowledge.

1.5. Limitations of extant research

While the studies reviewed above support the relationship between child abuse and later adversity, they have several limitations. First, many studies examine child abuse as a composite variable encompassing other adversities such as household dysfunction (e.g., Adverse Childhood Experiences Survey, Felitti et al., 1998), arguing that this approach accounts for the interrelatedness of the different adversities (Dong et al., 2004). However, such an approach gives equal weight to each dimension or category of adverse experience and assumes an equivalent health risk (Ford et al., 2014; Lanier et al., 2018). In contrast, studies that examine abuse types separately often do not account for other abuse types (i.e., statistically partition their effects); therefore, the impact of the abuse examined may be influenced by other abuse experienced (Higgins & McCabe, 2001). Research, however, shows that different abuse types can have differential outcomes. For example, Westermair et al. (2018) found that child maltreatment (neglect and abuse) was associated with psychological disorders, whereas sexual abuse was related to physiological outcomes such as hunger, satiety, and pain. Additionally, children who have experienced psychological abuse may experience greater distress than those who experience sexual or physical abuse (Spinazzola et al., 2014), with psychological abuse potentially having a unique influence on internalizing difficulties (Cecil et al., 2017). Therefore, composite measures may mask specific findings pertaining to different abuse types, and important differences may be overlooked.

Another limitation of extant research is that studies only assess the occurrence of child abuse (i.e., did the abuse occur, yes or no, see Affi et al., 2016 for an example). However, children who experience an ongoing pattern of abuse do not necessarily desensitize to the experience of abuse; rather, the impact of these adverse experiences can be compounded (Arata et al., 2005). For example, Norman et al. (2012) reported that anxiety disorders are more likely to occur with frequent physical abuse than with less abuse consistent with cumulative adversity theory (Turner & Lloyd, 1995).

1.6. The current study

This study addressed gaps in research on psychological risk and protective factors for women who have experienced child abuse. Research must seek to understand how risk and protective factors interact within the context of adversity to develop effective interventions for child abuse survivors. Thus, we explored the influence of fear of self and self-compassion using moderated-moderation models to examine the relationship between childhood abuse (i.e., physical, sexual, and psychological) and psychological distress and perceived quality of life. In line with the evidence presented, we expected that physical, sexual, and psychological abuse suffered by women in childhood would independently predict greater psychological distress in adulthood. For all three relationships, we expected that greater fear of self would contribute to more distress, and self-compassion would lessen the influence of fear of self. Also, we expected that physical, sexual, and psychological abuse suffered by women in childhood would independently predict a lower perceived quality of life in adulthood. For all three relationships, a greater fear of self would contribute to less perceived quality of life, and more self-compassion would diminish the influence of fear of self (see Fig. 1).

2. Method

2.1. Participants

An initial 1306 women responded to the online survey. Of these, 236 participants did not complete any questions or failed to meet eligibility criteria (i.e., over 18 years and female). After initial screening for spurious responses (2 cases, see below), the final sample consisted of 1068 participants aged between 18 and 80 years ($M = 47.28$, $SD = 13.63$, $N = 926$), 142 participants had missing demographic data. Participants were predominantly partnered, highly educated, and employed. Relative to the Australian population, this sample had more non-partnered individuals with higher levels of education and fewer First Nations Australians (ABS, 2022). Table 1 provides further detail.

Approximately 75 % of participants reported experiencing physical abuse, 41 % reported sexual abuse, and around 70 % reported psychological abuse (see Table 2). These prevalence estimates exceed those reported in previous Australian studies for boys and girls (e.g., physical abuse 5–10 %, sexual abuse up to 27 %, psychological 6–17 %, AIFS, 2017). Our more detailed measures may have contributed to these higher rates. Also, the study topic (i.e., child abuse) may have attracted those with a vested interest.

2.2. Measures

2.2.1. Child abuse

The Adverse Childhood Experiences Study Questionnaire (ACES, Felitti et al., 1998) and the Childhood Experiences of Violence Questionnaire – Short Form (CEVQ-SF, Tanaka et al., 2012) were combined to create a measure of physical, sexual, and psychological abuse consistent with previous studies (e.g., Brunton et al., 2020).

All items were rated from 1 (*never*) to 5 (*10 times or more*) for abuse suffered before 18 years. The existence of abuse (i.e., any items positively endorsed determined the prevalence of each abuse type. The internal consistency for this combined measure was good to excellent, according to George and Mallery's (2003) conventions: $\alpha =$ physical abuse, $\alpha = 0.90$, sexual abuse $\alpha = 0.93$, and psychological abuse $\alpha = 0.84$.

2.2.1.1. Adverse Childhood Experiences Study Questionnaire. The ACES assesses childhood abuse and household dysfunction. For this study, we used the physical (2 items), sexual (4 items), and psychological (2 items) abuse items. Items include 'Did a parent or other adult in the household often or very often swear at, insult, or put you down?' The ACES has good test-retest reliability, $r = 0.91$ (Mersky et al., 2017).

