**Childhood abuse and maladaptive coping in care-leavers. An exploratory study on attachment and Early Maladaptive Schemas.**

**Authors;**

Dr. Melanie Jarvis (University of Southampton)

Dr Katy Sivyer (University of Southampton)

Dr Emma Selwood (External)

Dr Kate Willoughby (University of Southampton)

**Abstract**

Care leavers face adversity and poor psychological outcomes, despite being a significantly under researched population. Childhood maltreatment is associated with attachment insecurity and Early Maladaptive Schemas (EMS), however, there is little research into the relationships between these variables, and none exploring these variables in care leavers. The study aimed to investigate the relationship between childhood maltreatment, attachment, EMS and maladaptive coping in care leavers, hypothesising that higher levels of childhood maltreatment would be associated with increased attachment insecurity, EMS severity and maladaptive coping. Participants were 53 UK-based adults, with experience of living in care during childhood.An opportunity sample and a within-subjects, cross-sectional survey design was used with hierarchical multiple regression. High levels of childhood maltreatment, attachment insecurity (both anxious and avoidant), EMS and maladaptive coping within the sample. Hierarchical regression indicated that both attachment anxiety and attachment avoidance, and EMS domain ‘disconnection and rejection’ were significant predictors in the relationship between childhood maltreatment and maladaptive coping. The study adds to the current knowledge about psychological vulnerabilities for care leavers.Results highlight the importance of targeted assessment, formulation and psychological interventions targeting attachment domains and EMS, with particular focus on the disconnection and rejection schema domain for this population.

**Ethics statement**

The study was granted ethical approval by the University Ethics Committee (Anonymised for peer review purposes).

Given that some of the questionnaires were sensitive in nature, strategies were employed to minimise the risk of distress. A detailed information sheet, consent form, and debrief form were utilised, and a ‘mood repair’ task was offered at the end of the questionnaires. Both the information and debrief sheet had information about how to access advice and support. Finally, participants were given the details of a qualified Clinical Psychologist, and were encouraged to contact them in the event of feeling distressed.

**Introduction**

**Care Leavers**

Epidemiological studies have revealed that care leavers (defined as anybody who has spent time in foster care during childhood) in the UK fare worse than their peers across a variety of domains including educational attainment (Fletcher, Strand & Thomas, 2015; O’Higgins, Sebba & Luke, 2015) and mental health (Beagley, Hann & Al-Bustani, 2014; Memarzia, St Clair & Owens, 2015). Care leavers are widely recognised as having significant vulnerabilities and often do not receive necessary (Care Quality Commission, 2016; McAuley & Davis, 2009; Bromley et al, 2020). High rates of childhood abuse have been reported within care leavers (Bazalgette, Rahilly & Trevelyan, 2015; Department for Education, 2014), and such abuse experiences have been associated with a range of psychological difficulties (Ball & Links, 2009; McFetridge, Milner, Gavin & Levita, 2015).

Care leavers are a significantly under researched and hard to reach population (Bernados, 2017). Previous research has focussed on outcomes for care leavers (e.g., educational attainment, housing attainment, spending time in custody etc; Harrison, Baker & Stevenson, 2020), with little research on why vulnerabilities exist within this population (Dixon, 2008). There are no studies that have explored childhood maltreatment, attachment, and EMS variables within this population. The present study aimed to explore the relationship between childhood maltreatment, attachment, EMS, and maladaptive coping.

**Attachment Theory**

Webster and Hackett (2007) have argued that attachment theory can provide a useful framework for conceptualising difficulties relating to care leavers. Attachment theory highlights that a child’s early experience with a primary caregiver creates the framework for future interpersonal relationships and emotional regulation abilities (Bowlby, 1973; 1984). According to Bowlby (1973), children construct mental representations known as ‘Internal Working Models’ (IWMs), which allow their thoughts and feelings to be organised at times when the attachment system is put under stress (e.g., when a child is separated from a caregiver). When parenting has been sensitive, positive expectations about others’ availability and positive views of the self are formed and attachment security is achieved (Mikulincer et al., 2003).

