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# USING KNOWLEDGE IN PRACTICE

## THE EMOTIONAL IMPACT AND HARMS OF CHILD ABUSE AND NEGLECT

It has been a busy week in which you have undertaken a number of initial assessments of child abuse and neglect. One dimension of your assessment is identifying and considering the specific harms that a child has sustained or is at risk of sustaining. One area that you and many of your colleagues grapple with is the issue of emotional harm. This is a tricky issue, as in many ways, it is a consequence of abuse that is difficult to recognise, identify and subsequently argue. Yet you know that failure to do so misses an important dimension of harm for children. Given that you are committed to best practice and working towards optimal outcomes for clients, you ponder over the following questions. What do I know about the emotional impacts/harms of child abuse and neglect? What does the current research suggest? What are the implications of this research for my work with clients?

### DEFINITIONS OF MALTREATMENT

For many years defining maltreatment has been a hotly contested and debated issue. This is due to the significant implications these definitions have for policy, practice, legislation and research. Some definitions have been viewed as too broad and others too narrow (Hutchinson, 1990). Those critiquing broad definitions have highlighted the ambiguity of when State intervention should occur and have thus advocated for narrow definitions of child abuse and neglect. In other words,

*“the parental action should have resulted in actual observable harm or*

*pose an imminent risk of harm”*  
(English, 1998: 41).

In contrast, those arguing for broader definitions of maltreatment have stressed that not all harm is immediately observable and can accumulate over time (English, 1998) and thus may not be directly observable. Although controversy has surrounded the definition issue, in recent literature there has been considerable agreement on what constitutes child abuse and neglect. Table 1 contains typical definitions.

### INCIDENCE OF CHILD ABUSE AND NEGLECT

Child abuse and neglect is not a rare problem. For instance, throughout Australia in 1999/2000 there were just over 56,000 cases investigated and 24,732 cases substantiated (Australian Institute of Health & Welfare, 2001). As such, a considerable number of children are being maltreated/harmed each year. These figures are unlikely to reflect the full extent of child abuse and neglect. There may be children who do not disclose abuse and therefore are not represented in incidence statistics (Wyatt & Powell, 1988).

### EMOTIONAL OR PSYCHOLOGICAL HARM

Identifying the impacts or harms derived from or associated with child abuse and neglect is not a new topic. Researchers for several decades have attempted to understand and more effectively respond to children who are victims of child abuse and neglect.

### TOPICS COVERED

- Definitions of maltreatment
- Emotional and psychological harms
  - Aggression and anger
  - Self-esteem and self-worth
  - Attachment
  - Interpersonal problems
  - Other psychological problems/disturbance
    - Depression and anxiety
    - Self harming and suicidal behaviour
    - Psychological disturbance/disorders
  - Sexual problems
- Implications for child protection practice
- Key points

This information sheet examines and summarises the main emotional impacts/harms of child abuse and neglect. Considerable research has been directed at investigating this issue with conclusions frequently reached that maltreatment has both short-term and long-term impacts for victims. We commence with briefly clarifying the definitional boundaries of the different types of abuse and neglect. This is followed by a detailed analysis of the emotional consequences of maltreatment. We then examine the implications of this issue for child protection practice. The paper concludes with a summary of the key points.

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## SEARCH CRITERIA

Literature published between 1990 and 2001 was reviewed. Material prior to 1990 was also drawn upon if it added substantially to the issue. Literature was located by searching the following databases: Austrom: Family, Social Work Abstracts, Sociofile, Humanities, Eric, Psychlit and via citation searches.

## WHY CONSIDER THE EMOTIONAL IMPACT/HARM OF CHILD ABUSE AND NEGLECT?

- Recognition of its involvement and interconnection in all forms of abuse
- Important to understand and therefore detect – can easily be minimised and missed due to its less obvious nature
- Consideration in assessment
- Reversal of harms and impacts requires suitable and timely intervention
- To guide/influence policy formulation
- To help design and tailor appropriate prevention strategies

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**TABLE 1**  
**DEFINITIONS OF CHILD ABUSE AND NEGLECT**

### PHYSICAL ABUSE

An act of omission or commission that is intentional or non-accidental that results or is likely to result in physical injury/harm or death of a child. Common examples of physical abuse are: hitting with instruments, burning, shaking, stabbing, punching and biting the child.

### SEXUAL ABUSE

Sexual abuse is the "involvement of dependent, developmentally immature children or adolescents in sexual activities that they do not truly comprehend, to which they are unable to give informed consent or that violate the social taboos of family roles" (Schechter & Roberge, 1976; cited in Swann, 1993: 48). The child is used for the sexual gratification of the adult. Sexual abuse can involve: penetration, fondling, voyeurism, inappropriate touching, viewing or involvement with pornography, exposure and violating the child's privacy.

