

## MALTREATMENT (CHILD)

# Child Maltreatment and Its Impact on Psychosocial Development. Comments on Pollak, Toth and Cicchetti, and Trocmé

R. Kim Oates, MD, FRACP

University of Sydney & The Children's Hospital at Westmead, Australia November 2004

#### Introduction

These three papers discuss the high incidence of child maltreatment, the multiple factors involved, the importance of the child's family and the serious consequences seen in the way many maltreated children develop. The authors point out that not only do children have their childhood damaged, but a proportion also have continuing problems in their adult lives.

Trocmé's paper on the epidemiology of abuse points out the range of abusive experiences children can suffer (physical abuse, sexual abuse, neglect and emotional maltreatment), gives valuable information on the prevalence of maltreatment, informs about the types of injuries and gives data showing an increase in child maltreatment investigations in Canada. This information complements the first two papers.

Each of the three papers points out the importance of clear definitions, which is essential if we are to be able to obtain accurate prevalence studies and compare different outcome studies.

While these three papers concentrate on data from Canada and the United States, similar findings on the adverse impact on the development of abused children are documented for other countries.<sup>1-3</sup> A recent issue of Child Abuse & Neglect, the International Journal, documented the consequences of child maltreatment from the Middle East<sup>4</sup> Scandinavia<sup>5</sup> and four East European countries.<sup>6</sup>

#### **Research and Conclusions**

The key findings that stand out for this commentator from the research and conclusions in each paper are:

- 1. Pollak
  - how adversity or trauma in early life may lead to a range of problems including depression, substance abuse, health problems and general unhappiness years after maltreatment has ended;
  - the fact that children in abusive families are exposed to maladaptive forms of emotional communication and behaviour and receive poor models of adaptive self-regulation;
  - the need to disentangle child maltreatment and its effects from the consequences of povert
  - how the abusive experience may change the child and how the specific type of maltreatment and the child's particular developmental stage all interact;
  - the way that traumatic experiences in children may selectively increase a child's sensitivity to emotional cues.
- 2. Toth and Cicchetti
  - the lack of clear operational criteria for defining child maltreatment;
  - that maltreatment does not affect all children similarly;
  - the importance of research on how maltreatment during infancy leads to insecure attachment relationships with caregivers;
  - adverse outcomes in substance abuse, educational problems and criminal behaviour in some young people and adults who suffered maltreatment in childhood;
  - the lack of sound evidence on the efficiency of interventions for maltreated children.
- 3. Trocmé
  - the wide range of abusive experiences and the importance of looking at these separately;
  - a breakdown of substantiated maltreatment in Canada among the different age groups showing a high incidence in the crucial early years of life;
  - the importance of systematically developing treatment programs to meet the needs of abused children.

While this commentator broadly agrees with the research and conclusions of these authors, there are some other factors that should also be considered.

An important consideration is whether the consequences of child abuse are a result of the abuse itself or a result of the adverse environment in which the child remains. Episodes of maltreatment may be thought of as a signal of serious underlying family problems that, if not treated, will continue to have adverse effects on the child. It is likely to be the environment that resulted in the abuse, rather than the episode of abuse itself, which has these adverse effects.

Toth and Cicchetti point out that removal of a maltreated child from the home does not constitute treatment.

While this is true, in some families it may be the best option for the child, as long as removal is followed by placement into a long-term, stable, nurturing family relationship and the child is provided with appropriate ongoing treatment.

When looking at adverse outcomes in maltreated children, intervening life events need to be taken into account. It is true that maltreated children are more likely to have an increased number of adverse life events, perhaps because of their family circumstances and the impact of the abuse. It is however important in documenting the outcomes in abused children to look at the impact of adverse life events in the interval between the abuse and the time of re-evaluation to see to what degree outcome may be related to adverse events, rather than to the abuse itself.

