



The Harsh Truth Regarding Child Abuse

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Introduction

Historically violence and authority over children were prominent in most families and cultures, with the father being the central culprit (Albanese, 2020). Children encountered a wide range of abuse throughout history, while household abuse has become unacceptable in society today, there is still a large number of hostile environments children are exposed to. For example, childhood abuse is still happening in households, with children being violated by parents, grandparents, siblings, step-family members, and friends. Child abuse can be performed by outside factors like individuals who persuade children into harmful acts with another individual (i.e., sex offenders) with permission or not. Child abuse can be presented through neglecting, or failing to provide the needs for a child through physical, psychological, or emotional development (Albanese, 2020). Child abuse also is not limited to sexual and/or exploitation by using a child for sexual purposes (i.e., touching inappropriately), or involving a child for pornographic or prostitution purposes (Albanese, 2020). This paper will compare how early childhood trauma (i.e., child abuse and neglect) impacts the well-being of a child negatively throughout its life by discussing the consequences through the prevalence rates, neurological, and psychological impacts, if child abuse is declining or increasing, long-term effects, and how to assist and prevent childhood abuse. Researchers have suggested that children experiencing severe abuse and neglect during their early developmental years are more likely to exhibit long-term emotional dysregulation, impaired cognitive deficits, and social difficulties compared to those who do not experience a traumatic childhood (i.e., sexual abuse, physical abuse, and/or emotional abuse). Such effects that can arise in these children are displayed in various ways, including academic struggles, challenges forming and/or maintaining close relationships, and a risk of developing or increasing mental health disorders. Due to the severity and/or duration of abuse, having protective factors such as supportive caregivers or outside support (i.e., therapy) could potentially moderate the extent of these outcomes.

Statistics

Previous research has indicated that child maltreatment (i.e., physical, emotional, and/or sexual abuse) can lead to poorer health and socioeconomic outcomes later across their lifespan

(Bader & Frank, 2023). Physical types of abuse (i.e., physical abuse, sexual abuse) have been the main focus in Canada, due to the limited understanding and “truth” behind non-physical abuse such as emotional abuse, neglectful abuse, and exposure to intimate partner violence (Bader & Frank, 2023). In 2012 the Canadian Community Health Survey - Mental Health component indicated that physical abuse was the most prevalent form of maltreatment in children with 26% of cases, followed by sexual abuse estimated at around 10%, and intimate partner violence at 7% (Bader & Frank, 2023). However, recent studies such as the 2019 General Social Survey (GSS), Canadians revealed that 62% of children received “harsh parenting” (i.e., spanking, emotional abuse, and physical neglect) while 22% had experienced physical abuse, 21% were exposed to physical violence by a family member, including step-parent or guardian, and 6% had been sexually abused (Bader & Frank, 2023). Therefore, the 2019 study showed an increase in physical types of maltreatment in childhood, indicating that there has been a limited range of research surrounding non-physical information; thus, we need to reach a better understanding of this topic and expand on our research to gain further discoveries (Bader & Frank, 2023).

In Canada, approximately 6 in 10 individuals reported that they had experienced some form of maltreatment before they reached 15 years of age (Bader & Frank, 2023). One-third of children had experienced non-physical maltreatment (32.3%), two-thirds reported experiencing both physical and non-physical maltreatment (23.3%), and physical maltreatment was the least reported (4.1%) (Bader & Frank, 2023). Additionally, sex differences depended on the type of abuse a child encountered or reported on, particularly, females (63%) were more likely to report child abuse than males (56.3%) (Bader & Frank, 2023). Females have a higher report of only non-physical or both physical and non-physical abuse compared to males (Bader & Frank, 2023). Although males report more physical maltreatment than females, the statistics differ due to the number of individuals reporting these incidences.

Is Child Abuse Declining?