### EMOTIONAL ABUSE

Emotional abuse generally denotes an act of omission or commission that involves hostile or indifferent parental behaviour and reactions. It is behaviour that injures or harms a child's social competence and sense of self. Emotional abuse can involve: constant belittling of the child, ridicule, withholding love and support, verbal abuse, constant criticism, name calling, ignoring, witnessing domestic violence, threats, lack of comfort and reassurance when a child is distressed. As English (1998: 41) points out "an important component of emotional or psychological abuse is that it must be sustained and repetitive" (English, 1998; Iwaniec, 1995).

### NEGLECT

Neglect occurs "when chronic inattention is given to the children by their parents or caretakers in the areas of medical, educational, stimulative, environmental, nutritional, physical or emotional needs" (Swann, 1993: 45). Examples of neglect include: failure to provide food and shelter, failure to seek medical assistance, inadequate supervision and abandonment (English, 1998; Iwaniec, 1995; Swann, 1993).

Given the high incidence of maltreatment internationally, nationally and locally, it has become essential for professionals working in the child protection sector to understand and be informed of the potential harms resulting from child abuse and neglect. In this paper, we focus specifically on the emotional and psychological harms of child abuse and neglect. By emotional harm we mean the effects, impacts or consequences maltreatment has on the child emotionally and psychologically.

However, it is important to note that other harms may result. For instance, we

also know that maltreatment can harm a child's cognitive/academic/intellectual development, language/verbal/linguistic ability, social competence, socialisation, and physical, motor and neurological development. The harm associated from abuse and neglect is rarely mutually exclusive "...clearly, the effects may be complex and interwoven" (Parrott, 1997:44).

All forms of maltreatment have accompanying harms, though their specific sequelae will differ and therefore will

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require differential responses (Finzi, Cohen, Sapir & Weizman, 2000). For instance, Gauthier, Stollak, Messe and Aronoff (1996) suggest that different types of harm may result in unique psychological or emotional difficulties (e.g. physical abuse by fathers has been linked with somatization, anxiety and aggressiveness; verbal abuse has been associated with anxiety, depression, dissociation and low self-esteem; sexual abuse has been linked with problematic sexual behaviour). These effects or harms may manifest in childhood, adolescence or adulthood (Parrott, 1997).

Maltreatment affects and interacts with every facet of development and can have both short-term and long-term consequences for victims. In this paper we have chosen to focus on emotional and psychological harm as this can be difficult to detect and can easily be minimised. Kinard (1979:85) explains further:

*“The psychological consequences of abuse are often nebulous – subtle in their manifestation, difficult to determine without psychological evaluation, insidious in the potential damage to the child. In addition, the psychological consequences of both physical and emotional maltreatment may not be immediately apparent; instead, the effects tend to be incremental and cumulative, perhaps not becoming evident even until adulthood”.*

In past and current research several emotional harms have been identified as resulting from child abuse and neglect. Some are abuse specific, whereas others are more general. It is important to note however, that some commentators have warned against concluding that the abusive act/s per se will solely result in the identified harm. Stevenson (1999:91) clarifies this point.

*“This is not to suggest that the consequences of maltreatment can be explained away by the action of other factors such as social disadvantage. Rather it is to suggest that when*

*dealing with individual cases it is important not necessarily to attribute any subsequent psychological difficulty to the abuse per se...”*

For example, Herrenkohl, Herrenkohl, Rupert, Egolf and Lutz (1995) found from scoring 206 children (abused and nonabused) on a modified Achenbach and Edelbrock (1979) measure that behavioural functioning was highly influenced by social, cultural and family climate (e.g. socioeconomic level, quality of parental interaction)

*“with physical and emotional maltreatment being significant but less powerful influences” (Herrenkohl et al, 1995:191).*

Likewise, Parrott (1997) cites a study undertaken by Rowan et al. (1994) that examined the relationship between sexual abuse and Post Traumatic Stress Disorder. Although they found a strong association between sexual abuse and PTSD they also noted that the participants had experienced other trauma in their lives that may have contributed to a greater or lesser extent to the development of PTSD.

Therefore, it is important for practitioners to be aware that other factors/issues (e.g. parental conflict, economic disadvantage) may be interacting and contributing to the identified harm for the child (Parrott, 1997; Thakkar & McCanne, 2000; Tremblay, Hebert & Piche, 1999; Wolfe & McGee, 1991) and that the experience of maltreatment for any child will be unique (English, 1998).

*“...Although serious consequences [of abuse and neglect] often result, these may depend on the intensity and frequency of maltreatment. The child’s characteristics, relationship to the perpetrator, and access to a supportive caregiver can also influence the effects of maltreatment” (English, 1998:39).*

Psychological health is, as we know, a key developmental milestone and objective for children and adults.