For those who have experienced abuse, attachment systems may develop differently; for example, if caregivers have been violent, insensitive or unavailable, IWMs will be constructed accordingly, and defensive processes will be developed to help protect from painful thoughts and feelings (Bowlby, 1984); This creates an insecure attachment. An insecure attachment refers to a category of attachment style characterised by a fear of intimacy, fear of abandonment, lack of trust, and lack of a secure base (Mikulincer et al., 2003). Historically three primary types of insecure attachment styles have been categorised; avoidant attachment, anxious attachment and disorganised attachment, however the literature on attachment stability over time has highlighted some inconsistencies; from moderate stability (Fraley, 2002), to no stability across larger time intervals (Pinquart et al., 2013). As a result, Fraley and Shaver (2000) favoured measuring attachment as a dimension rather than a discrete category (i.e., measuring level of attachment anxiety or level of attachment avoidance); The present study will use these dimensions to measure attachment.

**Childhood Abuse, Attachment and Psychological Difficulties**

Empirical and theoretical links between childhood abuse and attachment insecurity have been well established (Aspelmeier, Elliot & Smith, 2007; Banyard, Hamby & Grych, 2017; Winham et al., 2015). Attachment insecurity has been associated with several psychological and behavioural difficulties including maladaptive coping (Perlman et al., 2016; Shorey & Snyder, 2006), emotional dysregulation (Milkulincer & Shaver, 2007) and personality disorder (Herman, Perry & van der Kolk, 1989). Although a causal direction is unclear, correlations between childhood abuse experience, attachment insecurity, and psychological difficulties in adulthood have been observed (Aspelmeier et al., 2007; Perlman et al., 2016; Winham et al., 2015).

For care leavers, risk of attachment insecurity and associated psychological distress is significant (McAuley & Davis, 2009). Care leavers are likely to have experienced abuse prior to entering care (Bazalgette et al., 2015) in addition to experiencing loss of attachment and placement instability once in care (Hannon et al., 2010). These factors in turn can serve to reinforce the attachment difficulties previously encountered and perpetuate the psychological difficulties that follow (Hannon et al., 2010; Ward, Brown, Westlake & Munro, 2010).

**Schema Theory and Early Maladaptive Schemas**

Similar to IWMs, EMS are defined as a broad pervasive pattern relating to oneself and one's relationships, developed during childhood and rehearsed throughout the lifetime (Young, Klosco & Weishaar, 2003). They are made up of memories, bodily sensations, emotions and cognitions, which once activated, evoke intense emotional responses. Young et al. (2003) proposed five categories of schema domains from 18 EMS (see supplementary material for a table summary). When activated, EMS are thought to drive behaviour and coping in a pattern which then further perpetuate the schema (Young, 1994).

Several authors have observed relationships between IWMs and schemas (Bosmans, Braet & Van Vlierberghe, 2010; Platts, Mason & Tyson, 2005). It is thought that attachment theory offers an explanation for how early experiences shape internal working models about self and others, whereas schema therapy provides a framework for classifying challenging beliefs and coping behaviours that may arise from those early experiences (Mcload, 2024). Where attachment theory focusses on pre-verbal and unconscious relational processes, EMS encompasses conscious cognitive processes (McLoad, 2024).

**Childhood Abuse and Early Maladaptive Schemas**

Emerging evidence suggests EMS are correlated with childhood experiences of abuse (Lumley & Harkness, 2007; Pilkington, Bishop, & Younan, R, 2020; Wright, Crawford & Del Castillo, 2009). Following abuse experiences, a prominence of the ‘disconnection and rejection’ schema domain has been observed, over and above other schema domains (Cecero, Nelson & Gillie, 2004; Gay et al., 2013; McGinn, Cukor & Sanderson, 2005). This schema domain has been associated with the highest levels of psychological distress (Furnivall, McKenna, McFarlane & Grant, 2012; Murphy, 2011).

