

Report from the CDC

The Legacy of Child Maltreatment: Long-Term Health Consequences for Women

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ABSTRACT

In 2001, over 903,000 children were victims of physical, sexual, or psychological maltreatment and neglect. Available retrospective and longitudinal data suggest that child maltreatment has a significant negative impact directly on women's physical and mental health in childhood, adolescence, and adulthood. Additionally, childhood maltreatment is a critical risk factor for physical and sexual victimization in adulthood, especially by an intimate partner. The harmful effects of victimization in adulthood among women are substantial, and the negative outcomes of adulthood victimization are especially pronounced when there is a history of childhood maltreatment. Therefore, in addition to the direct effects in childhood, child maltreatment appears to have an indirect effect on women's physical and mental health by increasing the risk for victimization which, in turn, has a direct negative impact on health. The results of existing empirical studies point to the importance of preventing child maltreatment and its short-term and long-term consequences. Intervening at an early stage may reduce a child's likelihood of developing long-term health problems, and also reduce the public health burden of child maltreatment by preventing future health problems and revictimization in adulthood with all its negative health consequences.

IN ITS MOST RECENT REPORT, the Administration on Children, Youth, and Families estimated that over 903,000 children (12.4/1000) were victims of child maltreatment (physical, sexual, neglect, psychological maltreatment) in 2001.¹ The rate of neglect, including medical neglect, was the highest of the various types of child maltreatment (59.2% of reported cases). The rate of physical abuse was the second highest (18.6%), followed by the rate of sexual abuse (9.6%) and then the rate of psychological abuse (6.8%). Rates of physical abuse, psychological abuse, and neglect are comparable for boys and girls.² However, the rate

of sexual abuse of girls is higher than that of boys. Victimization rates for children and adolescents are significantly higher than those for adults, underscoring the fact that victimization of children and youths represents a serious public health problem.^{3,4}

Child maltreatment has pronounced negative consequences for the emotional, cognitive, physical, and behavioral development of children. As a result of child maltreatment, children experience medical and physiological consequences, such as failure to thrive, brain injuries, and fatalities.⁵ In 2001, approximately 1300 children died

as a result of child abuse and neglect.¹ Children who are maltreated exhibit problematic school performance, attention deficits, poor social skills, and physical aggression.⁵ Unfortunately, these consequences do not remit and may extend into adolescence. A substantial body of empirical research indicates that adolescent survivors of child maltreatment exhibit delinquent and violent behaviors and experience intimacy and sexual problems (including teenage pregnancy), substance abuse, and self-destructive behaviors.⁵⁻⁸ Some studies have examined differences between boys and girls in the consequences of child maltreatment. Although negative consequences have been documented for both boys and girls, some differences have been reported. Specifically, girls are more likely to exhibit internalizing symptoms, such as depression, whereas boys are more likely to exhibit externalizing symptoms, such as aggression and other symptoms of conduct disorders.^{9,10}

Adult survivors of child maltreatment are characterized by similar psychological, cognitive, and behavioral difficulties. Most studies that have examined long-term consequences of child maltreatment have focused on women survivors. As with studies focusing on child and adolescent survivors, studies including adult men and women survivors of child maltreatment find that both are characterized by similar long-term consequences.^{11,12} However, much of what we know about the long-term consequences of child maltreatment comes from studies focusing on women. This bias in part may result from women's greater tendency, relative to men, to participate in research and to self-disclose histories of child maltreatment and victimization. Further, the significantly higher rate of sexual abuse of girls relative to boys also contributes to a greater focus on women survivors.