## LIMITATIONS OF RESEARCH ON THE IMPACTS OF ABUSE AND NEGLECT

Although a considerable amount of research effort has been afforded to identifying the emotional and psychological impacts of abuse and neglect, this research has not been without criticism. We summarise below the most cited limitations of research in this area. This is important to note, as any research that is being applied to practice should always be assessed critically

- Lack of standardised definitions of different types of abuse and harm.
- Failure to report how definitions of abuse and harm have been defined or operationalised in studies.
- Retrospective designs that are hindered by the limitations of self-reporting and selective recall, also a disproportionate number of adult retrospective designs.
- Failure at times to use standardised instruments for measuring and assessing symptoms.
- A lack of multi-modal assessments and multiple sources of information about consequences for children.
- High reliance on clinical samples (children currently receiving treatment) and thus displaying more extreme problems. In addition, samples are frequently derived from child welfare organisations, which may not be representative of the entire population.
- Lack of longitudinal studies examining links between abuse and particular issues/factors or disorders, or longitudinal studies that trace particular groups of people (e.g. children who were sexually abused in childhood) over a long period of time.
- A lack of control for different types of abuse. Results can therefore be confounded by other forms of maltreatment.

(English, 1998; Hughes & Graham-Bermann, 1998; Kendall-Tackett, Williams & Finkelhor, 1993; Rowan, Rodriguez & Ryan, 1994; Salzinger, Feldman & Hammer, 1993; Silverman, Reinherz & Giaconia, 1996; Tomison & Tucci, 1997; Vissing, Straus, Gelles & Harrop, 1991)

## STAGES OF IMPACT

Briere (1992) points out that irrespective of the type of maltreatment the impact of child abuse and neglect can be understood as involving three stages:

1. Initial reactions to being abused – Post Traumatic Stress, pain and discomfort, cognitive and developmental changes and alterations.
2. Adaptation to the abuse which involves developing coping skills or strategies that either increase safety or assist in minimising the pain and emotional discomfort associated with the maltreatment.
3. “Long-term elaboration and secondary accommodation, reflecting (a) the impacts of initial reactions and abuse related accommodations on the individual’s later psychological development and (b) the survivor’s ongoing coping responses to abuse-related dysphoria” (Briere, 1992: 18).

“It has been widely established that particular types of maltreatment are linked to overt displays of anger and aggression in children.”

Maltreatment can impact on a child’s emotional wellbeing.

Various psychological harms or consequences of maltreatment have been identified in the literature, namely: anger and aggression, poor self-esteem/self-concept, insecure attachment, interpersonal difficulties, psychological disturbance and sexual problems. These can occur in both the short-term and long-term. They are reviewed next. Notably, in each one of these sections we highlight the connection between different types of abuse and harm.

### AGGRESSION AND ANGER

It has been widely established that particular types of maltreatment are linked to overt displays of anger and aggression in children. It is not uncommon to hear of children who have been abused and neglected displaying a range of behavioural problems (such as fighting, bullying, hurting and controlling others) that may be indicative of internalised anger (Briere & Elliott, 1994). Aggressiveness, self destruction and low impulse control are common in abused children (Kenward & Hevey, 1988; Veltkamp & Miller, 1994). In relation to *physical abuse*, Kenward and Hevey (1988:207) cite research undertaken by Straus (1983) which found that

“76% of [physically] abused children repeatedly and severely assaulted their brothers or sisters compared with only 15% of a comparison group of children who were not physically abused”.

Anger is one of the most common emotional consequences of physical abuse. These feelings of anger

“can become internalized as self hatred and depression, or be externalized and result in the perpetration of abuse against others” (Briere & Elliott, 1994:58).

Malinosky-Rummell and Hansen (1993) reviewed research on the long-term consequences of physical abuse. A number of interesting conclusions have

been reached in relation to this issue, for example:

1. A strong association has been found between physical abuse and adolescent aggression (*studies cited Alfaro, 1981; Garbarino & Plantz, 1986; Roscoe & Callahan, 1985*).
2. Children receiving therapeutic mental health assistance and who have a history of physical abuse, exhibit more aggressive behaviour than children who have not been abused.
3. “Violent inmates and outpatients, particularly males, report higher rates of childhood physical abuse than do less violent comparison groups” (Malinosky-Rummell and Hansen, 1993: 70).
4. Links have been found between physical abuse and domestic violence. Kalmuss (1984) found from interviewing 2,143 adults that “both physical abuse in adolescence and parental marital violence were significantly related to inflicting severe marital violence” (cited in Malinosky-Rummell & Hansen, 1993: 71).

Indeed the links between children witnessing *domestic violence* and exhibiting aggression have been well established (Maker, Kemmelmeier & Peterson, 1998; O’Keefe, 1995). Hughes and Fantuzzo (1994) found from reviewing several empirical studies that:

1. There is an association between observing aggression and subsequently acting aggressively.
2. For boys, the prolonged observation of domestic violence can lead to greater aggression with siblings and parents.
3. The impact or harm for a child who witnesses domestic violence and is physically abused (the ‘double-whammy’ hypothesis) is greater than either form of abuse on its own.

