# Child Abuse

*Risk Factors/Consequences*

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# *Etiology / Risk factors*

- Most experts believe that physical and sexual abuse results from a combination of factors within both parents and children, in conjunction with their specific environment.

- **Risk factors versus Protective factors**

# *Risk factors:*

- ***Child's individual risk factors***
- ***Parents' individual risk factors***
- ***Family risk factors***
- ***Community risk factors***

## *Child's individual risk factors*

- Young children (cases of death due to maltreatment)
- Teenagers (greater risk for sexual abuse)
- Broadly defined disability (prematurity, mental retardation, and physical handicaps).

  (Children with cognitive deficits may have impaired judgment and decreased ability to verbally communicate feelings)

- Difficult temperament or problem behaviors.

## *Parents' individual risk factors for abuse*

- young age of parents,
- low education,
- unrealistic expectations of their children and impaired capacity for empathy
- parental mental illness,
- low self-esteem and depression
- significant instability and personality disorder in the parents.
- substance abuse,
- parents' own history of maltreatment

# *Family risk factors*

large family size (presence of four or more children in a family)

**single parenthood,**

non biological transient carers in the home

**exposure to family violence**

lack of social support, poverty, minority ethnicity,

**lack of acculturation,**

stressful events

# *Community risk factors*

- Impoverished neighborhoods

  poverty and unemployment are particularly associated with risk of neglect and physical abuse.

- While sexual abuse is prevalent in all socioeconomic classes, physical abuse and neglect may be more common in lower socioeconomic classes.

- However, abusers have racial, religious, and ethnic distributions similar to those of the general population.

- Community violence and collective efficacy may also contribute to maltreatment rates.

- These distal factors may be associated with more proximal risk factors, such as unstable housing, childcare burden, greater strain on families, and attitudes toward violence.

# Abusers characteristics:

- They regard their victims not as independent beings but instead as narcissistic extensions of themselves, existing only for the purposes of their own gratification.

- Abusers select children based on age, gender, and physical characteristics that match their own appearance or age when they were first abused.

- Abusers have been described as passive and inadequate in most aspects of their lives;

(contact with children gives them feelings of power and control)

- Sexual abusers may associate themselves with events or circumstances where they have access to children.

**(like: youth group activities, schools, recreational facilities, or locations near playgrounds)**

- Sexual abusers may seek to "groom" victims, offering them gifts or money in order to gain their trust prior to engaging in any abusive behavior.

- Abusers are usually gender specific regarding their victims; those who select both male and female victims may have more severe psychopathology.

- Victimization by known abusers is generally more common than sexual abuse from an unknown or extra-familial source.

- **30%–50% of the instances of sexual abuse are abused by those under age 18, most initially engaging in abusive acts before age 15.**

- More than 60% are known to school systems as having problems with truancy, behavioral difficulties, or learning problems.

- **Sexually abusive youth most frequently have comorbid conduct disorder, mood disorders, and anxiety disorders.**

- The number of psychiatric diagnoses is higher with a lower age of first offense.

- **40% of abusive youth report having been sexually abused themselves.**

- It is widely believed that abuse during childhood can lead to victims abusing their own offspring.

- **Studies of women who "broke the cycle of abuse" suggests that continuity is not the rule;**

**(**many abused children grow up to be competent, non-abusive parents)

## *Consequences of maltreatment*

- Whether a child has been sexually abused versus physically abused, for example, matters less in the long term as compared to the overall level of adversity and the number of victimizations experienced by the child.

  - Poor outcomes are more likely in individuals who have experienced greater adversity.

- Four factors have been suggested to describe the extent to which a child is traumatized by sexual abuse:

1) traumatic sexualization,
2) powerlessness,
3) stigmatization,
4) betrayal,

each leading to feelings of fear, anxiety, and helplessness in the child

- other factors that influence the sexually abused child's outcome:

  - the age and developmental level of the child;
  - the onset, duration, and frequency of the abuse;
  - the degree of coercion and physical trauma;
  - the relationship between the child and the abuser;
  - the child's preexisting personality;
  - the interaction between acute and long-term variables.

- Early sexual abuse is linked to sexual high-risk behaviors as well.

Childhood sexual and emotional abuse were found to be independently associated with subsequent engagement in sex work.

