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Overcoming Childhood Trauma: Long-Term Effects of Early Maltreatment

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What Is Child Maltreatment?

Child maltreatment (CM) is the all-encompassing term used to describe child abuse and neglect. Child abuse is defined as "an act, generally deliberate, by a parent or caregiver that results in harm or death to a child" and neglect is defined as "the failure of a parent or caregiver to meet the minimal physical and psychological needs of a child" (McCoy & Keen, 2014). Although the topic is a morbid one, it is extremely important to discuss. Extreme maltreatment can have dire consequences on a child, which often persist into adulthood (McCoy & Keen, 2014).

Before analyzing the effects of child maltreatment, it is necessary to first address the statistics related to the problem. According to the U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau (2016) each year, about 3.6 million referrals are made to Child Protective Services with an estimated 6.6 million individual CM. Of these children, six percent have experienced sexual abuse, twenty-six percent have been physically abused, seventy percent have endured physical neglect, sixty-two percent have experienced emotional neglect or abuse, and sixty percent have encountered multiple types of abuse (McCoy & Keen, 2014).

Short-term effects of CM include bruises, fractures, burns, head injuries, failure to thrive (reaching normal milestones), poor attachment, lack of muscle tone, rashes and infections, and language delays (McCoy & Keen, 2014). All these outcomes are heinous and tragic; however, long-term effects of CM have the potential to be much more traumatic. Some of the most prevalent long-term effects include poor academic performance; mental health problems; physical health problems; aggression, crime and violence; substance abuse and an overall decreased quality of life (Greger, Myhre, Lydersen, & Jozefiak, 2016).

The Research

Child maltreatment is a fairly new field of study and was first recognized in the 1970s. Because research on the topic is so young, current studies reflect several problems within the field. The major issues currently facing CM research are numerous and problematic. The issues in question include: separating different forms of maltreatment; effects of maltreatment may not be immediately obvious; only identified children are studied; difficulty separating the effects of poverty and maltreatment; lack of clear definitions; and secrecy surrounding child maltreatment (McCoy & Keen, 2014; Fallon, et al., 2010). It is important to recognize these challenges, as they are limitations to most – if not all – research on CM and are problematic because they do not allow researchers to study the full scope of child maltreatment cases. Due to these limitations, it is impossible to fully understand just how prevalent child maltreatment is in our society.

The Childhood Trauma Questionnaire is a 70-item, self-report survey developed by Bernstein and Fink in 1994 in order to increase reliability and validity among CM research studies. The questionnaire uses a Likert Scale to assess the impact of traumatic events throughout childhood and adolescence (Bernstein, et al., 2003; Bernstein, Ahluvalia, Pogge, & Handelsman, 1997). The CTQ greatly affected CM research by maximizing statistical power and providing a standardized way for future researchers to gather baseline data. Current research most commonly uses the Childhood Trauma Questionnaire Short Form (CTQ-SF), which was developed some time later by Bernstein and colleagues. This 28-item survey is a condensed version of the CTQ and focuses primarily on child maltreatment and its subtypes (Bernstein, et al., 2003). Due to the reduced amount of items, the short form is much faster to administer, which is beneficial when time constraints exist in clinical or practical settings. Both

the CTQ and CTQ-SF are statistically reliable and valid and ask a variety of questions to assess the frequency and severity of different types of maltreatment prior to the age of seventeen. (Bernstein, et al., 2003). The CM aspect of the CTQ-SF evaluates five subtypes: sexual abuse, emotional abuse, physical abuse, emotional neglect, and physical neglect (Pennebaker & Susman, 1988). Overall, the Childhood Trauma Questionnaire – Short Form is an exceptional resource for researchers to utilize, as it increases the reliability and validity of their studies (Bernstein, et al., 2003).