**Childhood Abuse and Coping**

Research has found individuals who have experienced childhood abuse use more maladaptive coping strategies including, avoidant coping (Walsh, Fortier & DiLillo, 2010), disengagement (Dishoom-Brown et al., 2017; Leitenberg, Gibson & Novy, 2004), denial and self-blame (Dishoom et al., 2017) and substance use (Dishoom- Brown et al., 2017; Filipas & Ullman, 2006; Logan et al., 2006). Attachment insecurity has been associated with both a lack of adaptive coping strategies (Kobak & Sceery, 1988; Mikulincer et al., 2003) and increased maladaptive coping (Marganska, Gallagher & Miranda, 2013; Mikulincer et al., 2003). Similarly, EMS are thought to drive behaviour and maladaptive coping following abuse experiences (Young et al., 2003).

**Aim**

To evaluate the relationship between childhood maltreatment, attachment, EMS and maladaptive coping in care leavers.

**Method**

The study employed a cross-sectional survey design using online and paper-based questionnaires.

**Recruitment**

A self-selecting sample was used to recruit participants. Inclusion criteria were adults who had some experience of living in foster care as a child. Exclusion criteria were children or those without experience of foster care. Recruitment took place via third sector organisations, charities and online social media platforms (Instagram, Twitter, Facebook). Willing participants self-selected by emailing the researcher. Participants were offered a £5 Amazon voucher upon completion of the questionnaires.

**Measures**

**Childhood maltreatment.** The Child Abuse and Trauma Scale (CATS; Sanders & Becker-Lausen, 1995) was used to assess childhood abuse. The CATS is a 38 item self-report questionnaire used to identify the frequency and severity of different types of childhood maltreatment (negative home environment/neglect, emotional abuse, physical abuse and sexual abuse). The measure has been found to have satisfactory psychometric properties with test-retest reliability (r =.71- .91), concurrent validity (r =.24 - .41) and internal consistency (α= .63 -.88; Kent & Waller, 1998; Sanders & Becker-Lausen, 1995).

**Attachment anxiety and avoidance.** Attachment anxiety and avoidance was assessed using the Experience in Close Relationships-Relationship Structures Questionnaire (ECR-RS: Fraley, Niedenthal, Marks, Brumbaugh & Vicary, 2006). The ECR-RS is a 36 item self- report questionnaire derived from the Experience in Close Relationships-Revised (ECR-R; Fraley, Waller & Brennan, 2000). It measures attachment patterns across general and specific relationships (mother, father, romantic partner and best friend) using nine items to assess anxious and avoidant dimensions of attachment. Global attachment avoidance and attachment anxiety can be established by calculating the average of the relevant scores for four individual targets. Internal consistency for both the anxiety and the avoidance scales has been shown to be greater than or equal to .89 (Fraley et al., 2006).

**Early maladaptive schemas.** EMS were assessed using the Young Schema Questionnaire – Short Form 3 (YSQ-SF3; Young, 2005). The measure is a 90 item self-report questionnaire measuring 18 different EMS across the five schema domains. The YSQ, in both its long and short forms, has proven to hold good psychometric properties (Lee, Taylor & Dunn, 1999). For the YSQ-SF3 Cronbach’s alpha level was .96 in a clinical sample (Waller, Meyer & Ohanian, 2001).

**Coping.** Coping was assessed through the COPE Inventory (Carver et al., 1989); a 60 item self-report questionnaire which comprises of 14 discrete coping subscales based on theoretical categories of coping. Maladaptive and adaptive coping categories have been previously derived from the COPE (Meyer, 2001; Perlman, 2016), with Cronbach’s alpha values of greater than .7 with these categories (Perlman et al., 2016). The COPE has been found to have good internal reliability (Shapiro & Levendosky, 1999).

**Statistical Analyses Strategy**

Data were analysed using IBM SPSS Statistics (Version 24). A hierarchical multiple regression was used to examine the relationship between childhood maltreatment, attachment (anxiety and avoidance), EMS and maladaptive coping. For the regression analyses, multiple imputation, using five imputed datasets, were used to assess the impact of missing data (Feng, Hategeka & Grepin (2021).