2.2.1.2. Childhood Experiences of Violence Questionnaire – Short Form. The CEVQ-SF is a measure of physical (3 items) and sexual abuse (1 item). Items such as "slap on the face, head, or ears or hit or spank you with something like a belt, wooden spoon, or something hard?" were rated for frequency. The CEVQ-SF has good internal consistency for physical abuse ($\alpha = 0.85$) (Tanaka et al., 2012).

Each item from the above scales was classified by abuse type to create the predictor variables of physical, sexual, and psychological abuse. This approach allowed for a broader range of behaviors, defined as child abuse within the literature to be assessed.

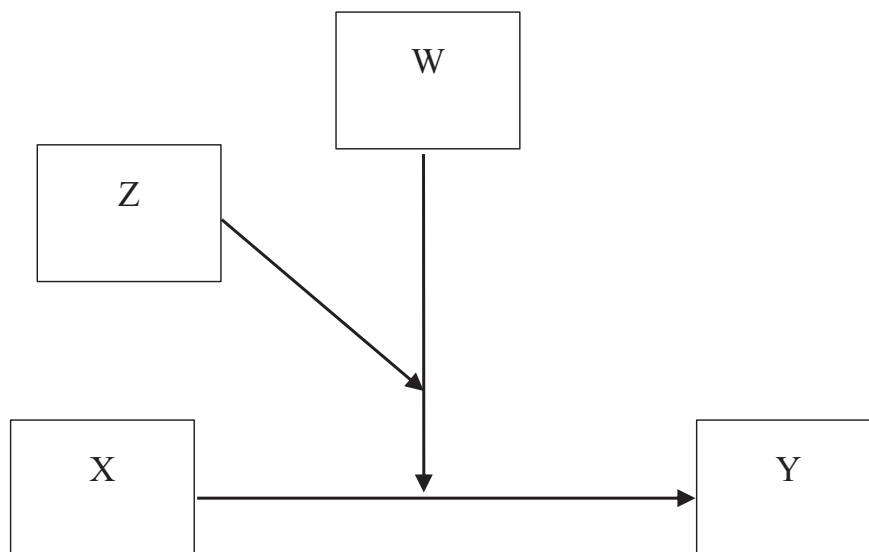


Fig. 1. Moderated-moderation model.

Table 1
Participant demographics.

Demographic	Frequency (%)	Demographic	Frequency (%)
Employment		Cultural background^b	
Employed ^a	609 (57.0 %)	Caucasian	768 (71.9 %)
Not currently working ^b	306 (28.7 %)	First Nations Australians	11 (1 %)
Homemaker	15 (1.4 %)	European	100 (9.4 %)
Marital status^a		Other	49 (4.6 %)
Partnered	577 (54.0 %)	Annual household income (AUD)^a	
Not-partnered	357 (33.4 %)	< \$50,000 - \$100,000	521 (48.8 %)
Education^a		\$100,000 - \$150,000	225 (21.1 %)
Low	162 (15.2 %)	\$150,000 - \$200,000	109 (10.2 %)
Medium	210 (19.7 %)	> \$200,000	75 (7.0 %)
High	558 (52.2 %)		

Note. Missing data, a = 138, b = 139.

Table 2
Prevalence of childhood abuse.

Type of child abuse	Frequency (%) Yes	Frequency (%) No
Physical abuse ^a	788 (73.8 %)	156 (14.6 %)
Sexual abuse ^b	437 (40.9 %)	504 (47.2 %)
Psychological abuse ^a	723 (67.7 %)	227 (21.3 %)

Note. Missing data, a = 124, b = 127, c = 118. Child abuse was considered to occur if respondents indicated a positive response for any child abuse item.

2.2.2. Fear of Self - 8 Scale (FSQ-8, Aardema et al., 2013)

The FSQ-8 is an 8-item self-report scale that assesses an individual's undesired or feared self. Participants respond to items such as "I am afraid to look inside myself because I am afraid of what I might find" on a scale from 1 (*strongly agree*) to 6 (*agree*). Higher scores indicate a greater negative appraisal or feared self. The FSQ-8 has demonstrated concurrent validity by correlations with depression, anxiety, and stress, $r_s = 0.50-0.63$. The scale has excellent internal consistency $\alpha = 0.96$ consistent with the current study, $\alpha = 0.90$.

2.2.3. Self-compassion (Neff, 2003)

This 26-item scale measures three facets of self-compassion: self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification. Items such as, "When things are going badly for me, I see difficulties as a part of life that everyone goes through" are rated on a scale from 1 (*almost never*) to 5 (*almost always*). Higher scores indicate greater self-compassion. The scale has excellent internal consistency, $\alpha = 0.92$. Internal consistency for the current study was also excellent, $\alpha = 0.95$.