Associations have also been made between aggression and *verbal or*

*emotional abuse.* Vissing and Straus (1991) explored how many American children were recipients of verbal aggression from their parents; and tested the hypothesis

*“that the more verbal aggression experienced by children, the higher rate of childhood psychological and social problems” (Vissing & Straus, 1991:224).*

A survey of 3,346 American parents with children under the age of 18 found, using the Conflict Tactics Scale (CTS), that parental verbal aggression increases the probability that a child will be aggressive, engage in criminal activity, and have interpersonal problems. This applies to both boys and girls. Children who have experienced verbal aggression and physical violence were also found to display psychosocial and behavioural problems (Vissing & Straus, 1991).

*Neglect* has also been linked with aggression in children. In a research review on neglected children, Crouch and Milner (1993) cite several studies where neglected children are identified as being more aggressive than nonabused children in school environments. Some research has even suggested that neglected children can be as aggressive as physically abused children in the school environment (Reidy, 1977, cited in Crouch & Milner, 1993). Further, both neglected children and physically abused children have been considered to be at risk of offending, delinquency and violent criminal activity (Crouch & Milner, 1993).

## SELF-PERCEPTION, SELF-WORTH AND SELF-ESTEEM

The formation of an internal working model of self is a key developmental task for a child (Briere & Elliott, 1994). As reported in Osmond and Darlington (2001) how others treat, respond and interact with us can ultimately help build and nurture a positive sense of self or alternatively a negative, damaged sense of self.

Most forms of abuse and neglect are considered to affect a child's sense of self-worth. For example, Ney, Fung and

Wickett (1993) investigated the impacts of different types of maltreatment on children. They found from interviews and questionnaire completion by 167 New Zealand children (aged 11-18 years) and 230 adults that *neglect* more than the other types of maltreatment impacted on the children's self perception/esteem and hope for the future.

Mullen and Fleming (1998) report in relation to *sexual abuse* that a number of studies have found that childhood sexual abuse lowers adult self-esteem. For instance, Roman et al. (1996; cited in Mullen & Fleming, 1998) found a clear link between childhood sexual abuse and poor self-esteem – in particular, attitudes of pessimism and fatalism.

Oates, Forrest and Peacock (1985) found from comparing 37 abused and non-abused children via structured interviews and the Piers-Harris Self Concept Scale that abused children: (1) considered they did not have many friends; (2) did not consider they could have high status occupations in the future; and (3) had lower self-concept scores than the nonabused group.

*“...Abused children manifest a general air of depression, unhappiness and reduced self-concept” (Oates et al, 1985:162).*

Interestingly, Kinard (1982) also reports that positive self-esteem/self concept for *physically abused* children is also influenced by the severity of the injury. Even injuries that occur accidentally can impact on a child's self-image. This is further compounded if a caregiver deliberately inflicts these injuries. So why is self-esteem/self-image affected by abuse and neglect? Briere and Elliott (1994) explain that children often perceive themselves in terms of the types of experiences they have with others and their environment.

However, these internal feelings of hopelessness and negative self-worth can emerge not only from the abusive incidents per se but also from the response of the perpetrator, non-

## TRAUMA STATES

Given that abuse and neglect can be experienced as traumatic for a child it is useful to consider what James (1988) has identified as the nine trauma states. This provides us with another lens through which to consider the potential consequences and harms of child abuse and neglect.

1. Self blame. The child perceives themselves as responsible for anything negative that happens.
2. Powerlessness. The child feels that they do not have the power to change anything.
3. Loss and betrayal. The child may experience a deep sense of loss and betrayal due to the abuse of the trusting relationship.
4. Fragmentation of bodily experience. This is particularly so for children who have been sexually abused and who may have lost respect for and trust in their own bodies.
5. Stigmatisation. The child may perceive that their abusive experiences are observable to others, which can lead to shame and perceptions of difference.
6. Eroticisation. Children who have been sexually abused may perceive themselves as worthy primarily due to their sexuality.
7. Destructiveness. The child may display destructive behaviour. This behaviour can further alienate them from others.
8. Dissociative Multiple Personality Disorder – Hammer (1997:235) reports that according to Braun (1988) “...child abuse has been identified as a predisposing factor in 95% of a thousand documented cases of multiple personality disorder”.
9. Attachment disorder. The child may exhibit attachment problems.

*(cited in Hammer, 1997).*

*“These internal feelings of hopelessness and negative self-worth can emerge not only from the abusive incidents per se but also from the response of the perpetrator, non-perpretrator, society and others in general.”*

*“A secure attachment ‘sets the stage’ for likely social competence throughout the lifespan.”*



perpetrating adults, society and others in general (Briere & Elliott, 1994), or in other words, how the child's immediate and wider system responds to the abuse and neglect.