Academic Achievement

One of the outcomes of early child maltreatment is a noticeable decrease in academic achievement. Greger and colleagues (2016), studied 400 participants (aged twelve to twenty-three) who were all living in residential care. About half of the participants had been maltreated as children, while a control group consisted of non-maltreated individuals. After completing the CTQ-SF, participants were given a questionnaire that measured several aspects of psychological well-being, one of which was academic success. This portion of the questionnaire examined different components of academia, including "how much the individual likes school and finds it interesting; how much they worry about grades or the future; and how well they feel they manage schoolwork" (Greger, Myhre, Lydersen, & Jozefiak, 2016). Results found that adolescents who were abused or neglected as children had a much poorer relationship with school and showed impairments in academic achievement, frequent absences, a lower average GPA, and higher rates of involvement in special education interventions.

On average, test score, reading levels, and overall understanding are much lower for adolescents who have a history of maltreatment (McCoy & Keen, 2014). Additionally, physical abuse can cause head injuries, resulting in hindrance of brain development and academic

underachievement (McCoy & Keen, 2014). Furthermore, CM can often cause problems in attention and executive functioning, as well as memory deficits, all of which are crucial in optimizing learning ability. (Greger, Myhre, Lydersen, & Jozefiak, 2016). Early academic intervention is necessary in cases of maltreatment, as low scholastic success contributes to underachievement in many areas of life in adulthood (Greger, Myhre, Lydersen, & Jozefiak, 2016; McCoy & Keen, 2014).

Mental Health

Psychological disruptions are perhaps the most common and severe long-term effects seen in victims of CM (McCoy & Keen, 2014). Although all types of maltreatment can lead to psychological disturbances, each subtype is correlated with various psychological outcomes (Righthand, Kerr, & Drach, 2003).

In a study of adolescents in residential care facilities, researchers examined mental health problems in participants aged fourteen to seventeen (Collin-Vezina et al., 2011). All the participants had experienced extremely high rates of abuse and neglect – at least more than one subtype. These participants were found to suffer from more mental disorders than their counterparts in control groups. The various disorders included Post-Traumatic Stress Disorder (PTSD), dissociation, depression, extreme anger, and low self-esteem. Additionally, it was found that the more CM participants experienced, the more mental health problems they endured.

A similar study (Dias, Sales, Hessen, & Kleber, 2014) was conducted in Portugal to analyze different types of maltreatment and their long-term effects in adulthood. In an adult sample of 1,200 self-reported victims of CM, researchers found that sixty-seven percent of the

participants had experienced more than one form of CM, which is consistent with findings in the United States. Of this sample, emotional neglect was the most reported subtype of CM, with women experiencing a higher amount than men. Emotional abuse and neglect were also the strongest predictors for psychological symptoms, especially paranoid ideation, depression, and interpersonal sensitivity. Additionally, physical and sexual abuse positively correlated with anxiety, depression, sleep disturbances, and aggressive behavior. Finally, physical neglect was associated with somatization, paranoia and hostility (Collin-Vezina et al., 2011; Briere & Jordan, 2009; Dias, Sales, Hessen, & Kleber, 2014).

Physical Health

Physical well-being is defined as the "subjective sensation of how the body works and functions" (Greger, Myhre, Lydersen, & Jozefiak, 2016). As technology has improved, current CM research has begun to take a medical approach by examining the long-term physical effects caused by maltreatment (Greger, Myhre, Lydersen, & Jozefiak, 2016; Elzinga, et al., 2008; Jackson, et al., 2016). Physical abuse often contributes to a cycle of poor health, as children are subject to broken bones, burns, bruises, and bite marks. Additionally, physical abuse can sometimes lead to unseen injuries such as internal bleeding and damaged organs. If untreated, these ailments can cause drastic and unfortunate outcomes later in life (McCoy & Keen, 2014).

Jackson and colleagues (2016) conducted a study to assess whether victims of maltreatment experience poorer health outcomes as adults. Researchers found that the type of maltreatment a person suffered was correlated with their adult physical health. Additionally, adult women who reported past child maltreatment exhibited a greater reliance on health care and had higher overall health care costs than women who had not been abused as children (Jackson, et al., 2016; Bonomi, et al., 2008). Other physical health consequences of CM include

ischemic heart disease, chronic obstructive pulmonary disease, coronary artery disease, liver disease, obesity, and autoimmune diseases; however, many of these are inadvertent side-effects caused by substance abuse (Spitzer, Meyer, & Herrmann-Lingen, 2016; McCoy & Keen, 2014; Greger, Myhre, Lydersen, & Jozefiak, 2016).