2.2.4. Depression Anxiety Stress Scales (DASS-21, Lovibond & Lovibond, 1995)

Psychological distress was measured using the DASS-21, a 21-item scale that assesses depression, anxiety, and stress. Responses range from 0 (*never*) to 3 (*almost always*), for items such as "I find it hard to wind down". Higher scores indicate greater psychological distress. The DASS-21 has excellent internal consistency ($\alpha = 0.93$; Henry & Crawford, 2005) consistent with the current study, $\alpha = 0.94$.

2.2.5. WHO Quality of Life Assessment – Brief (WHOQOL-Bref, WHOQOL Group, 1996)

Perceived quality of life was assessed using the WHOQOL- Bref. This 8-item scale measures various facets of quality of life, such as enjoyment, meaningfulness, and satisfaction. Response options vary and range from 1 (e.g., *not at all/ very poor*) to 5 (e.g., *completely/ very good*) to questions such as "how would you rate your quality of life?" Higher scores indicate greater perceived quality of life. For this study, the internal consistency was good, $\alpha = 0.88$.

2.2.6. Positive and Negative Affect Schedule (PANAS, Watson et al., 1988)

The negative affect subscale of the PANAS was included as a covariate due to its reported correlation with fear of self and mood disorders (Aardema et al., 2013). Participants indicated how often they recently experienced negative emotions across ten items (e.g., distressed, guilty, upset). Responses ranged from 1 (*extremely*) to 5 (*very slightly/ not at all*). Higher scores indicated lower negative affect. The PANAS has demonstrated convergent validity with measures of depression and anxiety in non-clinical samples, $r_s = 0.44-0.67$ (Crawford & Henry, 2004). The subscale has good internal consistency ($\alpha = 0.85$), consistent with the current study $\alpha = 0.90$.

2.3. Procedure

Participants were recruited using a dedicated Facebook page and paid advertising, following institutional ethics approval. This

Table 3
Pearson's correlations.

	CPA	CSA	CPsyA	FoS	SCS	NegAff	QoL	Distress	Age	Employ	Educ	Culture	Marital
CSA	0.34**												
CPsyA	0.79**	0.30**											
FoS	0.26**	0.20**	0.32**										
SCS	-0.24**	-0.16**	-0.32**	-0.67**									
NegAff	-0.25**	-0.20**	-0.30**	-0.63**	0.62**								
QoL	-0.27**	-0.20**	-0.32**	-0.55**	0.63**	0.55**							
Distress	0.31**	0.23**	0.36**	0.61**	-0.63**	-0.76**	-0.59**						
Age	0.09**	0.10**	0.01	-0.27**	0.21**	0.18**	0.03	-0.14**					
Employ	0.15**	0.12**	0.13**	0.06	-0.05	-0.12**	-0.15**	0.16**	0.13**				
Educ	-0.04	-0.02	0.03	-0.09**	0.06	0.05	0.13**	-0.15**	0.04	-0.15**			
Culture	-0.03	-0.07*	0.02	-0.01	0.01	-0.01	0.03	0.02	-0.25**	-0.01	0.05		
Marital	-0.02	-0.01	0.03	0.12**	-0.10**	-0.10**	-0.12**	0.11**	-0.37**	0.08*	0.01	0.13**	
Income	-0.12**	-0.15**	-0.11**	-0.09**	0.11**	0.13**	0.23**	-0.21**	-0.07*	-0.34**	0.19**	-0.03	-0.39**

Note. CPA = physical abuse. CSA = sexual abuse. CPsyA = psychological abuse. FoS = Fear of Self. SCS = self-compassion. Employ = employment status. Educ. = education level coded from low to high. Significance denoted as ** = $p < .01$ level (2-tailed), * = $p < .05$ level (2-tailed). N ranged from 926 to 1068.