There are other potential problems associated with poor self-esteem. For instance, in identifying the impacts of *sexual abuse* on victims, Briere & Elliott (1994) point out that other relationships can be hampered, as victims may be unable to perceive and respond to others' needs due to the primacy of their own. In addition, having poor self-esteem can heighten the likelihood of further emotional and physical abuse. Victims may have inadequate protective behaviours and be more gullible, which makes them more susceptible or vulnerable to further harm (Briere & Elliott, 1994).

We now turn to another emotional and psychological consequence of abuse and neglect – that is, insecure attachment.

### ATTACHMENT

In Osmond and Darlington (2001) we have already identified in some detail how maltreatment can impact on attachment. We have reported separate findings in which either two-thirds or 80% of maltreated children have been identified as insecurely attached (Cicchetti & Toth, 1995; Howe, Brandon, Hinings & Schofield, 1999). A secure attachment 'sets the stage' for likely social competence throughout the lifespan. Indeed, the experiences and perceptions children have of their caregivers and subsequently themselves are contained within their internal working model. Maltreatment affects this internal working model and can result in emotional consequences that impact throughout an individual's lifespan. Given that we have comprehensively discussed this issue elsewhere (see Osmond & Darlington, 2001) we briefly review this harm.

Finzi et al. (2000) compared the emotional impact of maltreatment between four groups of children: (1) children whose fathers were using drugs

(n=76), (2) children who had been *physically abused* (n=41), (3) *neglected* children (n=38) and (4) non-abused children. All children were between the ages of 6 and 12. Finzi et al. (2000:124) found that

*“physically abused children, characterised by the avoidant attachment style, are at risk of antisocial behaviour and sustained suspicion towards others. Neglected children, characterized by the anxious/ambivalent attachment style, are at risk of passivity, social rejection and feelings of personal incompetence...”*

In reviewing the research on the effects of *neglect* on children, Crouch and Milner (1993) make reference to attachment issues. With reference to research conducted by Crittenden, (1992); Egeland & Sroufe, (1981); Lamb, Gaensbauer, Malkin, & Schultz, (1985); and Schneider-Rosen & Cicchetti, (1984), they report that neglected children have higher rates of anxious-resistant or avoidant attachments than nonabused children. Further, Page (1999:420) suggests that maltreatment can and does impair a child's social skills and that this may in turn impact on interpersonal relationships, which are covered next.

### INTERPERSONAL PROBLEMS

Research that examines the impacts of abuse and neglect frequently identifies that a number of social or interpersonal competencies can be affected. This occurs

*“...from both the immediate cognitive and conditioned responses to victimization that extend into the long-term (for example, distrust of others, anger at and/or fear of those with greater power; concerns about abandonment, perceptions of injustice), as well as the accommodation responses to ongoing abuse (for example, avoidance, passivity, and sexualization)”* (Briere & Elliott, 1994: 61).

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Salzinger, Feldman & Hammer (1993) examined and compared the social behaviour and perceived peer status of 87 children who had been *physically abused* with a control group. From interviews and a variety of measures aimed at investigating sociometric status, peer ratings of social behaviour, social networks, behavioural disturbance and family and household context, it was found that

*“...physically abused schoolchildren are at greater risk for poor peer relationships than nonmaltreated classmates: in the classroom, they are at increased risk for lower social status, especially peer rejection; they receive fewer positive and more negative choices and so have less positive reciprocity in their relationships with classmates; and they are perceived by their classmates as engaging in more negative and fewer social behaviours. In their social networks more generally, their choices of friends, even best friends, show more insularity from adults and more atypicality and negativity than those of the controls”* (Salzinger et al. 1993: 181).

Crouch and Milner (1993) also report that children who have been *neglected* interact differently with their peers. Specifically, they suggest that neglected children can:

1. appear isolated as they do not engage readily in freeplay with other children;
2. appear to interact less in classroom situations;
3. show less prosocial behaviours compared to nonabused children (similarly to physically abused children); and
4. seem more isolated, passive, withdrawn and showing less independence in their interactions with others.

*Sexual abuse* has also been identified as impacting on adult relationships and intimacy. Mullen and Fleming (1998)

report with reference to Beitchman et al. 1991; Bagley & Ramsey, 1986; and Mullen et al, 1988, that sexual abuse can impede a victims ability to form secure attachments. In fact, sexual abuse victims have increased rates of relationship breakdown as adults. Research suggests that adults with a history of childhood sexual abuse are less likely to be in a close relationship, have lower levels of satisfaction if in a relationship, and potentially may have experienced separation and divorce (Mullen et al. 1994; cited in Mullen and Fleming, 1998).

Mullen and Fleming (1998) also report that adults with child sexual abuse histories may have communication problems with their partners (e.g. being reluctant to confide in them) and perceive their partners to be uncaring and controlling (Fleming, 1997; Fleming et al. in press; cited in Mullen & Fleming, 1998). Staples and Dare (1996) also point out that relationships of women who have been sexually abused are often affected by the victim's depression, anxiety, sexual fearfulness and inhibition, need for high levels of reassurance and potentially self-harming behaviour.

