



Childhood Maltreatment's Effect on Health, Relationships and Social Difficulties

Cassandra Devlin

Introduction

Childhood maltreatment is a form of abuse directed towards children, specifically in the family home. The types of maltreatment include physical abuse, psychological abuse, sexual abuse, and negligence. Children grow up in these hostile environments and falling victim to these forms of abuse increases the likeliness of mental illness, substance abuse, anxious/avoidant attachment styles and behavioural issues. Children grow up with abuse, wiring their way of thinking due to being exposed to negative behaviour in their household. There is an increased likelihood of enduring these effects of complex trauma, though some may not develop these issues. During childhood, the child's brain is most vulnerable. When a caregiver exposes a child to early life trauma, it can contribute to abnormal development and lessen the ability to cope with stress. This paper will discuss eleven academic articles that support the adverse outcomes of complex trauma. Its goal is to emphasize the knowledge of complex trauma and how childhood maltreatment causes an increased risk of developing health issues (physical and mental), social difficulties, insecure attachment styles, intergenerational cycles of abuse and low school performance.

The Effects of Childhood Maltreatment

This paper will categorize and review the different negative impacts children may endure after being exposed to childhood maltreatment. Since every child's trauma is individualized, the discussion and details of this paper will help inform readers of the possible effects that can result from childhood abuse and how victims have an increased risk of developing one or more of these effects. The limitation of this topic is that factors outside of maltreatment can cause the adverse effects listed. For this article, all literature will be focused on how childhood maltreatment can play a role in shaping these social and health factors.

School Performance

Children are vulnerable because they live in a crucial stage of development, learning how to cope with situations and how to interact with the world around them. Adverse situations such as abuse can interfere with proper development and cause stress in any environment. If a child faces abuse at home, the weight of that negativity is bound to follow children as they attend school and lead to a decrease in school performance. Eckenrode et.al.'s (1993) article conducted a comparative study of maltreated and non-maltreated children by collecting information through maltreatment reports (including the date and nature of the abuse), the children's school records and standardized score tests for math and reading. Children's exposure to a stressful environment can hinder how well they can concentrate on classes and receive higher grades. In argument, other factors may lead to poor school performance; however, the researchers found that "maltreated children scored significantly below the control (non-maltreated children) group" (Eckenrode et.al., 1993). There is also the argument that various kinds of child abuse may affect school performance differently. Children who only experienced neglect were reported to struggle more with all achievement outcomes than sexually and physically abused who had negative correlations for grade repetition and test scores, along with lower math grades (Eckenrode et.al., 1993). Aside from academic performance, it can be argued that childhood maltreatment can cause children to fall into negative behaviours such as outbursts, tardiness and suspension. Maltreated children were reported to have significantly more suspensions and discipline referrals than non-maltreated children (Eckenrode et.al., 1993). In conclusion, there are other mediators outside of this paper and the chosen literature that enable the explanation for deficient performance and behaviour issues of maltreated children within a school setting. However, the literature cited provides further detail to help investigate the relationship between childhood maltreatment and low school performance. With school being a crucial factor in social and cognitive development, maltreatment can cause difficulties in proper development.

Mental Health

Adverse experiences within child abuse and neglect can negatively impact early brain development and cause long-term health effects. For children raised in a stressful environment with a lack of protection and care from their caregivers, mental disorders can develop from the impact of stress on the child and their development. If a caregiver lacks emotional availability and has neglectful/abusive tendencies, mental disorders can develop, such as depression, post-traumatic stress disorder, and anxiety. Macpherson et.al. (2021) found this to be true in their study of the history of child maltreatment and its long-term impact on mental disorders. Assessments on mental disorders and childhood maltreatment were conducted through baseline interviews, record linkage and the Childhood Trauma Screener. Macpherson et.al.'s (2021) findings revealed that child maltreatment was associated with mental disorders, and the most common association was post-traumatic stress disorder. Furthermore, they found that emotional abuse was a stronger pre-