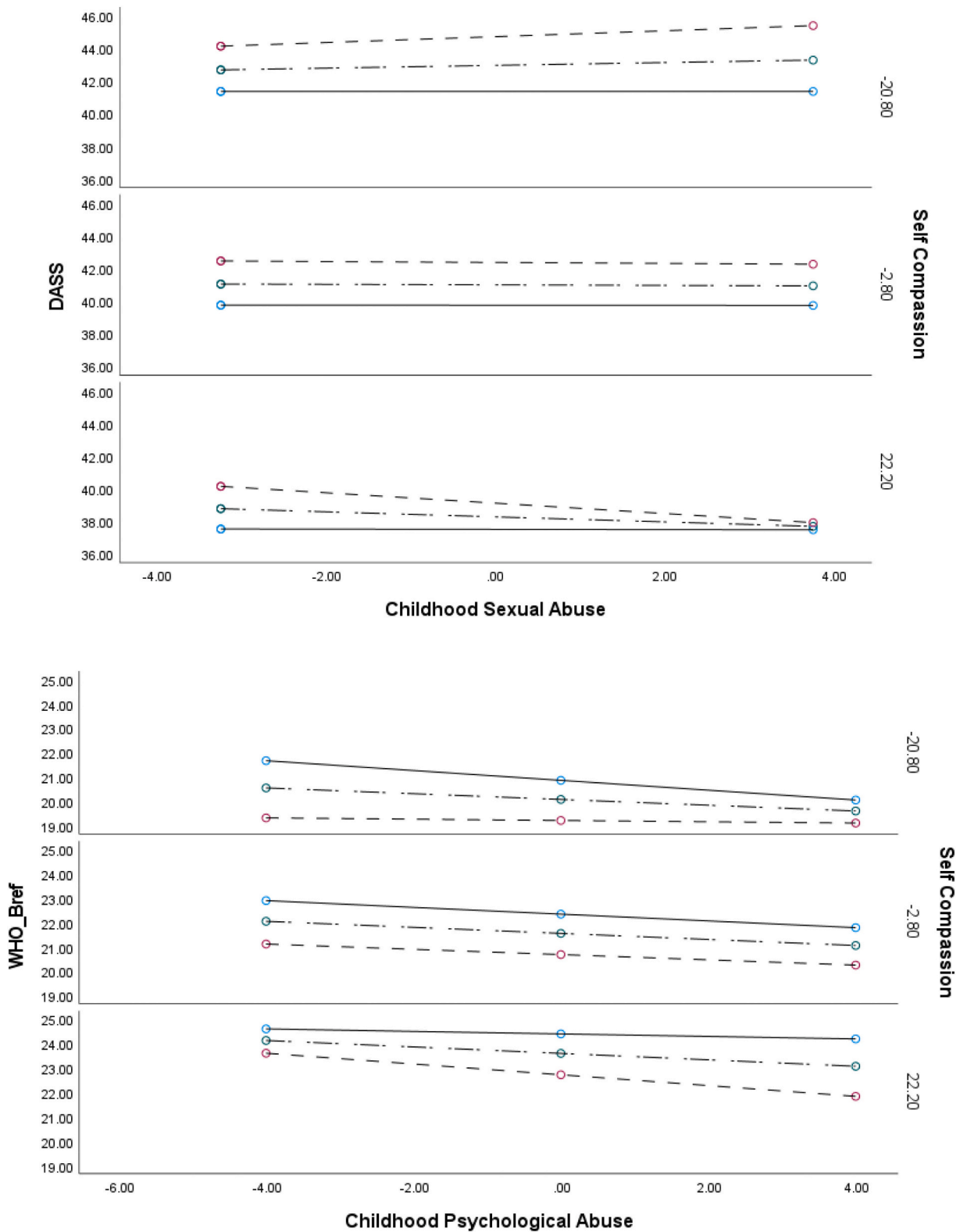


Fig. 2. Interactions and moderated-moderation models.
 Note. DASS = measure of psychological distress. WHO-Bref = measure of quality of life. The solid line indicates fear of self at -10.50 , dashed/dotted line at -0.50 and dashed line at 10.50 .

recruitment method enabled the targeted recruitment of women aged 18 years and over residing in Australia in a convenient, far-reaching, and cost-effective manner (Leach et al., 2017). A moderate incentive (chance to win an AUD50 gift card) encouraged participation. Participants were directed to the online survey hosted on the Qualtrics platform, where they provided informed consent. Due to the topic's sensitive nature, the scales were not randomized to allow for the forewarning of potentially distressing items. Of the scale items, the child abuse items were administered last to minimize order effects. The survey ended with demographic questions.

2.4. Data analysis

Assessment of normality was completed visually using histograms and Q-Q plots. Pearson correlations between the study variables, PANAS and age, marital status, employment, cultural background, and household income determined covariates and assessed multicollinearity. In addition, other abuse types were controlled for in each model to account for the known comorbidity of abuse types. Six moderated-moderation models examined the influence of fear of self (W) and self-compassion (Z) on the relationship between child abuse (X), psychological distress (Y), and quality of life (Y). A moderated-moderation proposes that W's influence on the relationship of XY is conditional on Z. That is, the influence of W on XY is itself moderated by Z (Hayes, 2018). Fig. 1 is a conceptual image of the model. Specifically, we examined fear of self as a primary moderator (W) of the relationship between the predictors (physical, sexual, and psychological child abuse [X]) and the outcomes of psychological distress (i.e., DASS-21, [Y]) and perceived quality of life (WHO-Bref, [Y]). In addition, the influence of self-compassion as a secondary moderator (Z) on fear of self (W) was examined. Analyses were completed using IBM SPSS (v 27.0), Hayes's (2018) PROCESS version 3.5.