**Results**

**Analyses**

A total sample of 53 was achieved, however only 39 of the total 53 participants (75%) returned completed YSQ-SF3 questionnaires, lowering the data for EMS variables. There were no significant differences between completers and non-completers (Little’s MCAR test (p=0.962). Data were broadly normally distributed, although there were some outliers, but the decision was made to retain them as they were not consistently outlying across the measures and were considered severe cases within this population.

**Descriptive statistics.**

Demographic characteristics are displayed in table 1, and descriptive statistics in supplementary materials. High levels of child maltreatment, attachment insecurity, EMS and Maladaptive coping were found in the sample. A high total CAT score was found (M = 2.32, SD = .79) which is more than double of that found in various non-clinical samples (M = .39 to .91, SD = .06 to .66; Kent & Waller, 1998; Sanders & Becker-Lausen, 1995). Both attachment anxiety and avoidance scores are significantly above those found within non-clinical populations (M = 3.18, SD = .96 and M = 2.53, SD = 1.19 respectively; Fraley et al., 2011) and clinical populations (M = 3.63, SD = 1.80 and M = 3.19, SD = 1.43 respectively; Selwood, 2013). Mean scores for total EMS score (M = 3.20, SD = 2.70) were higher than that found in a sample categorised with secure attachment (M = 2.52, SD = .86, Mason, Platts & Tyson, 2005). The disconnection and rejection domain was significantly higher than that found within a non-clinical sample (M = 2.14, SD = .84; Mairet, Boag & Warburton, 2014). Higher levels of both adaptive and maladaptive coping were found compared with non-clinical samples (adaptive; M = 1.65; and maladaptive; M = .95; Moore, Biegel & McMahon, 2011).

**Hierarchical regression analyses.**

The hierarchical multiple regression revealed that, childhood maltreatment alone (model 1) did not contribute to a significant regression model, (F (1, 51) = 3.06, p = 0.86) and accounted for 6% of the variation in maladaptive coping. Introducing attachment variables (model 2) explained an additional 18% in variation of maladaptive coping and this change in R2 was significant (*F* (2,49) = 5.82, *p* = .005). Adding schema domains to the regression (model 3) explained an additional 23% and this change to R2 was also significant (*F* (5,44) = 3.82, *p* < .006). When all eight variables were included in stage 3 of the regression model, childhood maltreatment, and all the schema domains, except for the disconnection and rejection schema domain, were not significant predictors of maladaptive coping. Together the variables accounted for 47% of the variance of maladaptive coping.

Regression statistics are shown in Table 2.

**Discussion**

The study aimed to investigate the relationship between childhood maltreatment, attachment, EMS and maladaptive coping in care leavers. Notably, there was a small sample size within the study, meaning that results are likely to have been underpowered. Despite this, results imply some possible early findings and trends, which would benefit from further research. High levels of childhood maltreatment, attachment insecurity (both anxious and avoidant), EMS and maladaptive coping were found within the sample of care leavers. 17% of participants experienced more than nine foster care placements, highlighting a significant vulnerability.

Results from the hierarchical regression analyses indicated that childhood maltreatment alone did not predict maladaptive coping. However, when attachment anxiety and avoidance together were added, the model became significant in predicting the relationship between childhood maltreatment and maladaptive coping. When all five categories of EMS were included within the model alongside attachment anxiety and avoidance, the overall model remained significant in predicting the relationship between childhood maltreatment and maladaptive coping, however as individual variables, only attachment (anxiety and avoidance) and the disconnection and rejection schema domain significantly predicted the relationship between childhood maltreatment and maladaptive coping.