Canada has been less consistent with self-report measures for child abuse identifying many fluctuations, suggesting a decline in child sexual assault (CSA) in some areas in Canada and an increase in others (i.e., Québec) (Collin-Vézina et al., 2010). Due to the large contribution of the government and media, an increase in reporting CSA could be the main reason (Collin-Vézina et al., 2010). Despite the small amount of empirical evidence regarding the impact of the media, it plays a significant role in the protection of children (Saint-Jacques et al., 2011). Saint-Jacques et al. (2011) identified that the media does not only influence the public's attitudes and/or perceptions towards child abuse but it also controls their behaviours. Individuals take action due to the awareness surrounding important situations; for example, bystanders reporting to the authorities potential child abuse is essential to protect a child (Saint-Jacques et al., 2011). The media encourages individuals who might be hesitant or unaware to make a report to Child Protective Services (CPS) (Saint-Jacques et al., 2011). However, the findings are inconclusive due to the lack of surveys conducted in Canada; except in Ontario and Quebec, they were shown to have a decrease in CSA similar to the United States (Collin-Vézina et al., 2010). Overall, more studies need to be conducted to maintain factual evidence to understand where changes need to be made

(Collin-Vézina et al., 2010). Changing and encouraging reporting behaviour can be beneficial to protect children across Canada and other national countries (Collin-Vézina et al., 2010).

Neurological Impacts

Traumatic exposure has shown that certain parts of the brain are affected by sexual experiences in childhood and have been linked to mental health problems such as depression, post-traumatic stress disorder (PTSD), attention-deficit/hyperactivity disorder (ADHD), conduct disorder (CD), somatic complaints, suicide and many more (Edwards, 2018). Research has shown that structural changes in the brain are due to different forms of maltreatment in children, such as sexual abuse, and have been associated with brain development and change in children (Edwards, 2018). For example, childhood sexual abuse reduces cortical thickness in particular brain regions that are associated with emotional processing, grey matter loss, the prefrontal cortex, visual cortex, and hippocampus (Edwards, 2018). Due to the reduction in brain volume, the related areas affected can be a contributing factor in developing psychological disorders later in life (Edwards, 2018). Edwards (2018) concluded that childhood traumatic experiences did affect the development and size of certain brain regions. However, the severity of the abuse experienced by the child could significantly change structures in the brain more extensively and permanently (Edwards, 2018).

Additionally, fetal alcohol spectrum disorder (FASD) can be a form of child abuse (Popova et al., 2019). Research has demonstrated that alcohol consumption during pregnancy can severely harm the fetus and lead to multiple impairments, affecting children throughout their lifetime (Popova et al., 2019). For instance, permanent brain damage, congenital anomalies, prenatal and/or postnatal growth restriction, and the characteristics of sentinel facial features are prominent in children with FASD (Popova et al., 2019). Children with FASD may also experience mild, moderate, or severe cognitive, behavioural, and emotional problems, along with struggles with adaptive functioning (Popova et al., 2019). FASD later in life can affect a child's academic abilities and can lead to the development of other mental health problems (Popova et al., 2019). Prenatal alcohol exposure is the leading preventable cause of birth defects and developmental delays in Canadians (Popova et al., 2019). Therefore, the impact on the fetus' life can be completely altered due to the risk of consuming alcohol. Deliberate actions that result in severe impairments of a developing fetus are considered to be a form of child abuse or neglect due to the awareness provided globally (Popova et al., 2019).

Psychological Impacts

Wolfe and Jaffe (1991) suggest children who experience sexual abuse go on to develop psychological problems such as depression, anxiety, and sexual dysfunction. Victims of child sexual abuse can display a wide range of symptoms as a consequence of internalizing their behaviours (Wolfe & Jaffe, 1991). Therefore, children may experience psychological distress due to the trauma they endure which can prevent children from developing healthy coping styles. Internalizing feelings could also contribute to societal withdrawal and/or isolation, potentially

developing distorted negative beliefs about oneself. However, children who experience physical abuse in their childhood go on to develop profound effects on their social, cognitive, and emotional development (Wolfe & Jaffe, 1991). Insecure attachment styles become more prominent within physical abuse due to the struggles of emotional expressions and regulation, and the negative beliefs about the social world (Wolfe & Jaffe, 1991).

Bowlby (1969) proposed a theory that examined infants' emotional attachment towards a caregiver. Bowlby's attachment theory consists of two categories - secure and insecure (Hewitt & Campus, 2014). Children who have experienced any form of abuse (i.e., physical or non-physical) have problems with attachment; for instance, if a child has been neglected, they are more likely to develop an insecure attachment style (Hewitt & Campus, 2014). Disorganized/disoriented attachment - insecure category - is the most common form of attachment for maltreated children due to this style reflecting the highest amount of insecurity in children (Hewitt & Campus, 2014). Disorganized/disoriented attachment is typically evaluated as having confused and contradictory responses when they are separated or reunited with a caregiver (Hewitt & Campus, 2014). Children displaying this attachment style can propose an untrustworthy bond towards interpersonal relationships with others (Hewitt & Campus, 2014). Therefore, a betrayal of trust is extremely common among children who have been abused, often leading them to become confused, fearful, and untrusting later in life.