3. Results

3.1. Preliminary analyses

Initial data screening resulted in two cases removed for spurious responses. All dependent variables were generally normally distributed, and analysis proceeded using pairwise deletion (to maximize the use of the data) to and 5000 bootstrap resamples with bias-corrected confidence intervals. The ratio of cases to variables exceeded Field's (2013) guidelines for large effect sizes. As shown in Table 3, Pearson's correlations confirmed that negative affect, age, employment, education, marital status, and income as covariates. According to Field's (2013) conventions, there was no evidence of multicollinearity.

Table 4
Moderated-moderation models for psychological distress.

Predictors	Physical abuse			Sexual abuse			Psychological abuse		
	B (SE)	t-statistic	95%CI	B (SE)	t-statistic	95%CI	B (SE)	t-statistic	95%CI
Type of abuse	0.05 (0.06)	0.81	-0.07, 0.18	-0.03 (0.05)	-0.60	-0.14, 0.07	0.25 (0.13)	1.98*	0.01, 0.50
Fear of self	0.14 (0.04)	3.59***	0.06, 0.21	0.12 (0.04)	3.16**	0.05, 0.19	0.15 (0.04)	3.91***	0.08, 0.23
Self-comp	-0.11 (0.02)	-6.37****	-0.15, -0.08	-0.11 (0.02)	-6.44****	-0.14, -0.08	-0.11 (0.02)	-6.33****	-0.15, -0.08
Physical abuse				0.03 (0.06)	0.56	-0.08, 0.15	0.05 (0.06)		-0.06, 0.17
Sexual abuse	0.06 (0.05)	1.32	-0.03, 0.15				0.06 (0.05)		-0.03, 0.15
Psychological abuse	0.22 (0.12)	1.87	-0.01, 0.46	0.03 (0.06)	0.56	-0.08, 0.15			
Age	0.02 (0.02)	1.14	-0.02, 0.06	0.02 (0.02)	1.10	-0.02, 0.06	0.02 (0.02)	1.09	-0.02, 0.06
Employment	0.19 (0.18)	1.06	-0.16, 0.54	0.20 (0.18)	1.11	-0.15, 0.54	0.18 (0.18)	1.03	-0.16, 0.53
Education	-0.86 (0.21)	-4.09***	-1.28, -0.45	-0.86 (0.21)	-4.11****	-1.27, -0.45	-0.87 (0.21)	-4.15****	-1.29, -0.46
Culture	0.21 (0.18)	1.20	-0.13, 0.56	0.23 (0.18)	1.32	-0.11, 0.57	0.21 (0.18)	1.22	-0.13, 0.56
Marital status	0.04 (0.14)	0.29	-0.24, 0.32	0.06 (0.14)	0.44	-0.22, 0.34	0.03(0.14)	0.19	-0.25, 0.31
Income	-0.57 (0.20)	-2.84 **	-0.96, -0.18	-0.52 (0.20)	-2.63 **	-0.91, -0.13	-0.57 (0.20)	-2.86**	-0.96, -0.18
Negative affect	-0.76 (0.04)	-20.07****	-0.83, -0.68	-0.75 (0.04)	-20.01****	-0.83, -0.68	-0.75 (0.04)	-19.92****	-0.83, -0.68
Abuse × SCS	-0.01 (0.01)	-1.64	-0.02, 0.01	-0.01 (0.01)	-0.28	-0.01, 0.01	-0.01 (0.01)	-0.24	-0.01, -0.01
Abuse × FoS	-0.03 (0.01)	-2.32*	-0.05, -0.01	-0.01 (0.01)	-0.71 *	-0.01, 0.01	0.01 (0.01)	0.08	-0.01, 0.01
SCS × FoS	-0.01 (0.01)	-2.12 *	-0.01, 0.01	-0.01 (0.01)	-0.36	-0.01, 0.01	0.01 (0.01)	-0.07	-0.01, -0.001
Abuse × FoS × SCS	0.01 (0.01)	0.93	-0.01, 0.01	-0.01 (0.01)	-0.57	-0.001, -0.01	-0.01 (0.01)	-2.27*	-0.01, -0.001

Note. * $p < .05$. ** $p < .01$. *** $p < .001$. **** $p < .0001$. B = the regression co-efficient, SE = standard error. Bootstrap estimates reported except for t-statistics. All variables were mean-centered. FoS = Fear of Self, SCS = Self compassion.

3.2. Moderated-moderation

Six models examined the specific predictions that each child abuse sub-type would predict psychological distress and perceived quality of life moderated by fear of self (primary) and self-compassion (secondary). Any interaction between abuse and the moderators was also examined. All models controlled for other abuse types and identified covariates.

