Social costs: the effects of child maltreatment

Child maltreatment is associated with a wide range of immediate and long-term negative outcomes.

There is much variation in the effects of maltreatment experienced by children. Often the children can have very similar maltreatment experiences and be differently affected, while others may undergo vastly different maltreatment experience and yet show common outcomes (Macdonald, 2001). This is because a large number of individual and environment variables act to influence the effects of maltreatment (Beitchman, Zucker, Hood, Da Costa, & Akman, 1991). Some children are even able to recover from or cope with chronic child maltreatment, which is referred to as resilience. It is important to note that there may be long-term effects where short-term effects are not apparent (Beitchman et al., 1991).

Most types of child maltreatment are not experienced in isolation and many children experience a variety of different forms of maltreatment (Trickett, 1998). The experience of multiple types of maltreatment is associated with greater impairment than experiencing a single form of maltreatment (Higgins & McCabe, 2000). It is generally considered that the emotional and social trauma experienced by the child constitutes the ‘core issue’ in all types of maltreatment (Kent & Waller, 1998). Such effects can be seen as an adaptive reaction to insensitive and harsh parenting and the stresses that characterise all maltreating environments in general.

Psychological consequences associated with child maltreatment

Maltreated children have been shown to have low self-esteem, increased fear, guilt and self-blame (Corby, 2000).

Maltreated children have been found to display relationship problems with their parents and peers. For instance, they may be anxious or ambivalent toward their parents and be more passive and withdrawn with their peers (Critteden, 1992).
Many researchers have examined the relationship between maltreatment and mental health. Higher rates of mental health disorders among abused children include depression, anxiety, and nightmares or flashbacks (Briere, 1992).

Child maltreatment is associated with intellectual deficits and other academic problems such as delay in acquiring language and problems in mathematics and reading tests (Eckenrode, Laird, & Doris, 1993).

Adult survivors of maltreatment have been found to engage in certain dysfunctional behavioural patterns, many of which are considered to be coping mechanisms that are used in an attempt to overcome the emotional distress associated with past trauma (Briere, 1992). Survivors have been documented as experiencing higher rates of:

- depression and anxiety (Stein, Golding, Siegel, Burnam, & Sorenson, 1988);
- anxiety-related disorders (e.g., phobias, panic disorders) (Saunders, Villeponteaux, Lipovsky, Kilpatrick, & Veronen, 1992);
- post traumatic stress disorder (PSTD) (Briere, 1992);
- eating disorders (e.g., bulimia, anorexia and obesity) (Chandy, Blum, & Resnick, 1996);
- alcohol and substance use/dependence (Chandy et al., 1996); and

**Physical health problems associated with child maltreatment**

In general, survivors of child maltreatment have been found to be at increased risk of hepatitis, diabetes, heart disease, cancer, stroke, are more likely to have surgery and are at increased risk of having one or more chronic pain symptoms (Kendall-Tackett, 2002).

It is generally considered that these health problems are the result of a complex interaction of the psychological, behavioural and social harms associated with maltreatment (Kendall-Tackett, 2002). For instance, maltreated children have higher risk of engagement in smoking and other substance abuse and high-risk sexual behaviour which have well-documented negative health outcomes.

**Consequences associated with specific types of maltreatment**

Many investigators contend that the different forms of maltreatment (physical abuse, sexual abuse, emotional abuse and neglect) are associated with specific patterns of consequences (Briere & Runtz, 1988). Generally research has examined the effects of a specific type of abuse, with most studies focusing on sexual abuse (Corby, 2000).

**Physical Abuse**

**Medical/Health Problems**
Physical abuse can result in infections, bruises, broken bones, visual and auditory impairment, brain damage, contusions, burns, and death (Oates, 1996).

One well-documented form of physical abuse concerns the violent shaking of a baby. ‘Shaken Baby’ Syndrome is associated with a range of physical effects, including bruising, broken bones, and bleeding of the brain, which may lead to permanent, severe brain damage or death (National Institute of Neurological Disorders and Stroke, 2001).

**Psychological Problems**

There is much evidence suggesting that physically abused children are more likely to develop aggressive behaviour problems. Physically abused children have also been found to be more likely to interpret the actions of their peers as hostile, and to respond inappropriately in an aggressive manner (Dodge, Bates, & Petit, 1990).