- The highest rates of symptoms were observed in children with severe sexual abuse, such as intercourse or oral sex (involving penetration and/or force):

numerous sexual partners and sexually transmitted disease

- Co-occurring family problems:
- Among 3- to 7-year-olds:

  behavioral symptoms were associated with caregiver domestic violence and mental illness.

- Among 8- to 11-year-olds:

  depressive symptoms were associated with severe abuse and multiple family problems,

  and

  posttraumatic stress was associated with chronic unresolved abuse.

# *Consequences*

- **Neurodevelopmental Impact of Abuse**
- **Attachment Dysregulation**
- **Attention-Deficit/Hyperactivity Disorder**
- **Aggression**
- **Substance Abuse and Self-Injurious Behavior**
- **Depression and Suicide**
- **Anxiety Disorders and Posttraumatic Stress Disorder**
- **Dissociative Disorders**
- **Multiple Somatic Health Problems**

# Neurodevelopmental Impact of Abuse

- Traumatic events are overwhelming and lead to disrupted brain homeostasis and a maladaptive compensatory response.

- Sustained stress leads to overstimulation of the hypothalamic-pituitary-adrenal (HPA) axis and subsequently to elevated cortisol levels.

- Theoretically, all parts of the brain—cortex, limbic system, midbrain, and brainstem—may be affected, and powerful traumatic memories may be created.

- Abused youth exhibit impaired sleep efficiency, and prolonged sleep latency. Chronic activation of the HPA axis and resulting cortisol system alteration may damage the hippocampus.

- Adults with posttraumatic stress disorder (PTSD) due to severe sexual or physical abuse have decreased hippocampal size as detected with MRI and positron emission tomographic scans.

- Such findings may explain the memory impairment often present in victims of abuse.

- Cognitive, academic, and language delays have been consistently documented in maltreated youth. Studies of preschool children report significantly decreased intelligence as compared with control subjects.

- A study of a group of physically abused youth found that 60% of the neglected youths and 55% of the abused youth had repeated at least one grade as compared with 24% of the comparison group.

# Attachment Dysregulation

- An infant securely attaches to a mother who is sensitive to the infant's needs.

- Insensitive or unresponsive parenting leads to insecure attachments that have been subcategorized as:

  anxious/avoidant,

  anxious/ambivalent,

  disorganized attachment.

- Abusive parenting is associated with insecure attachments, often of the disorganized type, which in turn often leads to later psychopathology in the infant.

- In a review of the impact of child maltreatment on subsequent attachment patterns, 11 of 13 controlled studies found that significantly more maltreated infants displayed insecure attachments.

- Children exposed to abusive parenting are excessively sensitized in their arousal level, emotional regulation, and behavioral reactivity and are at risk for later developing neuropsychiatric problems.

- Numerous studies have identified the key role of a responsive, predictable, and nurturing caregiver in the development of a healthy neurobiological stress response.

- During the first 2 years of life, there is a genetically programmed overproduction of axons, dendrites, and synapses in the brain, with subsequent pruning of those not used.

- The environment thus impacts which synaptic connections are maintained and survive, possibly explaining the power of physical abuse in derailing secure attachments and healthy outcomes over the long term.

# Attention-Deficit/Hyperactivity Disorder

- Several studies have documented a higher prevalence of ADHD in abused children and adolescents. It is possible that children who have ADHD are more likely to provoke abusive behaviors in adults.

- However, it is also proposed that the trauma of abuse itself plays a causal role in the development of ADHD symptoms.

# Aggression

- ***The most frequent outcome of abuse is aggression***. Abused preschool children engage in aggressive behavior more frequently than their peers, and they more often attribute hostile intent to their peers.

  - Abused children have also been reported to be at risk for violent criminal behavior in adolescence and in adulthood.

- Pathological defense mechanisms may also play a role, including identification with the aggressor:
- Lewis (1996) writes that abusive experiences provide a model for violence, teach aggression through reinforcement, inflict pain, and cause central nervous system injuries associated with impulsivity, emotional labiality, and impaired judgment.

- Furthermore, this experience creates a sense of being endangered and thus increases paranoid feelings and diminishes the child's capacity to recognize feelings and put them into words, not actions.

## Substance Abuse and Self-Injurious Behavior

- Children may resort to behaviors that facilitate opioid-mediated dissociation, such as rocking, head banging, and self-mutilation, with these painful stimuli activating the brain's endogenous opiates.