Both attachment anxiety and avoidance were significant predictors of maladaptive coping, however these were in the opposite direction. Attachment anxiety significantly positively related to higher levels of maladaptive coping, whereas attachment avoidance significantly negatively related to maladaptive coping, suggesting that attachment avoidance decreased maladaptive coping. Again, this finding may be a result of the study being underpowered, however a further possible interpretation for this result relates to the differences in strategies employed by anxious versus avoidant individuals, given the evidence that attachment avoidance symptomology is less pronounced than attachment anxiety (Declercq & Willemsen, 2006; Platts et al., 2005). A significant positive relationship between maladaptive coping and attachment anxiety is consistent with previous literature among individuals with childhood abuse experiences (Perlman et al., 2016). Attachment anxiety is associated with negative self- evaluations, preoccupation with attachment related goals and impulsivity (Milkulincer & Shaver, 2007). As a result, individuals with attachment anxiety are more likely to use more self-blame and have higher levels of guilt and shame following the experience of abuse (Murthi et al., 2006), leading to development of maladaptive emotion regulation strategies and ineffective coping at times of attachment activation (Mikulincer & Shaver, 2007). Attachment avoidance, on the other hand, is associated with inhibition of thoughts or emotions (Milkulincer & Shaver, 2007). There is evidence that attachment avoidance symptomology can present as less pronounced than attachment anxiety (Declercq & Willemsen, 2006; Platts et al., 2005) and that participants with attachment avoidance tend to under-report psychological symptoms when compared to reports given by people who know them well (Dozier & Lee, 1995). The ECR-RS may not have been a sensitive enough measure for attachment avoidance within this context (see limitations).

The disconnection and rejection schema domain was the only EMS domain that significantly predicted maladaptive coping within this study, which may be a result of analyses being underpowered. However, the prominence of the disconnection and rejection domain is consistent with data from survivors of childhood abuse (Cecero et al., 2004; McGinn et al., 2005) and within care leaver populations specifically (Murphy, 2011), and fits previous findings which have isolated this domain as a unique variable in the relationship between childhood abuse and psychological difficulties (Bosmans et al., 2010; Gay et al., 2013; Murphy, 2011). It has been suggested that the disconnection and rejection schema domain, in particular, is associated with childhood abuse and those with high prominence within this domain are the most impaired (Young et al., 2003), highlighting possible specific vulnerabilities within the care leaver population.

**Limitations**

The study is one of few studies examining the psychological needs of care leavers and was the first to examine the relationship between childhood abuse, attachment and EMS and maladaptive coping within this population. The cross-sectional design of the study means that it is not possible to infer causality, however the results and limitations help pave the way for future research directions.

Most significantly, the study was limited by a small sample size, meaning analyses were likely underpowered, and therefore some of the relationships may have been erroneously ruled out. Although this is a significant limitation, it is important to note that, given the difficulties in researching this population, the study acts as an important starting place for necessary future research.

Another limitation was that the study used a self-selecting sampling design, meaning it may have been more appealing to care leavers based on a range of factors including their attachment orientation, level of adaptive coping, Future research would benefit from enhanced and robust recruitment approaches that target services that have existing relationships with care leavers (such as social care teams), particularly for care leavers who present with attachment and relational needs.

There was no matched non-care leaver control group, meaning it is not possible to ascertain that findings are entirely exclusive to care leaver populations. Reliance on a self-report measure of attachment may have also impacted on results, specifically relating to attachment avoidance. Given that people with avoidant attachment tend to minimise the impact of historical experiences, self-report questionnaires that rely on conscious processes may not have been appropriately sensitive to pick up effects within this group (Milkulincer & Shaver, 2007).

**Implications for practice**

Despite the small sample within this study, results indicate some possible vulnerabilities for care-leavers; including frequent placement change, high levels of attachment insecurity, EMS and maladaptive coping; All of which indicate a possible need for psychological interventions that target these areas. Examples of these include Schema-Focused Therapy (Young, 1999) and Cognitive Analytic Therapy (Ryle, 1979), which focus on understanding one’s internal processes and early belief system development to change current patterns of maladaptive coping.