3.2.1. Psychological distress models

The first model examined childhood physical abuse and psychological distress. The overall model was significant, $F(16, 908) = 114.86, p < .0001$ explaining 66.93 % of the variance. After controlling for sexual and psychological abuse and covariates, physical abuse was not a significant predictor of psychological distress. However, fear of self and self-compassion independently predicted psychological distress, indicating that the more fear of self and the less self-compassion an individual had, the more likely they would be distressed. There was also a significant interaction between fear of self and self-compassion; however, this did not moderate the relationship between physical abuse and psychological distress.

The second model examined childhood sexual abuse and distress. The overall model was significant, $F(16, 908) = 116.49, p < .0001$ explaining 67.24 % of the variance. Sexual abuse did not significantly predict psychological distress. However, fear of self and self-compassion independently predicted psychological distress, indicating that greater fear of self or lower self-compassion were independently associated with psychological distress. There was a significant interaction between childhood sexual abuse and self-compassion, indicating that greater self-compassion moderated the relationship between childhood sexual abuse and distress. There was also a moderated-moderation (Fig. 2), showing that fear of self influences the relationship between sexual abuse and distress, with self-compassion moderating this relationship.

The third model examined childhood psychological abuse and distress. The overall model was significant, $F(16, 908) = 115.66, p < .0001$ explaining 67.08 % of the variance. Childhood psychological abuse, fear of self, and self-compassion all independently predicted psychological distress, indicating that more frequent abuse, more fear of self, or less self-compassion, were all associated with greater distress. Significant interactions were observed between psychological abuse and fear of self, indicating that fear of self influences the relationship between abuse and distress. There was also an interaction between fear of self and self-compassion, suggesting that the level of compassion and fear of self can influence the distress experienced. However, no moderated-moderation was observed. Table 4 presents the results for the three distress models.

Table 5
Moderated-moderation models for quality of life.

Predictors	Physical abuse			Sexual abuse			Psychological abuse		
	B (SE)	t-statistic	95%CI	B (SE)	t-statistic	95%CI	B (SE)	t-statistic	95%CI
Type of abuse	-0.02 (0.03)	-0.57	-0.07, 0.04	-0.02 (0.02)	-0.96	-0.06, 0.02	-0.13 (0.05)	-2.38*	-0.22, -0.02
Fear of self	-0.08 (0.02)	-4.73****	-0.11, -0.04	-0.07 (0.02)	-4.66****	-0.11, -0.05	-0.08 (0.02)	-4.89****	-0.11, -0.05
Self-compassion	0.08 (0.01)	11.08****	0.07, 0.10	0.08 (0.01)	10.91****	0.06, 0.09	0.08 (0.01)	11.06****	0.07, 0.10
Physical abuse				0.01 (0.02)	0.28	-0.04, 0.05	0.01 (0.02)	0.08	-0.05, 0.05
Sexual abuse	-0.02 (0.02)	-1.01	-0.06, 0.02				-0.02 (0.02)	-1.01	-0.06, 0.02
Psychological abuse	-0.08 (0.05)	-1.65	-0.18, 0.02	-0.09 (0.05)	-1.84	-0.19, 0.01			
Age	-0.04 (0.01)	-5.05****	-0.06, -0.03	-0.04 (0.01)	-5.09****	-0.06, -0.03	-0.04 (0.01)	-5.03****	-0.06, -0.03
Employment	-0.12 (0.07)	-1.64	-0.27, 0.02	-0.11 (0.07)	-1.53	-0.26, 0.03	-0.12 (0.07)	-1.57	-0.26, 0.03
Education	0.22 (0.09)	2.60**	0.06, 0.40	0.23 (0.09)	2.64**	0.06, 0.40	0.23 (0.09)	2.65**	0.06, 0.40
Culture	-0.01 (0.07)	-0.20	-0.16, 0.13	-0.01 (0.07)	-0.20	-0.16, 0.13	-0.01 (0.07)	-0.12	-0.15, 0.13
Marital status	-0.13 (0.06)	-2.26*	-0.25, -0.02	-0.14 (0.06)	-2.29*	-0.25, -0.02	-0.13 (0.06)	-2.24*	-0.25, -0.02
Income	0.18 (0.08)	2.31*	0.02, 0.35	0.19 (0.08)	2.270*	0.03, 0.35	0.19(0.08)	2.25*	0.02, 0.35
Negative affect	0.008 (0.02)	5.13****	0.05, 0.11	0.08 (0.02)	5.11****	0.05, 0.11	0.08 (0.02)	5.02****	0.05, 0.11
Abuse × SCS	-0.01 (0.01)	-0.91	-0.01, 0.01	-0.01 (0.01)	-0.28	-0.01, 0.01	-0.01 (0.01)	-0.24	-0.01, 0.01
Abuse X FoS	-0.01 (0.01)	-0.41	-0.01, 0.01	-0.01 (0.01)	-0.72	-0.01, 0.01	0.01 (0.01)	-0.08	-0.01, 0.01
SCS × FoS	0.01 (0.01)	0.10	-0.01, 0.01	-0.01 (0.01)	-0.36	-0.01, 0.01	0.01 (0.01)	-0.08	-0.01, 0.01
Abuse × FoS × SCS	-0.01 (0.01)	-1.78	-0.01, 0.01	0.00 (0.01)	-0.57	-0.01, 0.01	-0.01 (0.01)	-2.27*	-0.001, -0.01

Note. * $p < .05$. ** $p < .01$, *** $p < .001$, **** $p < .0001$. B = the regression co-efficient, SE = standard error. Boot strap estimates reported except for t-statistics. All variables were mean-centered.

