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Many adults are exposed to maltreatment during their childhood. As a result, they may experience long-term negative outcomes in a range of developmental areas. The purpose of this article was to examine the social, physical, and mental health consequences of child abuse in adulthood. Implications for counseling practice are provided.

For Federal Fiscal Year 2006, the National Child Abuse and Neglect Data System of the Children's Bureau estimated that 905,000 children in the District of Columbia, Puerto Rico, and the 50 states were victims of neglect and abuse (U.S. Department of Health of Human Services, Administration on Children, Youth and Families, 2008). Individuals who are exposed to abuse during childhood are at increased risk for experiencing difficulties in adulthood. Childhood maltreatment has been linked to a variety of negative consequences in adulthood, including substance use and dependency (Mullings, Hartley, & Marquart, 2004; Widom, Marmorstein, & White, 2006), criminal behavior (Dutton & Hart, 1992; Haapasalo & Moilanen, 2004; Lisak & Beszterczey, 2007), intimate partner violence (White & Widom, 2003), risky sexual behavior (Dilorio, Hartwell, & Hansen, 2002; Senn, Carey, Vanable, Coury-Doniger, & Urban, 2007; Wilson & Widom, 2008), depression (Gibb, Butler, & Beck, 2003; Kaplow & Widom, 2007), suicide behavior (Daley & Argeriou, 1997), and eating problems (Briere & Scott, 2007; Leonard, Steiger, & Kao, 2003). That is, research has indicated multiple negative consequences of child abuse that carry over to adulthood. The purpose of this article is to examine the social, physical, and mental health effects of child abuse in adulthood. Although these consequences are presented independently, it is important for counselors to note the overlapping nature of these affects. A brief overview of the professional literature examining how child maltreatment affects adult development is provided. The article concludes with implications for counseling practices.

SOCIAL IMPACT

Childhood maltreatment has been linked to various aspects of social development. In this section, we examine the effects of such maltreatment on individuals' substance use and dependence, criminal behavior, violence, and risky sexual behavior.

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Substance Use and Dependence

The literature has indicated that there is a connection between childhood maltreatment and subsequent substance use and dependence. For example, a significant association was found between child sexual abuse and lifetime crack use (Freeman, Collier, & Parillo, 2002). In a sample of 1,478 community recruited women, 56% had been sexually abused by age 18 and 64% reported ever using crack. In addition, the sample's drug history included 95% for alcohol use, 88% for marijuana use, 64% for cocaine (not crack) use, 40% for heroin use, and 24% for speedball use (mix of heroin and cocaine). Seventy-five percent of mothers who reported childhood sexual abuse also reported heavy drug use in their lifetime (Marcenko, Kemp, & Larson, 2000).

The connection between drug use and childhood abuse has been examined in other studies. In a sample of 892 men and women (79 cases of physical abuse, 68 of sexual abuse, 406 of neglect, and 396 matched controls), a high percentage of participants reported using illicit drugs during their lifetime (Widom et al., 2006). Specifically, 80.4% reported ever using marijuana, 35.5% cocaine, and 26.6% psychedelics and 4.9% reported ever using heroin. Additionally, the researchers found that at approximately 40 years of age, individuals who were maltreated as children were more likely to report current use of illicit drugs and more problems related to their drug use than were individuals without histories of maltreatment during childhood. In a similar study, only 8% of female inmates and 12.7% of male inmates reported no history of drug use (McClellan, Farabee, & Crouch, 1997). Overall, drug use among female inmates was significantly higher than it was for male inmates. For example, 54.8% of female inmates reported using crack cocaine versus 32.6% of male inmates, and 35% female inmates versus 23% male inmates reported using heroin. Alcohol was the only substance more commonly reported by male inmates (97.5%). White and Widom (2003) found that abuse and neglect during childhood significantly predicted alcohol problems for women but not for men. Women who were abused or neglected as children were more likely to develop alcohol problems (White & Widom, 2003). These findings indicate that women and men with a history of child abuse are more likely to report substance use and abuse.

Criminal Behavior

A relationship has been found between exposure to childhood abuse and adult criminal behavior. In examining whether childhood maltreatment would predict adult criminal behavior, Haapasalo and Moilanen (2004) found that childhood abuse was a significant predictor of self-reported violent criminality. Childhood physical abuse predicted criminal violence, but none of the other types of offenses (e.g., property damage, traffic violations, fraud, vandalism) did so.

Violence

Data have shown that children who witness violence or who are maltreated during childhood were more likely to experience victimization as an adult (Renner & Slack, 2006). White and Widom (2003) demonstrated that participants who

reported childhood physical abuse were 2.58 times more likely to experience intimate partner violence in adulthood than were participants who did not report physical abuse during childhood. In addition, a childhood history of sexual abuse, physical abuse, or exposure to intimate partner violence predicted involvement in a physically violent relationship as an adult. They also found that adult victims of childhood abuse and neglect were more likely to experience intimate partner violence than were individuals who had not experienced such treatment. Specifically, participants exposed to childhood abuse and neglect reported significantly higher rates of ever hitting or throwing things at a partner, ever hitting or throwing first, and ever hitting or throwing first more than once.

