

The Effects of Physical Abuse and Neglect in Children

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Abstract

Research interest in the effects of abuse and neglect in children is relatively recent. Clinical case reports suggest harmful physical and psychological consequences of maltreatment. Abused and neglected children display a lack of intellectual and academic functioning. In addition, they exhibit a variety of internalizing and externalizing disorders, such as depression, anxiety, social withdrawal, aggressiveness, and conduct problems. This paper delivers a synopsis of the likely consequences of child abuse and negligence and examines whether various types of maltreatment are linked with particular adverse penalties in adolescence. Furthermore, this paper looks at the way abused children function in various areas of development.

Child abuse and neglect is a societal and public health issue, which can lead to long lasting effects into adulthood (Norman et al., 2012). However, all children that are exposed to abuse and mistreatment, are not affected the same. For some, the consequences of abuse could be ongoing and devastating; others could experience less severe results (Gupta, Berkowitz, & Pearson, 2012). Social learning theory believes that victims of maltreatment learn and adopt patterns of violent or delinquent behavior through processes of imitation and modeling (Felson & Lane, 2009). Research shows that individuals who suffer from neglect in early childhood are more likely to show academic and cognitive differences, social withdrawal, and more internalization of problems (Kline, 1987). Additionally, different types of childhood abuse can increase the risk of mental illness as well as behavioral problems (Herrenkohl et al., 2012). Finally, abuse touches many areas of life including: increased risk of suicide, substance use, violence, physical health problems, teenage pregnancy, and homelessness (McSherry, 2011).

Child abuse and neglect is any act from parent guardians, primary caregivers, other grownup or elder youths that involves a considerable danger of producing emotional or bodily damage to an adolescent. These behaviors may be deliberate or accidental. The five central types of abuse are physical, emotional, neglect, sexual, and observing household violence (Fantuzzo & Mohr, 1999). Serious issues that impact how child maltreatment touches the youth are the regularity and length of abuse and the co-occurrence of numerous styles of abuse. Chronic mistreatment defined as, "recurrent incidents of maltreatment over a prolonged amount of time" (Dubowitz, 2013, p. 74) is worse than short-lived or isolated occurrences of maltreatment. Research suggests that various forms of abuse are interconnected. Large quantities of children that deal with mistreatment or neglect are exposed to several types of abuse, which is classified as multi-type maltreatment. Poly-victimization is different styles of victimization, such

as harassment or assault by a peer, which typically accompany child abuse (Ammerman, Cassisi, Hersen, & Van Hasselt, 1986). Analysis shows children that encounter multi-type mistreatment and/or poly-victimization are at a greater risk of higher trauma levels than those who experienced no mistreatment or only one form (McSherry, 2007).

Social Learning Theory

Social learning theory suggests that patterns of behavior are learned through interaction with various reinforcing agents, and through these interactions, rewarded behaviors are adopted, reinforced behaviors are maintained, and punished behaviors are extinguished. Social learning theory, then, “favors a conception of interaction based on triadic reciprocity, and suggests that behavior, cognitive and other personal factors, and environmental influences all operate as interlocking determinants that affect each other bi-directionally” (Bandura, 2004) (as cited in Prather, 2009). This view of human behavior is particularly important in families in which children have been abused and neglected, since the social learning process links the development of criminal behavior from involvement with others (family contextual factors and other interfamilial processes), and the mediating influence of rewards, reinforcements and punishments (Currie & Tekin, 2012; Felson & Lane, 2009; Prather & Golden, 2009).

According to this theory, behaviour is learned through two methods: we either learn by being rewarded for our actions (instrumental learning), or we observe and imitate the behaviour of those around us (modelling). Some researchers assume that abused children learn to be abusive using these two methods and continue their abusive behaviour into adulthood. This pattern of learned aggression is commonly referred to as the “cycle of violence,” or the intergenerational transmission of violence. The general application of the cycle of violence theory is questioned, finding that only 20-30% of child abuse and neglect victims become

involved in abusive and criminal behaviour. Interventions based on social learning theory commonly have the purpose of stopping current and preventing future child abuse and neglect by teaching both the parent and child appropriate relationship skills within the family (Currie & Tekin, 2012; Felson & Lane, 2009; Prather & Golden, 2009).