3.2.2. Quality of life models

The fourth model examined childhood physical abuse and quality of life. The overall model was significant, $F(16, 9080) = 58.00$, $p < .0001$ explaining 50.54 % of the variance. Physical abuse was not an independent predictor of quality of life. In contrast, fear of self and self-compassion both independently predicted quality of life, indicating that greater fear of self or less self-compassion is associated with lower perceived quality of life. There were no significant interactions.

The fifth model examined childhood sexual abuse and quality of life. The overall model was significant, $F(16, 908) = 57.61$, $p < .0001$ explaining 50.38 % of the variance. Childhood sexual abuse was not a significant predictor of quality of life. In contrast, fear of self and self-compassion independently predicted quality of life, indicating that both moderators were associated with less perceived quality of life. There were no significant interactions.

The final model examined childhood psychological abuse and quality of life. The overall model was significant, $F(16, 908) = 58.26$, $p < .0001$ explaining 50.65 % of the variance. Psychological abuse, fear of self, and self-compassion all significantly and independently predicted quality of life, indicating that more frequent psychological abuse, greater fear of self, or lower self-compassion were linked to less perceived quality of life. There was also a moderated-moderation (Fig. 2), indicating that fear of self influences the relationship between psychological abuse and perceived quality of life, with more self-compassion associated with less fear of self. Table 5 presents the results of the quality of life models.

4. Discussion

This research addressed gaps in the literature associated with risk and protective factors for women who have experienced child abuse. To the best of our knowledge, this is the first study to independently examine the frequency of childhood physical, sexual, and psychological abuse and its relationship with psychological distress, quality of life, and the moderating roles of fear of self and self-compassion.

4.1. Statement of findings

Contrary to predictions, more frequent childhood physical abuse did not predict higher levels of psychological distress. The hypothesis that sexual abuse would predict psychological distress was partially supported. That is, while sexual abuse did not independently predict psychological distress, it was significant in the moderated-moderation analyses (this can occur without a significant main effect as the inclusion of all predictors can dilute the main effect). Fear of self was a moderator, that is women with a sexual abuse history with higher levels of fear of self experienced higher levels of psychological distress but being more self-compassionate lessened the effect of this fear. The third hypothesis was also partially supported. Psychological abuse was a predictor of distress; however, only fear of self significantly interacted with psychological abuse indicating that this negative self-appraisal can increase the levels of psychological distress.

For the perceived quality of life models, contrary to expectations, childhood physical abuse did not predict less perceived quality of life. Likewise, our hypothesis that child sexual abuse would predict quality of life was also not supported. Our final hypothesis was fully supported by psychological abuse predicting perceived quality of life and fear of self moderating this relationship. Moderated-moderation occurred by greater self-compassion lessening the impact of fear of self on the relationship between psychological abuse and quality of life. The findings demonstrate the additive nature of adversity on adult outcomes consistent with cumulative adversity theory (Turner & Lloyd, 1995).

This study provides new findings that extend upon previous research by examining the frequency of abuse, not just its occurrence; this approach provides a more comprehensive analysis of the relationship between childhood abuse and perceived well-being in adulthood (i.e., distress and quality of life). In addition, each model explained a large amount of the variance (i.e., 50–67 %). However, we note that some of this variance may be attributable to using self-report measures. Notwithstanding this, the results indicate that the included variables likely had good explanatory power.

4.2. Interpretation of findings

4.2.1. Childhood physical abuse

The findings that childhood physical abuse was not a predictor of perceived wellbeing was unexpected and inconsistent with extant research (Lindert et al., 2014; Norman et al., 2012). However, in analyses that did not control for the other abuse types (results not reported here), physical abuse was a significant predictor of both outcomes suggesting that the impact of this abuse type is dependent on its comorbidity with other abuses. The co-occurrence of different abuse types is high and psychological abuse is likely inherent in all abuse types (Higgins & McCabe, 2001; Spinazzola et al., 2014). Also, the finding that fear of self and self-compassion did not moderate this relationship may be related to Masten's (2014) developmental cascades of risk and protection. This study focused on intrapersonal factors; however, for child physical abuse, protective factors external to the individual (e.g., family, and external social support systems) may be needed. This was demonstrated by Brunton et al. (2020), who found that social support partially mediated the relationship between child physical abuse and anxiety experienced in pregnancy. Therefore, it is conceivable that the physical nature of this abuse type may require more practical protective factors. This could include providing accessible information about parenting and child development to families deemed at risk or more targeted approaches that takes a strengths-based approach that builds on assets and strengths in the family to enhance protective factors (Bromfield et al., 2010; DCJ, 2019).