Children who have been *neglected and/or emotionally* abused have also been identified as having problems in social functioning. For example, Bolger, Patterson and Kupersmidt (1998) found that children who had been physically neglected had conflictual relationships with peers which were also characterised by a lack of reciprocity. Emotionally abused and neglected children have also been reported to be aggressive and disruptive in the school environment as a means of gaining attention.

Unfortunately, this behaviour may further isolate and marginalise these children as they are often excluded from school games and other outside social activities (Iwaniec, 1995). In essence, these children may not have learnt appropriate social skills that invite and sustain positive, reciprocal peer relationships. This can affect their self-esteem which subsequently interferes

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*“Such behaviour can be explained as a mechanism or outlet for internal tension/traumatic feelings associated with abuse and neglect.”*

with or inhibits their ability to form relationships with others (Fatout, 1990). In addition, they may be hypervigilant in their interactions due to fear of abandonment or injury, which impacts on their ability to engage positively and without anxiety with others (Fatout, 1990).

### OTHER PSYCHOLOGICAL AND EMOTIONAL PROBLEMS AND DISTURBANCE

Child abuse and neglect have also been linked to harms such as depression and anxiety, self-harming and suicidal behaviour, and generalised and specific psychological disturbance. These impacts are now reviewed.

### DEPRESSION AND ANXIETY

Most forms of abuse and neglect have been linked with depression and anxiety. For instance, Briere & Elliott (1994) have noted depression along with other emotional states such as anxiety in relation to *sexual abuse*.

Depression and anxiety have also been identified in *physically abused* children and those who reside in *violent households* (Malinosky-Rummell & Hansen, 1994). Ammerman et al (1986) in summarising a number of research studies (Martin & Beezley, 1977; Green, 1978b; Kinard, 1980, 1982a; Kayzdin, Moser, Colbus & Bell, 1985) found that children from violent households had a high incidence of depression and anxiety.

Briere (1992) also indicates that *emotional abuse* has been linked with depression.

*“Clinical experience suggests that adults with childhood histories of psychological abuse are more prone to major depressive episodes and to what DSM-III-R refers to as dysthymia: a milder form of depression characterized by chronic sadness and unhappiness, low self-esteem, self-blame, and perceived helplessness” (Briere, 1992:31).*

More generally, Ferguson and Dacey (1997) have also found from

questionnaire analysis (Childhood Experiences Questionnaire) of 110 female health professionals (55 had reported a history of emotional abuse, 55 as a control group) that abused individuals reported higher levels of depression, trait anxiety and dissociative experiences than nonabused women.

### SELF-HARMING AND SUICIDAL BEHAVIOUR

Child abuse and neglect have also been linked to self-harming and suicidal behaviour. Self-harming behaviour denotes deliberate acts that disfigure or hurt the individual (e.g. cutting, burning, using instruments to harm oneself) (Briere & Elliott, 1994). Such behaviour can be explained as a mechanism or outlet for internal tension/traumatic feelings associated with abuse and neglect (Briere & Elliott, 1994).

Green (1978; cited in Ammerman et al, 1986) found that when comparing maltreated children with non-maltreated, the maltreated group exhibited more self-harming behaviour (that is, self-mutilation and suicide gestures/attempts) than the non-maltreated group. Kaplan, Pelcovitz and Labruna (1999) also point out that risk-taking behaviour has been associated with abuse victims. *Physically abused* young people are more likely than nonmaltreated young people to engage in risky sexual activity, cigarette smoking and drug and alcohol use (Kaplan et al., 1999).

Weinman, Smith, Geva and Buzi (1998) examined 263 pregnant or postpartum teenagers' views on the consequences of child abuse and neglect. Notably, 27.4% of the sample had a history of childhood abuse. The views of these teenagers were obtained from questionnaires. Over 83% of the participants considered that teenage suicide was a consequence of maltreatment in childhood. Likewise, Kids Help Line (2000) report that abuse within the family is a risk factor for childhood suicide and self-harming behaviour.

Staples and Dare (1996) report specifically in relation to sexual abuse



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that particularly for younger women, self-harming behaviour (i.e. suicide attempts, self-cutting and substance misuse) is more likely than depressive symptoms. Physical abuse has also been associated with adolescent self-harming behaviour and suicide (Malinosky-Rummell & Hansen, 1993). Malinosky-Rummell and Hansen (1993) examined a number of studies with methodologies such as archival research, retrospective chart review, and self-report questionnaires and concluded that

*“physical abuse appears to be related to self-injurious and suicidal behaviours in male and female inpatients, as well as female college students. Gender, form of maltreatment, and parental conflict may also affect this relationship”* (Malinosky-Rummell & Hansen, 1993: 73).