Findings indicate that it may be helpful for clinicians supporting care leavers to assess individual attachment style and EMS prior to formulating a treatment plan. With regards to psychological support, attachment insecurity has been associated with poor engagement (Muller, Gragtmans & Baker, 2008) and poor outcomes (Stalker, Gebotys & Harper, 2005), which is one likely explanation for the difficulties that care leavers face engaging with mental health services (Lamont et al., 2009). Therapeutic interventions for this population likely need to provide more flexible approaches, with an additional focus on the role of interpersonal relationships. Therapeutic approaches tailored to the needs and strategies associated with each attachment style, are likely to be beneficial. For example, for those presenting with high levels of attachment anxiety, support with emotional regulation and co-regulation with the therapist will be essential. Whereas those presenting with high levels of attachment avoidance may need more assertive outreach and will need to be gently supported to build affective expression and interpersonal connectedness (Tasca et al., 2009). Therapeutic approaches may be complimented by community level and peer support (i.e., support groups, youth clubs, mentoring schemes), which support care-leavers to develop their interpersonal and attachment relationships more broadly.

Given that individuals with insecure attachments will have difficulties trusting others (Dugal et al., 2016), a focus on relational factors such as warmth, validation, and consistency will be central. Attachment-based, relational or systemic approaches may also be favoured over behavioural or cognitive approaches (Becker-Weidman & Hughes, 2008). Indeed, emerging literature has highlighted that attachment insecurity can be changed over time (Saunders et al., 2011) and changes in attachment scores have been found within therapeutic relationships (Smith, Msetfi & Golding, 2010) and following interventions (Becker-Weidman & Hughes, 2008; Elklit, 2009).

Findings support the exploration of EMS or use of schema therapy (Young et al., 2003) as a supportive therapeutic intervention for care leavers. Young et al. (2003) suggested that individuals with prominent EMS within the disconnection and rejection domain will likely struggle to form therapeutic relationships easily due to fears of rejection. As such, care leavers are likely to have difficulties engaging and may not be adequately served in services where strict policies of attendance are enforced (Murphy, 2011). In practice it may be beneficial for practitioners to complete early assessment of EMS to support treatment planning that is flexible and relationally focussed. For example, individuals that score highly for the disconnection and rejection domain are going to need a slow a sensitive approach to relationship building to work through some of these difficulties (Young, 2003) prior to working on behaviour change or developing new ways of coping. It is promising that there is emerging evidence that Schema Therapy reduces schema severity and associated symptomology within clinical populations (Cockram, Drummond & Lee, 2010; Dickhaut & Arntz, 2014). Although there is currently no evidence base for the use of Schema Therapy for care leavers, it is likely to have something to offer this population.

**Future Research**

Replication using a larger and more representative sample, and an enhanced and robust approach to recruitment will be essential to generalise results. A larger sample may also allow for further investigation of specific categories of abuse and their relationship to attachment and EMS patterns. Future research may benefit from utilising more robust assessment tools of attachment, for example the Adult Attachment Interview (Plotka, 2011). Longitudinal research is necessary to build a comprehensive understanding of how the domains explored develop over the lifespan for care leavers. This may also add insights that contribute to the timeliness of psychological provision. The use of an experimental design would be helpful to explore the efficacy of interventions targeting attachment style, the disconnection and rejection EMS domain, and maladaptive coping in care leavers.

**Conclusion**

Despite care leavers being recognised as some of the most vulnerable members of society (Care Quality Commission, 2016; McAuley & Davis, 2009), there has been a lack of research investigating the psychological needs of this group (Dixon, 2008). The aim of the study was to investigate the relationship between childhood maltreatment, attachment, EMS and maladaptive coping in care leavers. The study identified high levels of childhood maltreatment, attachment insecurity (both anxious and avoidant), EMS and maladaptive coping within the sample of care leavers. Results indicated that both attachment anxiety and attachment avoidance, and the EMS domain ‘disconnection and rejection’ significantly predicted the relationship between childhood maltreatment and maladaptive coping. Childhood maltreatment alone, did not predict maladaptive coping, neither did the remaining four EMS variables. The present study adds to the current knowledge about the relationship between early experiences, attachment style and later coping for care leavers, highlighting potential vulnerabilities in attachment insecurity and disconnection and rejection schema domain. The study had a small sample size and was likely underpowered. Further research is essential to validate and generalise the findings, however, results highlight importance of targeted assessment, formulation and psychological interventions targeting attachment domains and the disconnection and rejection schema domain.

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