dictor of long-term mental illnesses. The development of mental illness may not be present in childhood but can be more apparent from twenty to seventy years later after their experiences of child abuse. The researchers recorded limitations to note the other predictors of mental illness that do not relate to childhood maltreatment, such as neurodevelopmental disorders (Macpherson et.al., 2021). On the topic of mental health, sexual abuse consists of children's personal space and rights to their bodies being violated by perpetrators, which can cause psychological problems and can negatively affect one's future relationship with sexuality (e.g., hypersexuality and fear of intimacy). Daigneault et.al. (2017) conducted a study on the gender difference in mental and physical health in children with a history of child abuse. For this portion of the paper, their findings on physical health will be omitted from the discussion. Their research shows that boys are more likely to develop hypersexuality and an increase in suicide attempts (externalized mental health problems). In contrast, girls had a stronger association with emotional disorders (internalized mental health problems) (Daighneault et.al., 2017). Furthermore, regardless of the gender differences in externalized and internalized mental health problems, both are equally likely to require hospitalization or request help from services.

Social Anxiety

Social anxiety is a psychological disorder demonstrated by fear of embarrassment, humiliation, and judgement by others in unfamiliar situations (Nanda et.al., 2015). The formation of social anxiety usually stems from early development. The family homelife is crucial for the child's development as they witness how their elder family members deal with coping skills, emotions, and interaction. Parents who impose negative behaviours on their children, such as "overprotection, rejection, lack of warmth, criticism and psychological control" (Nanda et.al., 2015, p. 201), can create anxiety as they enter the social world. Some issues could include facing troubles surrounding social settings and interacting with individuals/groups of people. With the preparator damaging the child's vulnerability, development, individuality, empathy, dependence, and ability to communicate (Nanda et.al., 2015), it can hinder how a child views the world, basing it on fear and negativity they developed and learned growing up. Nanda et.al. (2015) used the Childhood Trauma Questionnaire-Short Form and The Social Phobia Anxiety Inventory to assess the symptoms of childhood maltreatment and social anxiety, respectively, to investigate further whether abuse of children could play a role in the development of social anxiety. Nanda et.al.'s (2015) findings revealed that the most common predictor of social anxiety was emotional abuse. In contrast, emotional neglect and physical and sexual abuse were reported to have less impact on social anxiety. Lack of support from a parent can lead to lower self-esteem and difficulty dealing with social interactions. In support of this statement, Nanda et.al., (2015) state that emotional abuse can negatively impact their self-esteem, limiting beliefs about themselves and their attachment to their parents. Myers and Llera (2020) further support this paper's hypothesis by studying the relations between social anxiety, dissociation, and childhood abuse. Participants were assessed through four reports: Childhood Trauma Questionnaire-short form (CTQ-SF), Liebowitz social anxiety scale (LSAS), Cambridge depersonalization scale (CDS) and Panic attack inquiry. The hypotheses from this literature were confirmed through the findings that "LSAS scores predicted

CDS scores when CTQ scores were high” (Myers & Llera, 2020). The findings can help better support the argument that trauma from childhood maltreatment can cause a significant likelihood of developing social anxiety than those with no experience of child maltreatment. Both works of literature cited provide evidential information for this article that targets how child maltreatment can lead to insecurities surrounding self and others.