Learning and Mental Health Problems

Solid links have been made among child abuse, learning problems, and unsatisfactory academic success. Mistreatment and negligence early in life can extremely affect the developmental ability of young children, particularly in speech and language (Kline, 1987). Research studies have confirmed that battered children have lower educational accomplishment than other groups of kids. In a meta-analysis, 91% of studies showed that maltreatment and negligence were connected to poor academic achievement and 86% showed delays in verbal growth. However, researchers recognized that studies linking child cruelty and negligence with education difficulties are problematic in that the majority of studies do not know the academic position of children before abuse (Norman et al., 2012). A longitudinal study of abused children in the United States concluded that the severity of abuse affected math scores negatively and physical and/or emotional abuse affected reading scores negatively (Chemtob & Carlson, 2004).

In addition to learning difficulties, abused children may also experience mental health issues. Research conducted by Bonomi et al. (2008) (as cited in Herrenkohl, 2012) found a correlation between child abuse and a variety of mental health problems, with post-traumatic stress disorder (PTSD) frequently reported. Current research from Thornberry and colleagues (2010) (as cited in Herrenkohl, 2012) suggests that diagnosing children with PTSD does not capture the full developmental effects of chronic child abuse and negligence. Maltreated children dealing with PTSD symptoms are also often found to be experiencing other disorders such as

attention deficit hyperactivity disorder, oppositional defiant and conduct disorders, substance abuse, and anxiety, mood, psychotic, and adjustment disorders (Herrenkohl et al., 2012). A study by De Bellis et al. (2002) (as cited in D'Andrea, 2012) found decreased volume in the corpus callosum, prefrontal cortices, and temporal lobe and increased volume in the superior temporal gyrus in maltreated children with PTSD as opposed to those without PTSD (D'Andrea et al., 2012).

Mental health problems, such as depression and anxiety disorders, have consistently been associated with child abuse and neglect, particularly for adolescents. In a review of seven large-scale studies, all studies showed a high association between child maltreatment and depression in adolescence. For example, the authors cited a longitudinal study, conducted by Repetti and colleagues (2002), which found that children and adolescents who reported a history of abuse or neglect were three times more likely to exhibit a depressive disorder than non-maltreated children. Similarly, in a study of characteristics of children referred to a therapeutic health service for children who had been abused or neglected (the Take Two Program), 62% of children met the criteria for at least one mental health diagnosis (D'Andrea et al., 2012; Gupta, Berkowitz, & Pearson, 2012).

Eating disorders, including anorexia and binge-purge behavior (bulimia), may also be associated with child abuse and neglect. Sexual abuse has been widely linked to eating disorders in children and adolescents; however, experiencing other maltreatment types or multiple forms of abuse and neglect has also been shown to increase the risk of developing an eating disorder (Dubowitz, 2013; Herrenkohl et al., 2012; Kline, 1987).

Researchers have found that child abuse and neglect are associated with behavior problems in childhood and adolescence. The earlier children are maltreated the more likely they

are to develop behavior problems in adolescence. Researchers have often associated maltreatment with internalizing behaviors (being withdrawn, sad, isolated and depressed) and externalizing behaviors (being aggressive or hyperactive) throughout childhood (Toro, 1982). Longitudinal studies have shown that exposure to a single type of maltreatment as well as multiple types is related to increased internalizing and externalizing behaviors in childhood and adolescence. A large, nationally representative study in the United States reported that children who were maltreated in multiple developmental periods (infancy, toddlerhood, preschool years and early school years) displayed more problem behaviors than children maltreated in only one developmental period. Additionally, children who were chronically maltreated tended to display more behavior problems than children suffering from situational maltreatment, although this was mediated by a range of family variables such as caregivers having alcohol or drug dependence, lower levels of education, or diagnoses of depression (Ammerman et al., 1986; Norman et al., 2012).

Research investigating the effect child abuse and neglect has on overall physical health has largely focused on outcomes in adulthood. However, data from the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) in the United States has indicated strong associations between abuse/neglect and health problems in children/adolescents. A study by Dumont and colleagues (2008) (as cited in Dubowitz, 2013) found that exposure to one adverse experience doubled the odds of children having overall poor physical health at the age of 6 years, and tripled them if children had experienced four or more adverse experiences. A further study by Borkowski and colleagues (2010) (as cited in Dubowitz, 2013) found that all types of abuse and neglect were associated with 8 of 10 major adolescent health risks (Dubowitz, 2013; Norman et al., 2012).