There has been much research focusing on the impact of physical abuse on aggressive and violent behaviour in adolescence and adulthood. Evidence suggests that maltreatment is associated with adolescent violence, adult violence toward non-familial individuals, and violence toward romantic partners (Malinosky-Rummell & Hunsen, 1993). However, interspousal violence is not only predicted by a history of physical abuse, but also witnessing domestic violence and experiencing sexual abuse and neglect in childhood (Bevan & Higgins, 2002)

**Sexual abuse**

**Medical/Health Problems**

Sexual abuse that involves penetration can result in acute, immediate injuries such as genital trauma, and pregnancy among pubertal females. Ongoing effects may also include genital abnormalities, and sexually transmitted diseases (Trickett, 1997).

**Psychological Problems**

Survivors of childhood sexual abuse often feel shame and guilt (Browne, & Finkelhor, 1986). Sexually abused children have also been found to be less trusting of others and have a tendency to perceive sexual or exploitative motivation in the behaviour of others (Corby, 2000).

One consistent finding is that sexually abused children from early ages can exhibit unusual and inappropriate sexual behaviour (Corby, 2000). Consequences of this tendency include: increased sexual curiosity and frequent exposure of genitals (Trickett, 1997); simulated sexual acts with siblings and friends (Mian, Marton, & LeBaron, 1996); premature sexual knowledge; and sexualised kissing of friends and parents (Oates, 1996).

Childhood sexual abuse has also been linked to difficulties in adolescence and adulthood in interpersonal relationships and intimacy (Mullen & Fleming, 1998). The experience of sexual abuse is associated with low rates of marriage, increased rates of relationship breakdown, an earlier age of entering the first cohabitation and first pregnancy, greater risk of sexually
transmitted diseases, multiple sexual partnerships, and increased rates of sexual re-victimisation in adulthood (Mullen & Fleming, 1998).

**Neglect, psychological maltreatment and exposure to domestic violence**

Very little research has focused in the consequences of neglect, psychological maltreatment and exposure to domestic violence. Furthermore, few long-term studies have included these forms of maltreatment as separate categories and little is known about physical and mental health consequences experienced in adulthood (Macdonald, 2001).

There is evidence to suggest that an ongoing pattern of neglect and psychological maltreatment may be more harmful to certain aspects of development than episodes of other forms of abuse (Macdonald, 2001). This is because basic parental care and emotional availability are particularly crucial in early development.

**Medical/Health Problems**

Neglect has been found to be associated with increased rates of physical accidents (resulting in bruises, broken bones, death), and other health problems (nappy rash, infections, colds, malnutrition, physical defects) (Smith & Fong, 2004). Chronic neglect is associated with delays in physical development (Oates, 1996).

**Psychological Problems**

Intellectual and academic deficits have been particularly linked to neglect and psychological maltreatment (Macdonald, 2001). A history of neglect has also been shown to be associated with problems in language development, with these problems more severe than those associated with physical abuse (Smith & Fong, 2004).

Research suggests that there is a wide range of effects on children who witness family violence. Such children have been documented as experiencing anxiety, low self-esteem, depression, and particularly poor social competence such as aggressive behaviour and engagement in fewer social activities (Parkinson & Humphreys, 1998).

**Intergenerational transmission of maltreatment**

It is widely believed that children who have been maltreated are more likely to become abusive parents than children who have not been maltreated (Tomison, 1996). This is known as the intergenerational transmission of abuse.

Estimations of the rate of intergenerational transmission of child maltreatment have ranged from 7 per cent (Gil, 1970) to 70 per cent (Egeland & Jacobvitz, 1984, as cited in National Research Council, 1993).

The best estimates are that approximately 30 per cent of maltreated children (with a plus or minus 5 per cent error) will go on to maltreat children in some way when they are adults (Kaufman & Zigler, 1987). This figure needs to be approached with caution because of methodological issues.
Vondra and Toth (1989) contended that it is the emotional suffering underlying child maltreatment not necessarily the actual type of maltreatment suffered by the parent in childhood that is passed down from parents to children in a significant proportion of families. This may explain why adults who have been maltreated as children may not necessarily have suffered the identical form of maltreatment they themselves perpetrate.

Current evidence suggests that the majority of parents who have been maltreated as children do not become abusive or neglectful parents (Tomison, 1996).

References and Further Reading


The National Child Protection Clearinghouse has operated from the Australian Institute of Family Studies since 1995. The Clearinghouse is funded by the Australian Government Department of Family and Community Services as part of its response to child abuse and neglect. The Clearinghouse collects, produces and distributes information and resources, conducts research, and offers advice on the latest developments in child abuse prevention, child protection, and associated family violence.


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