## PSYCHOLOGICAL DISTURBANCE AND DISORDERS

Considerable research has also established that child abuse and neglect can lead to other psychological problems and disturbance. For instance, Ammerman et al (1986) comment that maltreatment can have both short-term and long-term effects in terms of behavioural manifestations and disorders.

*“Acute symptoms consist of severe anxiety reactions due to the threat of ‘annihilation’ and ‘abandonment’ during the abusive episode. Long-term implications include the aforementioned pathological states (e.g. hyperactivity, sleep disturbance) [also some]...victims of child abuse meet DSM...diagnostic criteria for Post Traumatic Stress Disorder. Other frequently applied diagnoses include... Conduct Disorder, Anxiety Disorders...”* (Green, 1983; cited in Ammerman et al. 1986:299).

Dissociative problems (i.e. disengaging from the situation, emotional numbing, amnesia) have also been documented, particularly in relation to sexual abuse

(Briere & Elliott, 1994). Some studies have reported that for some victims, abuse events/experiences have been excluded or repressed from memory (Herman & Schatzow, 1987; Loftus, Polonsky & Fullilove, 1994).

Abuse and neglect as mentioned earlier have been connected with Post Traumatic Stress Disorder (PTSD). In fact, PTSD has been regularly discussed as a consequence of *sexual abuse*. Briere (1992) explains that sexual abuse victims often have intrusive symptoms - that is, flashbacks. He further explains that this can involve unpleasant images such as: the abuser's face, statements or threats made to the victim, reliving the abusive events, retasting semen, sensations of being grabbed. These flashbacks can be triggered by any number of things e.g. disclosing abuse, seeing sexual images portrayed in the media, or witnessing abusive behaviour of others. Other forms of abuse can also result in Post Traumatic symptoms. For example, Briere (1992) reports that victims of *physical abuse* can have heightened arousal symptoms (i.e. hypervigilance, jumpiness) and intrusive thoughts (i.e. thoughts of being harmed violently).

Returning to general psychological disturbance, Rogerness, Amrungs, Macedo, Harris and Fisher (1986) specifically investigated psychiatric diagnoses of abused and neglected children who had been admitted to psychiatric hospitals. It was found that in comparison to nonabused children: (1) both *neglected and physically abused* children were diagnosed more frequently with conduct disorders and (2) *neglected* boys were identified as having impaired relatedness problems (cited in Crouch & Milner, 1993). Further, Gauthier, Stollak, Messe and Aronoff (1996:555) report in relation to neglect that

*“...neglect was found to be significantly related both to increased psychological problems and to difficulties in relationships with others. Individuals who reported having been neglected were more likely to report current symptoms of anxiety, depression,*

## SIGNS OR INDICATORS OF POST TRAUMATIC STRESS IN CHILDREN:

- Avoidance of anything that is associated or connected with the abusive incident; or “general lack of responsiveness to any association with the abuse or the inability to recall events” (Doyle, 1997:136).
- Continual reliving of traumatic events which could involve flashbacks, dreams, nightmares, hypervigilance, inability to stop thinking about the event and great difficulty in thinking about anything else.
- Being in a heightened state of arousal which could manifest as anxiety, sleep difficulties, irritability or difficulty maintaining concentration and attention.

(Doyle, 1997:136)

*“...PTSD has been regularly discussed as a consequence of sexual abuse.”*



## MOVING BEYOND SINGULAR ABUSE

Mullen and Fleming (1998) remind us that often victims experience more than one type of abuse. For example, they cite research undertaken by Mullen et al. (1996) that found that women who had been sexually abused in childhood "had over five times the rate of physical abuse, and were three times as likely to also report emotional deprivation" (cited in Mullen & Fleming, 1998:4). Claussen and Crittenden (1991) also report from research conducted with 175 maltreated children, 39 of whom were receiving psychiatric treatment and 176 who were not maltreated, that psychological and physical abuse often occur concurrently (that is, in 89% of physical abuse cases, psychological maltreatment was also identified).

Ney, Fung and Wickett (1994) conducted a study that examined the impacts of abuse and neglect on a child's self concept and perception of the future. One hundred and sixty-seven children and adolescents were interviewed and completed a questionnaire. It emerged from this study that a combination of physical neglect, physical abuse, emotional neglect and verbal abuse had the greatest impact on a child's wellbeing or sense of joy from living. They also found that neglect appeared to increase a child's "tendency and sensitivity to abuse" (Ney et al., 1994:713).

