The Links among Child Maltreatment, Eating Disorder Symptoms, Problematic Substance Use, Coping Strategies, and Emotion Regulation in Women

by

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A Dissertation Submitted in Partial Fulfillment of the Requirements for the Degree of

DOCTOR OF PHILOSOPHY

in the Department of Psychology

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Abstract

This study examined the links among child maltreatment (i.e., child sexual abuse, child physical abuse, child emotional abuse, and child neglect), eating disorder symptoms, problematic use of drugs and alcohol, coping strategies, and emotion regulation in women. This study also examined coping strategies and emotion regulation as potential moderators of the links among child maltreatment, eating disorder symptoms, and problematic substance use. Maltreatment in childhood is linked with numerous adverse outcomes across the lifespan. For instance, the development of maladaptive coping styles, poor emotion regulation, substance use problems, and eating disorders all are linked to a history of child maltreatment, but how these factors interact has yet to be investigated. These constructs were examined through hierarchical multiple regressions in a sample of 383 women age 19 or older, recruited online.

Results indicated that women who experienced greater overall child maltreatment engaged in more drug abuse and more alcohol abuse and women with more severe child sexual abuse (CSA) engaged in greater levels of drug abuse. Avoidance coping was associated with greater levels of drug abuse, dieting, bulimia and food preoccupation, and overall eating disorder symptoms. Women with more severe eating disorder symptoms and who used greater expressive suppression, also engaged in more alcohol abuse. When considered together, all forms of child maltreatment were associated with greater avoidance and drug and alcohol abuse, CSA survivors used less avoidance and expressive suppression, and child neglect (CN) survivors used more avoidance and expressive suppression. These findings suggest that health care professionals working with women survivors of child maltreatment
should be aware of increased risk of developing substance use problems as well as less effective coping and emotion regulation strategies that may be stemming from victimization experiences. In addition, it may be helpful for clinicians working with women with eating disorders or substance abuse to focus on improving coping and emotion regulation skills.