Risky Sexual Behavior

Adults who had been exposed to abuse or neglect during childhood were more likely to engage in risky sexual behaviors. For example, in a recent prospective cohort design study, men and women with documented cases of experiencing maltreatment during childhood were at increased risk of early sexual contact (before age 15), prostitution, and HIV as compared with matched controls (Wilson & Widom, 2008). Other sexual risks associated with childhood abuse include participating in sex exchange, having multiple sex partners, and engaging in unprotected sex.

Sex exchange is a common risk behavior reported by adult victims of childhood physical and sexual abuse. Among a sample of predominately African American and Hispanic men with a history of unwanted childhood sexual activity, they were 2.22 times as likely to sell sex, 1.61 times as likely to trade sex for food and or a place to stay, and 1.59 times as likely to buy sex than those without such a history (Dilorio et al., 2002). Recently, Henny, Kidder, Stall, and Wolitski (2007) found that victims of childhood physical abuse were twice as likely to have exchanged sex for drugs, money, or shelter.

Furthermore, Senn, Carey, Vanable, Coury-Doniger, and Urban (2006) found that participants with a history of childhood sexual abuse reported a higher number of lifetime sexual partners and a greater number of sexual partners in the last 3 months as compared with individuals without a history of childhood sexual abuse. When compared with nonabused groups, Kang, Deren, and Goldstein (2002) found that participants who reported being sexually, physically, or emotionally abused were more likely to have multiple sex partners (during the past 30 days). In addition, those who reported childhood physical abuse were more likely to report trading sex for money or drugs (during their lifetime) than those who did not report physical abuse. These studies suggest that individuals who experienced childhood abuse were more likely to engage in risky sexual behavior later in life.

Childhood abuse is also associated with unprotected sex. Senn et al. (2006) found that participants with a history of being sexually abused during childhood reported a higher number of episodes of unprotected vaginal or anal intercourse during the past 3 months as compared with those without a his-

tory of childhood sexual abuse. In a sample of homeless and unstably housed adults who experienced childhood abuse, 165 participants (25.6%) reported having unprotected sex in the past 90 days (Henny et al., 2007). The average number of unprotected sexual acts during the past 90 days was 31.9 for men who reported experiencing unwanted sexual activity during childhood and 26.5 for men without such a history (Dilorio et al., 2002).

Studies have indicated that childhood abuse characteristics are associated with different sexual behavior outcomes for men and women. For example, Senn et al. (2007) found that for men, sexual abuse with force and penetration was associated with greater frequency of sex trading than it was for those who reported abuse without force and penetration. The term *sex trading* has been defined as participating in sex in return for food, money, sex, or shelter (Newman, Rhodes, & Weiss, 2004). Senn et al. (2006) found that women were more likely than men were to report exchanging sex for money or drugs and a childhood sexual experience that involved force. In addition, partner violence was associated with a greater number of unprotected sex episodes in the past 3 months for women with a history of being sexually abused during childhood. These findings suggest that men and women may view the experience differently and, therefore, may use different coping mechanisms.

PHYSICAL IMPACT

Studies have found a link between childhood abuse and negative physical health outcomes in adulthood (Kang et al., 2002; Springer, Sheridan, Kuo, & Carnes, 2007; Walsh, Jamieson, MacMillan, & Boyle, 2007; Wonderlich et al., 2001). Specifically, disordered eating behaviors (Leonard et al., 2003), medical diagnoses such as high blood pressure and allergies (Springer et al., 2007), and other health conditions are associated with maltreatment during childhood.

Disordered Eating

In a sample of bulimic and nonbulimic women, childhood sexual abuse was reported by 20 of the 51 bulimic women and 8 of the 25 nonbulimic women (Leonard et al., 2003). In addition, 31 bulimic women reported childhood physical abuse, whereas 11 bulimic women reported having experienced sexual and physical abuse as a child. Ninety-two percent of women who had experienced sexual abuse in childhood reported that the sexual abuse preceded the first eating behavior or symptoms (Wonderlich et al., 2001).

Health Conditions

Childhood maltreatment may be associated with individual medical diagnoses. For example, Springer et al. (2007) found that for respondents who had been abused as a child, the odds of having asthma, allergies, arthritis/rheumatism, bronchitis/emphysema, circulation problems, heart problems, high blood pressure, liver problems, and ulcers were 34% to 167% higher than for individuals who were not physically abused during childhood after controlling for sex, age,

family background, and childhood adversity variables. Results also indicated that heart problems and hypertension were greater among adult survivors of childhood physical abuse. Similarly, Kang et al. (2002) found that participants who had been abused in childhood had significantly more medical problems than did those who had not been abused.