Documented psychological problems in adulthood among women survivors of child maltreatment include posttraumatic stress disorder (PTSD), depression, anxiety, somatization, substance abuse, eating disorders, personality disorders, and suicidal behavior.¹³⁻²¹ Poor social and academic outcomes have also been documented among survivors of childhood victimization, as well as having a greater number of sexual partners and a greater likelihood of unwanted first pregnancy.²²⁻²⁴ Most of the studies examining the long-term consequences of child maltreatment have been based on clinical samples and, thus,

cannot be easily generalized to the population. However, a few studies using large, population-based samples of women have also found substantial long-term health consequences.²⁵ For example, the long-term health consequences of childhood victimization were assessed using a sample of approximately 1200 women randomly selected from a Seattle-based HMO.^{26,27} Although not nationally representative, results from such studies are more generalizable than results from clinical samples because both clinic and nonclinic attenders were surveyed. These studies have found that women who experienced childhood maltreatment (sexual abuse, physical abuse, emotional abuse, emotional neglect, or physical neglect) have significantly higher median annual healthcare costs, lower perceptions of their overall health, greater physical and emotional functional disability, a greater number of physical health symptoms, and a greater number of health risk behaviors than women with no history of maltreatment. Additionally, multiple forms of child maltreatment relative to only one type of victimization are more detrimental to women's health. For example, data from 8000 women participating in the National Violence Against Women Survey (NVAWS) indicate that women who experienced both physical and sexual victimization in childhood were at increased risk of health problems in adulthood compared with women who experienced only one type of victimization or no child maltreatment.²⁸ These associations could not be attributed to victim demographics or to assault victimization experiences in adulthood.

Another drawback of much of the research on long-term health consequences of child maltreatment is their retrospective nature. Consequently, some of the associations reported in the studies cited may be the result of recall bias or other unspecified confounding factors. However, one study used a matched cohort design and prospectively assessed children who had been abused or neglected. Twenty years after the abuse, women victims of child maltreatment were significantly more likely than nonvictims to evidence aggressive behaviors, PTSD, substance abuse, poorer academic and intellectual outcomes, and personality disorders.²⁹⁻³²

Several mediating variables may explain why childhood victimization is associated with health problems in adulthood. One possibility is that the association is mediated by psychological variables, such as depression. That is, childhood vic-

timization is associated with an increased likelihood of developing depression, which, in turn, is related to an increased likelihood of health problems, such as poor perceptions of health.¹⁴ Depression could lead to self-medication using alcohol and other drugs.¹⁸ The association between childhood victimization and adulthood health problems may also be mediated by risky health behaviors.³³ Specifically, childhood victimization has been found to be associated with many health risk behaviors, such as physical inactivity and smoking, and these risk behaviors are associated with health problems. The association between childhood victimization and adverse health correlates in adulthood may be explained by biological factors. One recent study reported that women with a history of childhood abuse manifested increased pituitary-adrenal and autonomic responses to stress compared with women who were not abused.³⁴ This stress response, in turn, may be associated with heightened vulnerability to health problems. Child maltreatment frequently occurs in the context of other family dysfunctions and related adverse childhood experiences (ACEs).³⁵ A wide range of ACEs have been shown to have a detrimental impact on women's health in adulthood. The relationship between child maltreatment and poor health outcomes may also be the result of these co-occurring ACEs.

In addition to the health consequences, a significant detrimental long-term consequence of child maltreatment identified by empirical research is subsequent victimization in adulthood by intimate partners and nonintimate others. Several researchers have shown that the risk of adult physical and sexual assault victimization is greater when the victim has a history of child maltreatment. The risk of adult physical, sexual, or psychological victimization has been found to be 2–4 times greater among respondents who had experienced some form of child physical or sexual abuse than among those who had not experienced child abuse.^{35–37} All types of child maltreatment increase the risk of victimization in adulthood, but the risk for revictimization in adulthood appears to be slightly more pronounced among victims of child sexual abuse. Child sexual abuse victims have been found to be 3–5 times more likely to experience subsequent adult victimization than respondents who had not experienced any type of child abuse.³⁸