Role modeling is essential in forming attachments and relationships when we are young. We observe, listen, and react to others in the way we are taught how to do. If a child experiences or is exposed to violent altercations, they can go on to develop maladaptive strategies (i.e., avoidance) when they age. Abusive role models can also normalize negative behaviours by demonstrating to children that it is acceptable in relationships. Negative role models typically interfere with a child's development by delaying healthy coping mechanisms, emotional regulation, and the formation of interpersonal relationships. By lacking in healthy development, abused children proceed to encounter long-term emotional effects that interfere with their daily living.

Long-term effects on Child Sexual Abuse (CSA)

Children who have encountered sexual abuse (SA) are more likely to experience prolonged effects because it disrupts normal development during a vulnerable time (Hewitt & Campus, 2014). Children who have been SA often struggle with psychological adjustments in adulthood (Hewitt & Campus, 2014). Cognitive distortions such as low self-esteem, self-hatred, and feelings of hopelessness are strongly associated with aging children when they have been SA (Hewitt & Campus, 2014). Psychiatric disorders are prevalent among CSA such as depression, anxiety, hysterical reactions, sexual problems, borderline personality disorder, and suicidal tendencies (Hewitt & Campus, 2014). Fear and anxiety are extremely common for aging individuals due to the exposure to sexual stimuli and pain experienced during CSA (Hewitt & Campus, 2014). Additionally, children who are SA are at a higher risk of experiencing abuse in adulthood due to the continuous cycle of victimization (Hewitt & Campus, 2014).

Long-term Effects on Child Physical Abuse (CPA)

When a child is physically abused (PA) they are not just being physically harmed, they are also enduring psychological difficulties that affect their everyday life (Hewitt & Campus, 2014). Children who have been PA often go on to develop anxiety, depression, hostility, and/or paranoia; due to their harmful experiences as a child, these incidences result in long-term psychological challenges that significantly hinder the development of healthy interpersonal relationships (Hewitt & Campus, 2014). CPA can lead to adults developing intimacy issues and difficulties with sexual experiences (Hewitt & Campus, 2014). Substance abuse is also prevalent among aging individuals due to CPA both in males and females (Hewitt & Campus, 2014). Additionally, suicidal ideation, attempted suicide, and suicide are common behavioural experiences among children who were PA and SA (Hewitt & Campus, 2014).

Intervention and Prevention

In Afifi and MacMillian (2011), they reviewed existing research on protective factors associated with resilience concerning children being exposed to maltreatment. The findings concluded that family-level factors (i.e., having a stable family environment and supportive relationships) are valuable predictors of resilience among children who have experienced abuse (Afifi & MacMillian, 2011). For example, parenting programs are supportive and educational by providing positive strategies and techniques for building a healthy and non-violent relationship with their child. Individual-level factors (i.e., personality traits) are not as strongly associated with resilience; however, they can still be a contributing protective factor (Afifi & MacMillian, 2011). For instance, if individuals have a higher capacity for empathy towards others, it can act as a protective factor when understanding and forgiving situations of others. Additionally, children who are more likely able to self-control or regulate their behaviours are at a greater advantage for reducing the likelihood of engaging in their “normalized” behaviours. Research is still to be investigated on sex and gender-based resilience among child abuse, along with biological factors contributing to protective factors in childhood abuse (Afifi & MacMillian, 2011).

Conclusion

Each year, there are more and more children who experience some form of maltreatment (Hewitt & Campus, 2014). Child maltreatment or abuse is the act of “commission or omission” by family members that impact a child's health in a harmful way (Hewitt & Campus, 2014). Children continue to be confronted with abuse in and outside the family. For instance, abuse of children can occur in homes where parents, grandparents, siblings, stepfamily members, and/or others harm their children. This paper compared the adverse effects that early childhood trauma, such as child abuse and neglect, can have on a child's wellbeing. It examined the prevalence rates, long-term effects, neurological, and psychological impacts, the decreasing and increasing rate of child abuse,

as well as strategies for helping to prevent and mitigate these outcomes. Therefore, children who encounter child abuse will exhibit negative long-term effects due to the unacceptable circumstances they have experienced.

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