

The Longterm Effects of Childhood Trauma and Abuse

Andrew Robertson

University of Phoenix

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Dr. Lori Travis, PhD

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### Abstract

The longterm effects of major childhood trauma and abuse on an individuals psyche, social skills, and physical health can be debilitating in adulthood. Individuals with a history of trauma, particularly abuse or neglect, have a higher likelihood of developing one or more depressive disorders such as Borderline Personality Disorder, Paranoid Personality Disorder, Schizoid Personality Disorder, Antisocial (formerly, Sociopathic) Personality Disorder, and Obsessive-Compulsive Personality Disorder just to name a few.

### The longterm Effects of Childhood Trauma and Abuse

What are the chances that your child has escaped life altering trauma unscathed? “Of the 22.3 million adolescents aged 12 to 17 years, approximately 1.8 million, have been victims of serious sexual abuse; 3.9 million have been victims of serious physical abuse; and almost 9 million have witnessed serious violence” (Mulvihill, 2005, p. 117). Due to the secret nature of abuse, it is difficult to determine precisely how large of a problem childhood abuse really is. Single occurrences of trauma in a child's early developmental stages can in some cases impact them later in life, however it is far more common for chronic trauma to cause longterm negative effects on the individual. To further complicate issues, it has been found that comorbid abuse exacerbates the implications of longterm health impact and psychological impact (Arata, Langhinrichsen-Rohlig, Bowers & O'Farrill-Swails, 2005). Childhood trauma, including abuse, neglect, and major traumatic events, can cause longterm psychological impairment, issues in normal social functioning, and even physical health issues well into adulthood.

The first and most obvious impact that childhood trauma can have is on the psychological development of the child, with the potential of forwarding these psychological symptoms into adulthood. What is worse perhaps, is that as the individual gets older, the resulting psychological issues of chronic and/or comorbid trauma can in fact become elevated and more difficult to treat as time wears on, setting these conditions firmly into the psyche of the individual. Feerick and Snow state that according to research done by Raczek in 1992, “abused subjects were twice as likely as nonabused subjects to have personality disorders” (2005, p. 410).

Individuals with a history of trauma, particularly abuse or neglect, have a higher likelihood of developing one or more depressive disorders such as Borderline Personality Disorder, Paranoid Personality Disorder, Schizoid Personality Disorder, Antisocial (formerly,

Sociopathic) Personality Disorder, and Obsessive-Compulsive Personality Disorder just to name a few. These individuals have a high tendency to have much lower self esteem than their peers, and are at high risk of developing major phobias and high, sometimes debilitating anxiety levels (Arata, Langhinrichsen-Rohlig, Bowers & O'Farrill-Swails, 2005).

The second obvious impact that childhood trauma can have on an individual's longterm development is in their social functioning skills. According to Arata, et al., child abuse is “related to greater homicidal ideation, legal problems, animal cruelty, accidents, sexual behaviors, and running away behavior” (2005, p. 33). They also suggest that problems with the law are more common of victims of physical abuse than any other abuse type. Paradoxically, victims of childhood sexual abuse tend to have a higher level of sexual activity at younger ages, and also tend to partake in higher sexual risk taking activities regardless of their consequences. This group also has a higher occurrence of teenage pregnancy and sexually transmitted diseases, particularly due to an increased likelihood to engage in unprotected sex with multiple partners (Arata, Langhinrichsen-Rohlig, Bowers & O'Farrill-Swails, 2005). These kinds of activities tend to make the victim's peers treat the individual with less respect and can even cause peer maltreatment and teasing which further decreases the victim's already low self esteem, conversely causing them to act out even further with more activities of a social degenerative nature.

Mulvihill states that “Children raised in an environment of persistent threat may have an altered baseline of fear and physiological status so that a state of internal calm is rarely obtained. As they grow up, many of these children find that they can artificially induce a more relaxed state by self-medicating with substances such as cigarettes, alcohol and drugs” (2005, p. 120). Drug use is a chronic problem associated with victims of child abuse, and is often engaged in

starting with adolescence. The stronger the need to normalize oneself, harsher and more habit forming drugs are more likely to be abused, including both prescription medications and illegal drugs. The stronger the addiction to these drugs, the more the user falls into the trap of social nonacceptance.

The third major longterm impact of childhood trauma and abuse is often a hidden one, since very few interdisciplinary studies have taken place on the subject. Specifically, this is the relation of childhood trauma to physical health concerns. Mulvihill states:

“Research has shown a strong relationship between childhood trauma and psychological difficulties in later life; more recent research has indicated that the long-term effects are even greater for physical illness. These long-term effects have highlighted Posttraumatic Stress Disorder (PTSD) as a possible mediator variable. The illnesses identified include, but are not limited to, eating disorders, substance abuse, phobias, multiple personality disorders, irritable bowel syndrome, rheumatoid arthritis, and autoimmune disorders” (Mulvihill, 2005, p. 115).

Mulvihill also discussed reports that researchers have correlated serious diseases such as ischemic heart disease, cancer, liver disease, chronic lung disease and many other serious health implications to major childhood trauma (2005).

In reviewing the research, it has been found that although it is impossible to precisely determine how widespread the occurrence of major childhood trauma and abuse is, the number of reported cases and the resulting estimate of unreported occurrence is staggering. The longterm effects of major childhood trauma and abuse on an individuals psyche, social skills, and physical health can be debilitating in adulthood. Serious psychological illnesses can cripple an abuse victim's ability to function and lead a normal life. Promiscuity and drugs abuse are major social

concerns for these individuals, as well as their ability to function in a normal social environment. And recently, serious diseases and physical health concerns have been found to be rooted in, or exacerbated by, major childhood trauma. The children of today are fighting the demons of their parent's past, and are slated to suffer more with each passing generation. Education can help minimize this depressing social concern; how society responds will determine if this is an escalating issue or something we can help make a dark history.

## REFERENCES

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