Although child maltreatment is associated with an increased risk for assaults by any perpe-

trator, women survivors of child maltreatment are at greater risk of victimization by an intimate partner. Specifically, data from the NVAWS indicate that although both women and men victims of child maltreatment were at higher risk for adult physical or sexual assault by nonintimate perpetrators, women child maltreatment victims were more likely to be victimized in adulthood by an intimate partner.¹¹ It has been suggested that experiences of violence and trauma in childhood may lead to developing patterns of vulnerability by diminishing women's opportunities to develop healthy relationships and violating their expectations of relationships with loved ones.³⁹ Other researchers have proposed similar explanations for the link between childhood abuse and repeat victimization in adulthood. Victims of early traumatic events may experience difficulty developing stable emotional resources, may acquire a general mistrust of others, and may also begin to accept violence as an expected aspect of adult relationships.⁴⁰

Revictimization by an intimate partner is a significant concern because of the negative health consequences of intimate partner violence (IPV) for women. IPV, defined here as the use of actual or threatened physical, sexual, psychological, or stalking violence by current or former partners (including same or opposite sex), is a significant public health problem in the United States. Approximately 1.5 million women are physically assaulted or raped by intimate partners in the United States annually.⁴¹ Although both men and women report IPV victimization, IPV victimization is more prevalent and frequent among women than men. Women victims of IPV are significantly more likely than men to sustain an injury, receive medical care, be hospitalized, receive counseling, and lose time from work.⁴² Injuries resulting from IPV victimization can include bruises, scratches, burns, broken bones, miscarriages, and knife and gunshot wounds. In addition to physical injuries, women victims of physical IPV experience adverse physical health consequences, such as chronic pain disorders and gastrointestinal disorders, as well as adverse psychological consequences, such as depression, suicidal behavior, substance abuse, and low self-esteem.^{43–46} Similar health consequences are found among women who have experienced psychological abuse and sexual IPV.^{47–49} Sexual IPV has also been associated with sexually transmitted disease infection.⁵⁰

The health consequences of IPV victimization are even more profound among child maltreatment survivors than among those who have been victimized in adulthood only.⁵¹ Women who have been sexually abused as a child, then sexually victimized as an adult, are significantly more likely to experience interpersonal problems than are women with no child abuse history.⁵² Likewise, revictimized women report higher levels of depression, anxiety, hostility, PTSD-related symptomatology, and more somatic complaints than women with adult abuse only.⁵³

Available data suggest that child maltreatment has a significant negative impact directly on women's health in childhood, adolescence, and adulthood. Further, childhood maltreatment victimization is a critical risk factor for subsequent victimization in adulthood. The harmful effects of physical and sexual victimization in adulthood are substantial, especially among women, and they appear to be compounded when there is a history of childhood abuse. Accordingly, child maltreatment has an indirect effect on women's physical and mental health by increasing the risk for victimization, which, in turn, has a direct negative impact on health. Existing retrospective and prospective studies with clinical and population-based samples point to the importance of preventing child maltreatment and its short-term and long-term consequences as well as its indirect effects through revictimization. Some efforts to prevent the initial occurrence of child victimization have shown promising results. In one study that involved a public health nurse making regular visits to the homes of indigent families identified during pregnancy, 15-year follow-up results indicated fewer cases of child abuse perpetrated by mothers receiving the intervention compared with mothers who did not receive the intervention.⁵⁴

The results of studies of adult survivors of child maltreatment also suggest the importance of considering potential long-term adverse health consequences in the development of intervention strategies to address child maltreatment. Healthcare providers should be aware that the consequences of physical and sexual victimization in childhood might have long-term physical health manifestations. Intervening at an early stage may reduce a child's likelihood of developing long-term health problems and also reduce the public health burden of child maltreatment by preventing future health problems and revictimization in

adulthood, with all its negative health consequences.

Service providers who are aware of adults or young adults who have been victims of child maltreatment, especially sexual assaults of girls, can intervene in an effort to prevent any future victimization in adulthood. The finding that the consequences of revictimization are even more severe than for victims without a history of child abuse underscores the need to break the cycle of victimization. Likewise, medical care providers should be attuned to the long-term physical health manifestations of child victimization among adult patients. Healthcare professionals who treat children or adult patients need to be knowledgeable about the association between victimization in childhood and health problems in adulthood so that they will be better prepared to recognize symptoms of child victimization and thereby provide better and appropriate treatment.

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