Anxious and Avoidant Attachment Styles

In comparison to the other paragraphs, the vulnerability of children is essential concerning relationships and the formation of attachment styles in adulthood. Forming secure attachments in childhood is essential for shaping how children view and act in their future relationships. With child abuse and neglect, children are introduced to attachment styles that are more avoidant or anxious since their primary caregivers can lack emotional availability and safety and instead act upon rejection. Some children may feel they need to increase their demands and cling to their parents in childhood. About child abuse, parents can neglect their children by dismissing their children’s emotions and need for attachment. With a parent’s dismissive behaviour, a child can develop a fear of abandonment (Hocking et.al., 2016) and a tendency to people-please, which factors in the anxious-attachment style. On the other hand, adults who develop an avoidant attachment style (avoidance of commitment and closeness) may have had a childhood where they experienced physical abuse, which can cause them to feel worthy of receiving attention, as predicted by Widom et.al. (2018) in their hypothesis. Widom et.al.’s (2018) study on childhood maltreatments association with attachment style and betrayal trauma provided evidential findings to support the paper’s argument that childhood maltreatment and anxious attachment are positively correlated. Through three different assessments on trauma, attachment style and child maltreatment, Hocking et.al.’s (2016) findings were able to reveal that anxious attachment was positively correlated with child abuse and neglect ($r = 0.32$, $p < .001$). Both pieces of literature provide informative evidence of the relationship between avoidant attachment style and child maltreatment, however, focusing on Widom et.al.’s (2018) study, their hypothesis on the relationship between physical child abuse and avoidant attachment was proved not to be significant. Findings revealed that physical abuse predicted anxious attachment, whereas emotional abuse predicted both anxious and avoidant attachment styles (Widom et.al., 2018). Though Widom et.al.’s (2018) findings did not significantly correlate with their hypotheses, the results remained successful in supporting this paper’s argument of child maltreatment as a mediator of anxious and avoidant attachment styles. Similarly, Hocking et.al.’s (2016) results look at how child neglect and abuse can impact anxious attachment in adulthood. Additionally, the researchers use their findings to promote the benefits of intervention for “emotion regulation and distress tolerance to temper the intense emotional reactions associated with perceived rejection or abandonment” (Hocking et.al., 2016, p. 99). Further study could be done outside of the two pieces of literature cited to study the relation between disorganized attachment style and child maltreatment.

Physical Health

An essential role of the caregiver is to provide a healthy and stress-free environment to help ensure the decreased likelihood of developing health issues. The caregiver's neglect and stress can cause a child to struggle with a poor diet, increased heart rate, substance abuse, and severe medical diseases. Zarse et.al. (2019) reviewed the findings on childhood trauma as a predicting cause of mental illness, addiction and medical diseases, highlighting that those who scored higher in Adverse Childhood Experiences (ACE) significantly correlated with poor health in children and adults who experienced child maltreatment. Zarse et.al. (2019) noted that the higher risk of substance abuse (e.g., smoking) after experiencing childhood maltreatment could cause an increased risk of developing cancer. Similarly, they collected findings on how drug abuse, obesity and physical inactivity can lead to cardiovascular disease. However, the researchers noted that psychological stress from child maltreatment could also play a role in developing this disease (Zarse et.al., 2019). Their findings through research also found that children exposed to substance use by their family members, sexual and verbal abuse are more likely to be diagnosed with pulmonary disease. To further discuss its impact on children and their physical health outcomes, sleep is a critical factor to note in a child's development. Children living in a home filled with stress and maltreatment can affect their sleep schedule, which can prevent proper health development and later cause long-term health risks. Tracy et.al. (2021) supports this argument through their study on the effects of childhood abuse on physical health through high levels of anxiety and poor sleep. They conducted a longitudinal study measuring child abuse, trait anxiety and daily sleep quality. The study's findings concluded that childhood abuse is a severe issue of early life stress, leading to long-term health issues and negatively impacting sleep quality (Tracy et.al., 2021). However, other factors other than maltreatment can mediate physical health and sleep problems. Both pieces of literature help attribute to the argument of how child abuse can play a factor in adversities such as physical health deterioration and medical disorders.

Intergenerational Transmission of Abuse

What children witness and experience in their family home significantly influences their view of relationships. The relationships they witness at home, and the relationships they have themselves with siblings and their caregivers can take part in shaping what relationships consist of and how they should act in them. When children witness domestic violence or experience abuse from their caregivers, they can absorb these negative responses, implementing violence onto their own families and romantic relationships in adulthood. Heyman and Slep (2002) discuss this argument through their study on whether child abuse and interparental violence influence family and intimate partner violence in adulthood. The measures used consisted of the Conflict Tactics Scale (CTS) and two questions about family violence. This study concluded that men with a history of child abuse were most at risk for committing child abuse or partner abuse themselves. In comparison, women who witnessed domestic violence and experienced physical abuse themselves