Other health conditions have been associated with childhood abuse. For example, a childhood history of physical abuse was significantly associated with self-reported chronic pain in a community sample of women (Walsh et al., 2007). Arias (2004) indicated that childhood maltreatment has been found to be associated with unhealthy behaviors, such as smoking and physical inactivity.

MENTAL HEALTH IMPACT

Exposure to childhood victimization often contributes to negative mental health outcomes, such as depression, posttraumatic stress disorder (PTSD), and suicide behavior (Gil-Rivas, Fiorentine, Anglin, & Taylor, 1997). For example, Daley and Argeriou (1997) found that pregnant women who had been sexually abused were 5 times more likely to experience depression, 3 times more likely to suffer from anxiety, and twice as likely to have attempted suicide.

Depression

Henny et al. (2007) found that victims of childhood physical abuse were twice as likely to report symptoms of depression. In addition, reporting depressive symptoms was associated with childhood sexual abuse. Higher levels of depression were reported by adults who experienced physical, sexual, and emotional abuse during childhood (Kang et al., 2002). Kaplow and Widom (2007) reported that an earlier onset of child maltreatment predicted symptoms of depression in adulthood.

PTSD

The literature has indicated an increase in the risk of PTSD for victims of child abuse. For example, victims of substantiated child abuse and neglect from 1967 to 1971 in a midwestern metropolitan county area were matched on the basis of age, race, sex, and approximate socioeconomic status with a group of children who were not abused or neglected and followed prospectively into young adulthood (Widom, 1999). The results indicated that child maltreatment was associated with increased risk for PTSD, current and lifetime. Specifically, 37% of child sexual abuse victims, 32% of those physically abused, and 30% of child neglect victims met criteria for lifetime PTSD.

Other studies have examined the relationship between childhood sexual, physical, and combined sexual and physical abuse to PTSD. Schaaf and McCanne (1998) determined that participants with a history of combined childhood sexual and physical abuse were significantly more likely to receive a diagnosis of PTSD than were participants with no history of abuse. Recently, Lang et al. (2008) found that childhood (nonsexual) maltreatment was positively associated with PTSD, with higher levels of childhood maltreatment associated with greater levels of PTSD.

Suicide Behaviors

The relationship between childhood abuse and suicidal behavior has been well documented. In a sample of pregnant substance abusers with a history of sexual abuse, 50% reported ever having suicidal thoughts, and 45% reported suicide attempts in their lifetime (Daley & Argeriou, 1997). Recently, Ystgaard, Hestetun, Loeb, and Mehlum (2004) found that childhood physical and sexual abuse was independently associated with repeated suicide attempts. In a sample of college men and women, childhood sexual abuse predicted self-harm ideation, acts of self-harm, suicide ideation, and suicide attempts for both men and women (Boudewyn & Liem, 1995). Additionally, Brodsky et al. (2001) found that participants with a history of childhood abuse were more likely to have made a suicide attempt than were those who did not report an abuse history. Finally, Brodsky and Stanley (2008) reported that childhood abuse, specifically sexual abuse, "creates a vulnerability to suicidal behavior in adulthood" (p. 231). These findings suggest a strong relationship between childhood maltreatment and suicidal behavior.

EXPLORATION OF HOW CHILD MALTREATMENT AFFECTS ADULT DEVELOPMENT

Over the past decade, increased attention has been directed toward understanding how child maltreatment affects normative adult development (Alaggia & Millington, 2008; Deblinger & Runyon, 2005; Shipman, Edwards, Brown, Swisher, & Jennings, 2005; Whiffen & MacIntosh, 2005). In this section, we provide a brief overview of the professional literature on coping strategies and negative emotional states, two factors that have been found to mediate the association between childhood maltreatment and impaired adult development.

Coping Strategies

A frequent explanation of how childhood abuse affects development is associated with coping strategies. As a way to deal with painful memories and block out negative thoughts and feelings, coping strategies such as substance use and/or abuse, risky sexual behavior, and overeating may occur. In a recent phenomenological study exploring the experiences of 14 adult male survivors of child sexual abuse, 10 of the participants reported developing substance abuse problems that continued into adulthood (Alaggia & Millington, 2008). In addition, all of the participants described how the abuse affected their sexual development. One participant, for example, indicated "I discovered the nightlife of the streets, and I became a male hustler. And I was ripe for it. I was emotionally deprived. I hadn't gotten any kind of attention. I didn't know what love was" (p. 269). Similar to this adult victim and many others, individuals who engage in risky sexual behavior may do so to cope with the negative feelings and thoughts associated with the abuse. Similarly, a person who engages in disordered eating behavior may temporarily alleviate painful memories and feelings surrounding the abuse. Overall, it may be more likely that individuals will use these negative coping strategies when they feel overpowered by the emotions with which they are attempting to deal (Whiffen & MacIntosh, 2005).