Substance Abuse

Substance abuse rates among child maltreatment victims are extremely high, especially for physically and sexually abused adolescents (McCoy & Keen, 2014). In a study of adolescent substance abuse, researchers examined 281 adolescents who met DSM-IV criteria for substance dependence. Of this sample, over sixty percent reported that they had been physically or sexually abused and it was discovered that the severity of substance abuse was significantly correlated with the presence of multiple forms of maltreatment (Trickett, Negriff, & Ji, 2011).

Substance abuse and childhood trauma has been extensively researched. Studies have found that the primary reason for substance abuse among adolescent victims of CM is the need to self-medicate to decrease symptoms of depression, low self-esteem, and anxiety and to distract themselves from the trauma, as well as reoccurring memories associated with the maltreatment. (Briere & Jordan, 2009; Collin-Vezina et al., 2011; Topitzes, Mersky, & Reynolds, 2011; Trickett, Negriff, & Ji, 2011; Roe-Sepowitz, 2009; McCoy & Keen, 2014). Once the harmful habits of substance abuse are formed, dependence begins to flourish in the individuals and typically persists into adulthood (McCoy & Keen, 2014).

Aggression, Crime and Violence

Cortisol is a hormone released during psychological stress, which supports increased cardiovascular activity, stress-induced analgesia, and suppression of nonessential functions

(Hagan, Roubinov, Mistler, & Luecken, 2014). This hormone, and its relation to CM, has been analyzed by researchers in several fields including medical, sociological, and psychological professions (Hagan, Roubinov, Mistler, & Luecken, 2014; Elzinga, et al., 2008; Trickett, Negriff, & Ji, 2011). These researchers have found that the cortisol plays a key role in the coordination of information processing, as well as emotional response and memory (Hagan, Roubinov, Mistler, & Luecken, 2014). This occurs when early stressful experiences alter cortisol levels within a child, which can be caused by negative family and home environments (Elzinga, et al., 2008; Hagan, Roubinov, Mistler, & Luecken, 2014). During a stressful period, physiological changes disrupt the normalcy of cortisol, either increasing or decreasing hormone levels. If the child undergoes a great amount of repeated stress, the cortisol levels can be altered semi-permanently, putting the child in a state of constant physiological arousal or depression (Trickett, Negriff, & Ji, 2011; Hagan, Roubinov, Mistler, & Luecken, 2014). The semi-permanence of this alteration can be reversed; however, if a child is maladapted, they tend to be less successful in regulating cortisol levels, which can – and often does – affect them throughout the lifespan by increasing depression, aggression, externalizing thought patterns and psychopathology (Hagan, Roubinov, Mistler, & Luecken, 2014; Elzinga, et al., 2008). Additionally, scholars suggest that this may reflect a vulnerability factor that decreases the likelihood of resilience to adversity (Hagan, Roubinov, Mistler, & Luecken, 2014; Trickett, Negriff, & Ji, 2011; Elzinga, et al., 2008).

Perhaps one of the most in-depth studies of CM was a longitudinal study of maltreated children, which examined mediating factors that lead to adult offending (Topitzes, Mersky, & Reynolds, 2011). The researchers used official records, as well as self-reporting to increase the validity of their study. Their findings concluded that CM increases the risk of delinquency – in

both adults and juveniles – and significantly predicts future arrests and convictions. This was true for both males and females; however, it was also found that males commit more serious crimes. Topitzes, Mersky, & Reynolds (2011) addressed this difference in crime trends by offering the idea that CM influences on criminality may be delayed for females. Essentially, females demonstrate their delinquency through school infractions, bullying, and status offenses (such as underage drinking), all of which are considered to be normal adolescent male behavior. Additionally, it was determined that CM may contribute to "poor social skills, emotion dysregulation, and antisocial peer affiliations" among males, all of which are predictors of future criminal offending (Topitzes, Mersky, & Reynolds, 2011).