had a “significantly increased risk for child abuse perpetration and partner abuse perpetration and victimization” (Heyman & Slep, 2002, p. 869). Apart from abused children becoming perpetrators themselves, some children who endure physical abuse are more likely to become victims of intimate partner violence (IPV) in adulthood. Herrero et.al.’s (2018) survey-based study on child abuse and women’s risk in selecting a partner in adulthood hypothesized that: women who experienced significant levels of child abuse were more likely to be vulnerable to choosing “potentially abusive male partners.” (Herrero et.al., 2018, p. 1106). The results of this study supported the researcher’s hypothesis by revealing that higher levels of child abuse and abusive partner selection were related. The literature found the history of child abuse to be positively correlated to the choice of a partner, simultaneously revealing that the male partners exhibited traditional and more violent behaviours. Though this study provides evidence towards the argument of child abuse as a mediator of becoming a victim of IPV in adulthood, participants having difficulty remembering their past with child abuse can provide limitations to the study (Herrero et.al., 2018). In conclusion, the cited literature provides evident findings for the argument of this paper and allows for further discussion in future articles and studies.

Conclusion

This paper has demonstrated through multiple findings from other works of literature that childhood maltreatment can act as a primary predictor of multiple health and social difficulties. Eckenrode et.al.’s (1993) comparative study has demonstrated that the stress from child maltreatment at home can result in lower grades and problematic behaviour within the school environment. Sources of peer-reviewed literature provided evidence on how child maltreatment can cause an increased risk of mental illness/medical disorders and a decrease in healthy behaviour. Furthermore, abused children may be influenced by the adverse events they experienced, developing insecure attachment styles, becoming victims of IPV or invoking violence onto their own families. The research from this paper could be beneficial to other researchers, psychologists and psychology students, providing evidence to use for future research on the effects of child maltreatment.

References

- Daigneault, I., Vézina-Gagnon, P., Bourgeois, C., Esposito, T., & Hébert, M. (2017). Physical and mental health of children with substantiated sexual abuse: Gender comparisons from a matched-control cohort study. *Child Abuse & Neglect*, 66, 155-165.
- Eckenrode, J., Laird, M., & Doris, J. (1993). School performance and disciplinary problems among abused and neglected children. *Developmental Psychology*, 29(1), 53.
- Herrero, J., Torres, A., & Rodríguez, F. J. (2018). Child abuse, risk in male partner selection, and intimate partner violence victimization of women of the European Union. *Prevention Science*, 19(8), 1102-1112.
- Heyman, R. E., & Slep, A. M. S. (2002). Do child abuse and interparental violence lead to adulthood family violence? *Journal of Marriage and Family*, 64(4), 864-870.
- Hocking, E. C., Simons, R. M., & Surette, R. J. (2016). Attachment style as a mediator between childhood maltreatment and the experience of betrayal trauma as an adult. *Child Abuse & Neglect*, 52, 94-101.
- Macpherson, J. M., Gray, S. R., Ip, P., McCallum, M., Hanlon, P., Welsh, P., ... & Ho, F. K. (2021). Child maltreatment and incident mental disorders in middle and older ages: a retrospective UK Biobank cohort study. *The Lancet Regional Health-Europe*, 11, 100224.
- Myers, N. S., & Llera, S. J. (2020). The role of childhood maltreatment in the relationship between social anxiety and dissociation: a novel link. *Journal of Trauma & Dissociation*, 21(3), 319-336.
- Nanda, M. M., Reichert, E., Jones, U. J., & Flannery-Schroeder, E. (2016). Childhood maltreatment and symptoms of social anxiety: Exploring the role of emotional abuse, neglect, and cumulative trauma. *Journal of Child & Adolescent Trauma*, 9(3), 201-207.
- Tracy, E. L., Tracy, C. T., Kim, J. J., Yang, R., & Kim, E. (2021). Cascading effects of childhood abuse on physical health issues in later adulthood through trait anxiety and poor daily sleep quality. *Journal of health psychology*, 26(12), 2342-2348.
- Widom, Cathy Spatz, Sally J. Czaja, Sandra Sepulveda Kozakowski, and Preeti Chauhan. "Does adult attachment style mediate the relationship between childhood maltreatment and mental and physical health outcomes?" *Child Abuse & Neglect*, 76 (2018): 533-545.
- Zarse, E. M., Neff, M. R., Yoder, R., Hulvershorn, L., Chambers, J. E., & Chambers, R. A. (2019). The adverse childhood experiences questionnaire: Two decades of research on childhood trauma as a primary cause of adult mental illness, addiction, and medical diseases. *Cogent Medicine*, 6(1), 1581447.