Negative Emotional States

Emotions such as shame, anger, rage, and self-blame are commonly associated with child abuse. Because their views of themselves are still developing, children may be susceptible to feelings of shame after they have been maltreated (Deblinger & Runyon, 2005). With love, protection, and support from caregivers, many children may overcome these feelings. However, for others, shameful feelings and thoughts may persist over time. According to Deblinger and Runyon (2005), "As a result, these thoughts may become increasingly ingrained, automatic, and repetitive such that individuals may be completely unaware of the self-berating internal monologues that influence their daily mood and behavior" (p. 366). These internal monologues may increase the likelihood of poorly developed self-esteem, which has been linked with increases in depressive symptoms over time (DuBois, Felner, Bartels, & Silverman, 1995; Roberts, Gotlib, & Kassel, 1996).

Other negative emotions such as anger and rage may develop as a result of child maltreatment and exist into adulthood. Alaggia and Millington (2008) found that 9 participants repeatedly discussed the rage and anger they felt as they got older. Specifically, one man described how rage affected his relationships: "I was a very aggressive, sadistic, controlling, manipulative person. That's how I lived my childhood, my adulthood" (p. 270). Anger and rage are two emotions that can be difficult to regulate for maltreated and nonmaltreated individuals. In a recent study examining the emotional understanding and emotion regulation skills in neglected and nonneglected children, Shipman et al. (2005) found that neglected children had lower levels of emotional understanding and fewer adaptive emotion regulation skills. These findings suggest that childhood maltreatment may interfere with the normal process of emotional development and regulation, thus resulting in maladjusted emotional development as the abuse victim grows up.

In addition to the contributing factors of coping strategies and negative emotional states on adult development, outcomes of individual cases of child abuse are affected by a combination of factors. These factors are (a) the type of abuse (e.g., physical abuse, neglect, emotional abuse, or sexual abuse); (b) the child's age and developmental state when the abuse occurred; (c) the severity, duration, and frequency of the abuse; and (d) the relationship between the perpetrator and the abuse victim (Child Welfare Information Gateway, 2008).

IMPLICATIONS FOR COUNSELING

We have described social, physical, and mental health factors that may be characteristic of adults with child abuse histories and briefly explored how child maltreatment affects development. Although several studies explored the relationship between child abuse and its potential effects in adulthood, it is imperative that counselors note that these studies were primarily correlational. That is, the association does not imply that child abuse experiences cause these factors to occur. Furthermore, data were collected from individuals in adulthood without examining social, physical, and mental health impacts throughout adulthood. Without a longitudinal, repeated measures design, it is impossible to determine if these

negative consequences become worse or remain stable throughout the lifetime of a child abuse survivor. Even with the limitations of previous studies, there are several implications available for counseling professionals for working with child abuse survivors as well as adults who present with the associated effects.

Because social, physical, and mental health factors overlap, counselors are encouraged to thoroughly assess adults for symptomatology across the three areas, particularly for clients who report a history of child abuse. For example, counselors should screen clients thoroughly for social problems, such as substance use and risky sexual behavior, and mental health symptoms associated with mental disorders, such as PTSD and depression. Because there is the likelihood that an adult with a child abuse history may have associated health conditions, it is important that counselors encourage clients to receive a thorough medical assessment. Considering that clients of varying ages may have difficulty in disclosing child abuse histories or child abuse experiences, it is especially important that counselors appraise the degree to which each of its effects may be present in the client.

Our literature review also provides a rationale for preventing the potentially long-lasting influences of child abuse. For counselors working with children and adolescents who have experienced child abuse, interventions designed to prevent its deleterious effects are warranted. For example, counselors working with adolescents who have been victimized by child abuse are encouraged to provide techniques that minimize adolescents' risk of substance dependence, criminality, and disordered eating, to name a few.

Kang et al. (2002) suggested, "for those who have suffered childhood abuse experiences, the development of a strong rapport between counselors and clients may be needed to address these issues" (p. 1285). Thus, counselors should be patient, flexible, and nonjudgmental when working with victims of childhood abuse. Validating the traumatic experience of child abuse will help the client cope with the experience and increase the likelihood of improved social, physical, and mental health functioning, thus limiting the developmental impact of child abuse.

Finally, counseling professionals are encouraged to purchase materials specific to child abuse to facilitate discussion of feelings, thoughts, and memories associated with the traumatic experience for victims and their families. Specifically, information is needed regarding the emotional, physical, and mental developmental needs of children. This emphasis will aid in the early prevention of negative consequences of child abuse that may carry over to adulthood.

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