- Abused children are also more likely to develop substance abuse, likely in a self-medicating fashion;

Alcohol serves to reduce anxiety,

opiates trigger soothing dissociation,

stimulants activate mesolimbic dopaminergic reward areas

- Emotional and sexual abuse had the strongest link to non-suicidal self-injury (NSSI).

- NSSI is mediated by self-criticism after emotional abuse, which in turn leads to NSSI as a form of self-punishment.

- Underlying depression may intensify NSSI behaviors.

# Depression and Suicide

- Abused infants are prone to affective withdrawal and diminished capacity for pleasure and have a tendency to exhibit negative affect such as sadness and distress.

- Major depression or dysthymia was reported in 27% of children of latency age who had been abused.

- 8% of children and adolescents with abuse have a current diagnosis of major depressive disorder, 40% have lifetime major depressive disorder diagnoses, and at least 30% have lifetime disruptive disorder diagnoses (ODD or conduct disorder).

- Studies also report an association between abuse in childhood and subsequent self-mutilation and suicidal ideation or attempts and risk taking.

- differences in depression severity and symptoms based on the type of abuse and gender:

Adolescents who experienced both sexual and physical abuse were more likely to be depressed, have suicidal ideation, or have PTSD than those who experienced physical abuse only or those who did not experience any abuse at all.

- Longer duration of abuse was related to greater depression severity, sleep disturbances, and greater anxiety.

- Greater guilt was experienced by those who were abused by a relative. Such youth also endorsed more problems with appetite and thoughts of death, which may be related to underlying hopelessness and anger in children abused by a relative.

- Finally, female adolescents were more depressed than males.

- A prospective study of depression in abused and neglected children grown up found that abuse and neglect were associated with increased risk for major depressive disorder in adulthood.

- Children who were physically abused or experienced multiple types of abuse were at increased risk of lifetime major depression.

# Anxiety Disorders and Posttraumatic Stress Disorder

- Anxiety disorders may take many forms, including:

**phobias,**

**social anxiety,**

**generalized anxiety disorder,**

**PTSD.**

- The chronicity and severity of abuse increase the likelihood of a PTSD diagnosis:

❑Children often display disorganized or agitated behavior rather than the fear, helplessness, and horror described in adults.

❑Repetitive play involving themes of the trauma is common rather than the classic flashbacks or recurrent and intrusive recollections of the trauma.

- Unconscious reenactment of the trauma can lead to retraumatization of the child. In some cases, this reenactment can be dangerous to the child or to others. Physically abused adolescents may "enact" their victimization rather than express their reactions to the abuse via symptoms of PTSD.

- Differences between physical and sexual assaults:

sexual abuse often accompanied by a higher level of secrecy and shame, which may reinforce emergent PTSD symptoms.

External signs of physical abuse, such as bruises and fractures, may lead to more support, facilitating integration of the trauma.

# Dissociative Disorders

- The most adaptive response to the pain of the abuse may be to activate dissociative mechanisms involving:

  disengagement from the external world by using primitive psychological defenses such as depersonalization, derealization, numbing, and—in extreme cases—catatonia.

- Dissociation may then be protective, allowing the child to psychologically survive the abuse. Over time, the defense often becomes maladaptive, emerging at inappropriate times.

- Dissociative disorders may result from abuse. Children who dissociate may experience brief psychotic symptoms such as hearing command auditory hallucinations.

- Severely abused children commonly hear voices commanding them to harm themselves or others. As a result, they may be misdiagnosed with a psychotic disorder such as schizophrenia.

- A dissociating child may also be misdiagnosed with an externalizing disorder—ADHD, ODD, or impulse control disorder.

- Dissociative disorders are difficult to discern in younger children, especially prior to age 7 when faculties of concrete reasoning are less well developed.

  - Dissociation may be present in victims of sexual abuse more often than in victims of physical abuse.

- Some children may have dissociative experiences as defense mechanisms or as a manner of re-experiencing or gaining understanding and mastery over the abusive experience.

# Multiple Somatic Health Problems

- An association has been found between childhood abuse and adult health problems, including:

  poor self-rated health, pain, physical disabilities, and frequent emergency room and health professional visits.

- Sexual risk taking leads to increased teenage pregnancy and exposure to HIV and sexually transmitted diseases.

- ***THANK YOU FOR YOUR ATTENTION***