The papers by Pollak and Toth and Cicchetti briefly refer to the possible importance of neurobiological factors. Some intriguing data are appearing in this area. It has been shown in genetically engineered mice that the absence of a gene, fosB, appears to interfere with the ability of male and female mice to nurture their young.<sup>7</sup> Here is evidence that genetic influences are important factors in modifying behaviour. A recent paper in Science <sup>8</sup> asked the question "why some children who are maltreated grow up to develop antisocial behaviour, whereas others do not." Maltreated children who had a genotype that conferred high levels of monoamine oxidase A (a neurotransmitter metabolizing enzyme) were found to be less likely to develop antisocial problems. This may help partly explain the variation in the sequelae of maltreatment. A child's genotype may moderate sensitivity to an environmental insult such as maltreatment. Findings such as these may have future implications for offering the most intense forms of treatment to families and children most at risk.

It is important for neuroscientists, geneticists and social scientists to work together as there are exciting opportunities for better understanding and then treating child maltreatment.

Finally, the incidence of one form of abuse, child sexual abuse, is falling, at least in the United States.<sup>9</sup> The reasons are unclear, but a better understanding of this phenomenon may help in producing strategies to reduce the incidence of other forms of child maltreatment.

### **Implications for Policy and Services**

These three useful papers point to the importance of carefully defining the problem of abuse, the need to accurately monitor the incidence of abuse and the importance of providing appropriate treatment programs for children, as well as for families. It is vital that any such treatment programs be properly evaluated. One way to do this would be to quarantine a proportion of the funding budget for treatment programs to ensure that careful evaluations were performed so that inadequate treatment programs would not be pursued and effective ones could be continued.

Child maltreatment is an extremely complex problem involving a maltreating environment in which a child is exposed to abuse, the episode of abuse itself, whether an isolated event or a continuing one, and the complex interaction of subsequent life events in affecting the child's subsequent development, all based on a genetic predisposition that may help to explain why some children are more resilient than others.

Policy development needs to recognize all of these factors and ensure that the various professional groups

involved are aware of each others' research and clinical advances (as well as failures) and then work together to help combat this pervasive and serious problem.

#### References

- 1. Oates RK, Peacock A, Forrest D. The development of abused children. Developmental Medicine and Child Neurology 1984;26(5):649-656.
- Swanston HY, Tebbutt JS, O'Toole BI, Oates RK. Sexually abused children five years after presentation: a case-control study. *Pediatrics* 1997;100(4):600-608.
- 3. Fergusson DM, Lynskey MT. Physical punishment/maltreatment during childhood and adjustment in young adulthood. *Child Abuse & Neglect* 1997;21(7):617-630.
- 4. Thabet AAM, Tischler V, Vostanis P. Maltreatment and coping strategies among male adolescents living in the Gaza Strip. Child Abuse & Neglect 2004;28(1):77-91.
- 5. Peleikis DE, Mykletun A, Dahl AA. The relative influence of childhood sexual abuse and other family background risk factors on adult adversities in female outpatients treated for anxiety disorders and depression. *Child Abuse & Neglect* 2004;28(1):61-76.
- 6. Sebre S, Sprugevica I, Novotni A, Bonevski D, Pakalniskiene V, Popescu D, Turchina T, Friedrich W, Lewis O. Cross-cultural comparisons of child-reported emotional and physical abuse: rates, risk factors and psychological symptoms. *Child Abuse & Neglect* 2004;28(1):113-127.
- 7. Brown JR, Ye H, Bronson RT, Dikkes P, Greenberg ME. A defect in nurturing in mice lacking the immediate early gene fosB. *Cell* 1996;86(2):297-309.
- Caspi A, McClay J, Moffitt TE, Mill J, Martin J, Craig IW, Taylor A, Poulton R. Role of genotype in the cycle of violence in maltreated children. Science 2002;297(5582):851-854.
- 9. Jones LM, Finkelhor D. Putting together evidence on declining trends in sexual abuse: a complex puzzle. *Child Abuse & Neglect* 2003;27(2):133-135.