Specific Outcomes for Victims of Childhood Physical Abuse

Tameer Siddiqui
Child Psychopathology

Dr. Santiago

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Specific Outcomes for Victims of Physical Abuse

It is estimated hundreds of thousands of children are physically abused each year by a parent or close relative; thousands actually die as a result of the abuse (U.S. Department of Health and Human Services, 2008). For those who survive, the emotional trauma resulting from the physical abuse remains long after the external bruises have healed. While physical injuries may or may not be visible, physical abuse can have severe consequences for children, families, and society that last lifetimes (National Clearinghouse, 2005). The impact of child abuse and neglect is often discussed in terms of physical, psychological, and behavioral consequences. However, it is important to realize these consequences intertwine with one another. This is because the physical consequences of physical abuse can have psychological implications which could possibly result in behavior problems. For instance, physical abuse could result in damaging a child's developing brain which in turn could cause cognitive delays or emotional difficulties thereby bringing in a host of psychological problems such as depression or anxiety that would then manifest into high-risk behaviors such as smoking, abusing alcohol and/or drugs, or simply overeating. These high-risk behaviors then could possibly lead to long-term physical health problems such as sexually transmitted diseases, cancer, and obesity (National Clearinghouse, 2005).

The purpose of this paper is to identify the potential long-term effects of physical child abuse that may extend into adulthood. It is important to understand the specific outcomes for children who have suffered from physical abuse because the effects can lead to a wide range of adverse outcomes in adulthood. Adverse outcomes associated with past histories of child physical abuse may result in increased rates of psychopathology, decreased self-esteem, and interpersonal problems. Understanding the effects of physical abuse on children and studying the long-term effects it has can increase our knowledge of the more severe and detrimental behavior of these children in their adulthood and allow us to treat these victims before the adverse effects take place.
Definition

Physical abuse is generally defined as physical injury inflicted upon the child with cruel and/or malicious intent. Physical abuse can be the result of punching, beating, kicking, biting, burning, shaking, or otherwise harming a child physically. Physical abuse is the second most frequently reported form of child abuse, accounting for 25% of all child abuse cases (MedicineNet, 2011). In terms of prevalence, national data reveal that approximately 1.5 million children have experienced physical abuse (Straus & Gelles, 1990).

Physical Health Outcomes

In a long-term investigation conducted by Widom, Czaja, Bentley, & Johnson (2012), it was found that physically abused children are at greater risk for negative physical health outcomes in adulthood. Using a prospective cohort design, the study compared children (aged 0-11 years) with documented cases of physical abuse, sexual abuse, and neglect with nonmaltreated children for the duration of ten years. Both groups completed a medical status examination and interview during 2003 through 2005 (Widom et. al., 2012). Specifically, victims of childhood physical abuse were shown to have lower albumin levels, higher blood urea nitrogen levels, and above normal hemoglobin (Widom et. al., 2012). Additionally, adults who were physically abused as children revealed having greater risk of contracting heart disease, diabetes, obesity, lung disease, malnutrition, and vision problems compared to adults who were not physically abused as children. These new findings provide clear evidence that the negative health outcomes of physically abused children can carry on through adulthood even after years when the individual is no longer physically abused.

Psychological and Behavioral Outcomes
In a study investigating the long-term effects of physical abuse in childhood, an array of negative psychological and behavioral health outcomes have been examined. The psychological and behavioral problems that have been found to be associated with physical abuse in childhood include poorer academic and intellectual outcomes, posttraumatic stress disorder, depression, substance abuse, personality disorders, suicidal behavior, and aggression (Thompson, Kingree, & Desai, 2004). In addition, physical abuse in childhood has been found to be related to several potential mediators of the child abuse— including "insecure attachment patterns and more aggression" (interpersonal problems), "deficits in receptive and expressive language and poor academic achievement" (cognitive problems), and an "increased likelihood of risky sexual behavior, physical inactivity, and smoking" (risky health behaviors). These potential mediators, in turn, have been found to be associated with health problems (Thompson, Kingree, & Desai, 2004).

In another study consistent with previous research, Logan Leeb, & Barker (2009) conducted a cross-sectional study using survey data provided by 1,484 seventh-grade youths residing in a high-risk community. Students were considered victims of early physical abuse if they reported experiencing abuse prior to age 10 years (Logan et. al., 2009). They found that children with a history of early physical abuse reported a significantly higher prevalence of suicidality, dating and peer victimization, engaging in criminal behaviors, having friends who engaged in criminal behaviors, and regular use of illegal drugs than children who were not physically abused (Logan et. al., 2009). Additionally, children who reported being physically abused had lower self-esteem, higher rates of depression, anxiety, and aggression.

Evidently, the specific outcomes of childhood physical abuse can be detrimental to a person's physical, psychological, and behavioral well-being. Physically abused children are more likely to have poor physical health, poor mental and emotional health, and are more likely to engage in high-risk behaviors even after they reach adulthood. The long term effects of
childhood physical abuse may vary on a range from mild to severe, they may disappear after a short period or last a lifetime, and they may affect the child physically, psychologically, behaviorally, or in some combination of all three ways (National Clearinghouse, 2005) as demonstrated in a study conducted by Springer, Sheridan, Kuo, & Carnes (2003) where many of the physical, psychological, and behavioral long-term effects of physical abuse were identified in a population-based cohort of middle-aged men and women. In the study, they found childhood physical abuse predicted worse mental and physical health even decades after the abuse. Self-reported physical abuse in childhood increased the likelihood of reporting more diagnosed illnesses, physical symptoms, anxiety, anger, and depression nearly 40 years after the abuse took place (Springer et. al., 2003). Ultimately, the long term effects of physical abuse does not just affect one aspect of an individual, but rather, it affects the person as a whole.

**Future Research**

Future research studies could examine how the specific outcomes of physical abuse compare and contrast with the specific outcomes for childhood emotional abuse and childhood sexual abuse. Researchers could also examine what factors in childhood enable some physically abused individuals to be more resilient than other physically abused individuals. Finally, future research should examine specific types of prevention and treatment for the physical, psychological, and behavioral health outcomes of physically abused children. The evidence clearly indicates a need for further understanding of the long term specific outcomes for physically abused children as well as effective strategies to prevent the negative effects of such abuse. While it is important to explore the different types of treatment for child victims of physical abuse, it is also necessary to further understand the long-term impact such interventions have.
References