4.2.2. Childhood sexual abuse

The findings for childhood sexual abuse were unexpected. This abuse type did not independently predict psychological distress or perceived quality of life. However, a moderated-moderation was observed for psychological distress in that the negative impact of fear of self on the relationship between sexual abuse and distress was mitigated by self-compassion. Yet, this effect was small, and the less compelling findings could be related to the measure used for sexual abuse, which assessed contact abuse only. Other abuse characteristics, such as duration, use of force, and non-contact abuse, are known to influence adverse outcomes (see Brunton & Dryer, 2021, for a review). Studies have also shown that by including more nuanced abuse measures, deeper insights into the association between sexual abuse and outcomes can be gained (see Cammack, 2017, for example).

4.2.3. Childhood psychological abuse

Of the three abuse types and consistent with previous research (Brunton et al., 2020; Cecil et al., 2017), psychological abuse was the strongest predictor of distress. This abuse type also predicted poorer perceived quality of life. Fear of self moderated the relationship between abuse and quality of life, and self-compassion diluted the effect of fear of self. Again, the effect size was small, and these conservative findings may reflect the measure only assessing hostility and intimidation and no other aspects of psychological abuse (e.g., terrorizing, spurning, AIFS, 2018), thus potentially underestimating its impact.

4.3. Practical implications

The findings of this study provide new insights into the role of fear of self and self-compassion for survivors of child abuse. Fear of self appears to be a risk factor for poorer wellbeing for women who have suffered childhood sexual or psychological abuse. In contrast, self-compassion appears to positively influence an individual's negative self-appraisals known to be associated with abuse survivors (van Harmelen et al., 2010). While the effect sizes reported for the moderation and moderated-moderation were moderate/small, they indicate the roles these intrapersonal factors can have on the well-being of female survivors of child abuse. The protective role self-compassion may have against poor outcomes for women who have suffered sexual or psychological abuse should not be overlooked. This is an important finding as it provides avenues for intervention. Self-compassion development for children (i.e., child protection interventions) or therapeutic intervention for child abuse survivors may assist survivors in developing adaptive coping skills in response to the trauma experienced. Given that self-compassion is a trait that can be developed, interventions based on increasing self-compassion, such as compassion mind training, could attenuate negative self-appraisals through the development of self-soothing and more self-directed warmth and reassurance (Gilbert & Procter, 2006).

The current findings highlight the deleterious impact of child abuse, particularly psychological abuse, on female survivors of child abuse. Given that psychological abuse can be poorly understood by both parents and child protection professionals, it may be underreported and by extension, untreated (Baker et al., 2021). Therefore, we recommend that education that specifically targets increased understanding of this abuse be considered by those in the child protection field.

This study has several strengths worth noting. First, using an aggregate measure for child abuse provided a more comprehensive assessment. In addition, examining the different abuse types provided insights into their differential impact on well-being and potential risk and protective factors. However, despite these strengths, the study may have been limited by retrospective self-report items for child abuse, which can be biased by memory inaccuracies (McDonald et al., 2011). The study's cross-sectional design meant that causality could not be assumed. Therefore, the findings of this study need to be replicated in prospective and/or longitudinal studies. Also, the sample was not representative of the wider Australian population in all areas, so generalizations should be cautiously made. Future research also needs to focus on the impact of childhood psychological abuse, given that it is currently the least explored abuse type. This may reflect those other forms of abuse are more obvious than psychological abuse (e.g., the physical wounds of physical and sexual abuse), which arguably makes psychological abuse harder to identify. However, its impact is no less destructive (Spinazzola et al., 2014).

5. Conclusion

This study addressed important research gaps by exploring psychological risk and protective factors for women survivors of child abuse. The results indicated that fear of self might exacerbate childhood psychological abuse's effect on a woman's psychological distress. In contrast, the findings indicated the potential of self-compassion as a psychological protective factor that may be utilized in sexual and psychological abuse populations to alleviate psychological distress and enhance the perceived quality of life. Importantly, this study highlighted that psychological risk and protective factors may vary depending on the type of abuse experienced, thus emphasizing that interventions for all acts of abuse are not equal. The continued identification of psychological risk and protective factors for child abuse is an area for future research.

Declaration of competing interest

All authors declare they have no conflicts of interest.

Data availability

Data will be made available on request.

Acknowledgments

This research did not receive any external grant funding from public, commercial, or not-for-profit agencies.

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