Lastly, Paradis and Boucher (2010) evaluated problems in adult couple relationships, which contained one or two survivors of CM. In a study of 1,728 participants, victims of CM reported higher levels of interpersonal problems in couple relationships. Contradicting roles of the parent were a contributing factor in the way adult survivors defined themselves. The parental role in many CM cases is a confusing one, as the caregivers can have a variety of mismatched personality traits (such as physically attentive, but emotionally abusive or vice versa). In the victim, this can lead to increased anger and aggression, which may manifest in later romantic relationships. Paradis and Bouche (2010) also found that physical abuse for males and emotional abuse for females are correlated with domineering and assertive personality traits that are often expressed through intimate partner violence. This could be explained by the "correlation between sexual abuse and low satisfaction in relationships, lower level of trust in partners, poorer communication between spouses, and more partner violence" in adult victims of CM (Paradis & Boucher, 2010).

Decreased Quality of Life

Herrenkohl and associates (2012) published a longitudinal study which began in the 1970s and concluded in 2010. In the first wave of the study, 457 preschoolers were evaluated, 249 of which had been abused or neglected. In the final wave of the study, eighty percent of the original sample participated and the average age was thirty-six. After controlling for gender and childhood socioeconomic status, the researchers found that all measures of overall well-being, which also included physical and mental health, were lowest for the participants who had been maltreated.

Greger et al. (2016) found similar results and concluded that CM-exposed adolescents reported poorer quality of life than peers in control groups. In this study, 400 participants, aged 12-23, were evaluated on their overall well-being. Results found that the maltreated children scored lower on all five areas of concern: physical well-being, emotional well-being, self-esteem, social relationships, and academic performance. Additionally, exposure to multiple types of CM was negatively correlated with overall quality of life, suggesting that the more maltreatment a child faces, the lower quality of life they will have as adolescents and adults.

Torchalla and colleagues (2012) found that participants who experienced CM are at a higher risk of committing suicide (Torchalla, Strehlau, Li, Schuetz, & Krausz, 2012). Results of this study found that sexual abuse, physical abuse, emotional abuse and emotional neglect were all correlated with suicide risk. Interestingly, however, physical neglect was not associated with a higher suicide risk. Researchers believed the reason for this finding is that children who are physically neglected often still have their emotional needs met, which makes them feel loved and

protected, despite their lack of physical resources. For example, although a child may not have proper clothing or nutrition due to financial circumstances, their parent may still love them, which contributes to the child's emotional well-being.

Risk Factors and Resilience

Resilience is defined as "being able to recover easily from difficult circumstances; the ability to bounce back and persevere; being able to adjust to misfortune" (McCoy & Keen, 2014). It has been found that at least one-third of adult survivors of CM demonstrate extraordinary resilience (Hagan, Roubinov, Mistler, & Luecken, 2014). While resiliency is unique to each individual, certain protective factors have been found to increase resiliency. These include: individual factors such as personality traits, self-efficacy, and intellect; family factors including coherence and stable caregiving; and community factors such as peer relationships, social support, and organized religion (Afifi & MacMillan, 2011). Additionally, certain biological factors, such as cortisol levels, are hypothesized to increase the likelihood of resiliency (Hagan, Roubinov, Mistler, & Luecken, 2014; Elzinga, et al., 2008).

As most of these preventative factors are out of the control of the child or adolescent, it is important to note that it is possible for survivors to increase resiliency, even after the maltreatment has taken place. Rodin and Stewart (2012) evaluated resilience in elderly survivors of CM. The participants were described by their doctors as "unusually resilient" and were over the age of sixty-five. When interviewed, the participants agreed on six broad themes which helped them overcome their childhood traumas: social support, psychological attributes, financial security, spirituality, determination, and engagement. First and foremost, social support was most greatly emphasized by women and relationships were deemed crucial for resilience in adulthood by all participants. While most participants focused on friends, romantic partners, and