Abuse and At Risk Behaviors

Abuse is associated with many at risk behaviors including suicide, alcohol, aggression, teenage pregnancy, and homelessness. A systematic review by Lieberman and colleagues (2005) (as cited in McSherry, 2007) found a strong link between physical and sexual abuse and attempted suicide/suicidal thoughts occurring during adolescence. Similarly, Lansford and colleagues (2006) (as cited in McSherry, 2007) found that although all forms of maltreatment were associated with adolescent suicidal thoughts and suicide attempts, child sexual abuse and emotional abuse might be more important than physical abuse or neglect. Supporting this, in 2006 researchers found that risks of repeated suicide attempts were eight times greater for youths with a sexual abuse history. The authors suggested that sexual abuse could be specifically related to suicidal behavior because it is closely associated with feelings of shame and internal thoughts of blame (Chemtob & Carlson, 2004; McSherry, 2007).

The psychological effects of child abuse and neglect may lead to alcohol and drug abuse problems in adolescence and adulthood. Evidence suggests that all types of child maltreatment are significantly related to higher levels of substance use (tobacco, alcohol and illicit drugs) (Fantuzzo & Mohr, 1999). It is unclear if particular types of maltreatment are more closely linked to substance abuse, although physical abuse and combinations of abuse appear to be associated with increased substance abuse. In surveying public school students in Grades 6, 9, and 12 in the United States, Straus and colleagues (2008) (as cited in Herrenkohl, 2012) found that experiences of physical or sexual abuse increased the likelihood of students using alcohol, marijuana and other drugs. A further study by Parker and colleagues (2010) (as cited in Herrenkohl, 2012) found that 28% of physically abused adolescents used drugs compared to 14%

of non-abused adolescents. Compared to 22% of the non-abused group, 36% of physically abused adolescents also had high levels of alcohol use (Herrenkohl et al., 2012).

In addition to feeling pain and suffering themselves, children exposed to abuse and neglect are at increased risk of inflicting pain on others and developing aggressive and violent behaviors in adolescence. Research suggests that physical abuse and exposure to family violence are the most consistent predictors of youth violence (Fantuzzo & Mohr, 1999; McSherry, 2011). In a meta-analysis, both prospective and retrospective studies indicated strong associations between child abuse and neglect and criminal behavior. A National Institute of Justice study in the United States (2004) (as cited in Norman, 2012) predicted that abused and neglected children were eleven times more likely to be arrested for criminal behavior in adolescence (Norman et al., 2012).

Teenage pregnancy and risky sexual activity may also be associated with experiences of abuse and neglect. Research has consistently linked teenage pregnancy with experiences of sexual abuse. Meta-analyses of 21 studies of child sexual abuse reported that this form of abuse more than doubled the risk of adolescent pregnancy (prior to age 20 years). Additionally, a study found that young women (18 years of age) exposed to sexual abuse as a child had significantly higher rates of teenage pregnancy, increased rates of sexually transmitted diseases, higher rates of multiple sexual partnerships, and appeared to be more vulnerable to further sexual assault and rape (Bartlett & Easterbrooks, 2012; Gupta, Berkowitz, & Pearson, 2012; McSherry, 2011).

Research suggests that children and young people may encounter homelessness or housing instability as a result of abuse and neglect. Homelessness is more likely to emerge in adulthood, however, the Australian Bureau of Statistics (ABS) estimated that approximately 25,503 children were homeless on Census night in 2011 (29% of the homeless population). The

Australian Institute of Health and Welfare (AIHW) indicated that 56,559 children aged up to 15 years accompanied their parents into Specialist Homelessness services in 2011-12. The main reason for accompanied children to seek support was domestic and family violence (33%).

Young people who are removed from the care of their parents because of abuse or neglect may also face homelessness and unemployment soon after leaving out-of-home care when they turn 18. A lack of social support networks and poor academic achievement often contribute to the difficulties young people face in finding adequate housing and employment after care

(Dubowitz, 2013; McSherry, 2007; Norman et al., 2012).

Conclusion

Child abuse and neglect may lead to a wide range of adverse consequences for children and adolescents. Research suggests that specific types of abuse are more closely related to some adverse outcomes than others, for example, the links between physical abuse and violent or aggressive behavior. However, experiencing chronic and multiple forms of abuse increase the risk of more damaging and severe consequences for children and young people.

Factors which contribute to poorer results for youths exposed to maltreatment include socio-economic difficulty, social separation, living in unsafe areas, oversized families, a caregiver with depression or drug and/or alcohol addiction, and whether or not the child is disabled. Aspects that influence an adolescent's resilience include child qualities (e.g., confidence and individuality), components of the family surroundings (e.g., parenting quality), and extra-familial and communal resources (e.g., strong peer relationships and school setting) (Bartlett & Easterbrooks, 2012).

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