mentors as a supportive presence, some mentioned that their pets acted as their only source of friendship and security, but provided enough love and support to contribute to their incredible resiliency. Next, participants described their positive psychological attributes as being imperative to adult well-being. These included optimism, adaptiveness, inner strength, high self-esteem and acceptance of circumstances (i.e. accepting the fact that they were maltreated, rather than denying or becoming upset about it). Interestingly, financial security was important to participants, which researchers did not expect. Participants explained that financial security is a necessity not because they could afford material items, but because it allowed them to concentrate their energy on personal satisfaction and hobbies (writing, drawing, traveling, etc.), rather than focusing on how they were going to afford food and rent. Religion was another factor that participants described as imperative to resiliency. They defined spirituality as a sense of faith or higher power, not necessarily organized religion. For example, many of them believed that their life had a determined course and that karma would affect that course. Additionally, determination was described as the willingness to set and achieve personal goals, as well as the determination to have a better life. This idea was similar to that of acceptance of circumstances, but was oriented more toward goal achievement. Lastly, the most consistently-identified theme throughout the participants was engagement in meaningful or challenging activities. From this broad definition, engagement was separated into five subcategories including engagement in valued activities, generative identity, maintaining competence, personal life investment, and desire to learn. Each of these five subcategories were believed by participants to be integral in demonstrating resilience.

Along with changing the perspective of one's life, there are other ways to overcome adversity. To maintain healthy cortisol levels, a healthy diet is crucial (Hagan, Roubinov,

Mistler, & Luecken, 2014). Additionally, resilience can be greatly increased through other means, such as aerobic exercise and general activity to deter long-term physical symptoms, meditative motion therapy and mindfulness to improve emotional well-being, and cognitive-behavioral therapy to promote positive self-development and address attachment issues (McCoy & Keen, 2014; Afifi & MacMillan, 2011; Collin-Vezing et al., 2011, 2011).

Discussion and Application

Research on child maltreatment is of the upmost importance, as the long-term effects can drastically alter a person's life. If one does not demonstrate resiliency, they will likely face detrimental health, academic, and social problems. In turn, these consequences may affect society as victims become older and enter the workforce. Ignoring the taboo that is CM will only lead to stigmatization and ignorance surrounding the problem. Instead, academia and media should promote healthy resilience strategies, not only to help victims overcome their troubling past, but also to teach others the ways in which they can contribute to the betterment of society.

There are several policy implications that can be drawn from current research on CM. One of these could be placing children in foster care with stable families who can provide long-term relationships, as well as social support. It is important for victims of CM to develop deep, emotional relationships in order to combat anxiety and depression and improve self-esteem (Collin-Vezina et al., 2011). Another policy implication is having specialized programs in schools to work with victims of CM on academic performance and peer relationships. As future leaders of the world, it is necessary that children are given the opportunity to thrive, grow, and learn to the best of their abilities; however, maltreated children are often not given this opportunity due to behavioral or physical impairments that can be treated, but never are. Lastly, research on CM can greatly impact the criminal justice field in many ways. For example, if

correctional institutions are aware that an inmate has a history of CM, then the institution can use different techniques to ensure the well-being of the individual by providing various treatments. Additionally, courtroom actors (i.e. attorneys, judges, bailiffs) should be well-versed on CM research, as it will create more sensitivity toward victims, leading to more cooperation by the victims and, therefore, an increase in efficiency.

While current research on child maltreatment is extensive, it is not as extensive as it should be. As mentioned previously, there is a strong stigmatization surround the topic of child maltreatment, which may act as a deterrent to many scholars who would otherwise study the topic. Furthermore, the methods for gathering and researching data are currently a major limitation which, ideally, would be addressed in future research. However, the complication surrounding the discovery and substantiation of cases provides a limitation that may always be relevant. Finally, future research needs to focus on emotional abuse and neglect. This form of CM is a fairly new field of study with minimal understanding. Learning more about this subtype would increase awareness of the impacts that emotional abuse and neglect can have on a victim, thus leading to more effective treatment programs and increased resiliency.

Child maltreatment is a social issue that must cease to be ignored. In order for this to happen, research needs to be readily available to the public. Increasing public awareness of CM will eventually create a supportive community, whose goal is to help victims of CM overcome their traumas and foster resiliency.

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