*somatization, paranoia, and hostility than were those who reported only physical abuse".*

Silverman, Reinharz and Giaconia (1996) examined the relationship between childhood and adolescent *physical and sexual abuse*. They were specifically interested in the psychosocial functioning of participants at age 15 and 21. Interestingly they found that at both 15 and 21 years of age, maltreated participants suffered significantly more anxiety, depression, suicide ideation and attempts and psychiatric disorders than non-maltreated participants. In fact Silverman et al. (1996:709) report that

*"approximately 80% of the abused young adults met DSM-III-R criteria for at least one psychiatric disorder at age 21".*

On a similar note, Kaplan, Pelcovitz & Labruna (1999:6) report in relation to physical abuse

*"that approximately 8% of children and adolescents documented as physically abused have current diagnoses of major depressive disorder, approximately 40% have lifetime major depressive disorder diagnoses, and at least 30% have lifetime disruptive disorder diagnoses (oppositional defiant disorder or conduct disorder)".*

Children witnessing *domestic violence* has also been associated with psychological distress and behavioural problems (Hughes, 1997; Randolph & Conkle, 1993; Fincham, 1994; Maker, Meier & Peterson, 1998). Henning, Leitenberg, Coffey, Bennett and Jankowski (1997) cite several studies (i.e. Kalmus, 1984; Straus, Gelles, & Steinmetz, 1980; Straus, 1992; Forsstrom-Cohen & Rosenbaum, 1985) that indicate that observation of parental violence can produce depression, stress, anxiety and substance abuse and in addition, further increase the likelihood of being a victim or perpetrator of violence. Further, Henning,

Leitenberg, Coffey, Bennett and Jankowski (1997) note from surveying 1,452 adults that the long-term impact of witnessing domestic violence in childhood heightens the likelihood of significant psychological problems in adulthood.

In continuing with the theme of psychological disturbance, Varia, Abidin and Dass (1996) examined adults' perception of abuse and how this affected later psychological functioning. They were particularly interested in any differences between adults who acknowledged abuse (any type) in childhood as opposed to those who minimised their childhood maltreatment. One hundred and seventy four adults completed a questionnaire that contained a number of scales (i.e. the Psychological Maltreatment Scale, The Sexual Maltreatment Scale; The California Psychological Inventory; The Self-Control subscale; The Tolerance subscale; The Good Impression subscale; The Self-Esteem Inventory; The Quality of Relationships Inventory). Among a number of interesting findings it was found when examining a number of personality variables that those who were non-abused and those who had acknowledged they had been abused (acknowledgers) were better adjusted than the group who had been abused but minimised the experience .

*"The poorer adult psychological adjustment of the Minimizers is consistent ...[with other research that reports] that unhealthy personality characteristics and social relationships are associated with avoidant coping strategies in relation to the suppression of childhood sexual abuse experiences" (Varia et al., 1996:520).*

They also identified that males were more likely to minimize previous childhood abuse than females.

Recapping briefly, child abuse and neglect can have many and varied psychological outcomes. These can be depression and anxiety, self-harming and suicidal behaviour and psychological disorders and disturbance. We now turn

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to the final emotional harm identified in this paper – sexual problems.

## SEXUAL PROBLEMS

*Sexual abuse* has been most commonly associated with sexuality or sexual problems in children (e.g. inappropriate knowledge of sex, sex play, promiscuity) and adults (e.g. aversion to sex, flashbacks, preoccupation with sex, prostitution). For instance, Dubowitz, Black, Harrington and Verschoore (1993) cite research by Einbender & Friedrich (1987) that suggests that sexually abused children are more likely to display problematic sexualised behaviours (e.g. promiscuity, excessive masturbation) than nonabused children.

Likewise, Dubowitz et al.'s (1993) own research which compared 93 prepubertal children (who were being evaluated for sexual abuse) with 80 nonabused children found that sexualised behaviour was more frequent among the sexually abused group. Fleming, Mullen, Sibthorpe and Bammer (1999) also report that significant associations have been established between reported child sexual abuse and sexual problems. Sexual problems have been recognised as one issue among many that may require therapeutic assistance for people who have been sexually abused as children (Sheldon & Bannister, 1998).

Staples and Dare (1996) discuss how childhood sexual abuse can affect future sexual relationships. They explain how for some survivors splitting of bodily and emotional needs may occur as a result of suppression of the memories of abuse in childhood. This they explain can

*“...lead to a failure to assimilate into the developing self a gradually evolving perception, knowledge and understanding about relationships and sexuality... This means that when adult sexuality becomes possible it is met by an immature psychological organisation...”* [and hence potential sexual problems] (Staples & Dare, 1996:153).

Dubowitz et al. (1993:749) suggest that sexualised behaviours can result because

the victim may have developed reduced inhibition as a result of the sexual abuse. Finkelhor (1988:69) explains this issue further via reference to the concept of “traumatic sexualization”. Traumatic sexualization

*“...refers to the conditions in sexual abuse under which a child's sexuality is shaped in developmentally inappropriate and interpersonally dysfunctional ways”.*

Five processes interact to create this dynamic, namely:

1. Reinforcement or rewarding of inappropriate child sexual behaviour by an offending adult.
2. A child learns that sexualised behaviour can be used to manipulate others in order to have their needs met.
3. Due to the attention given to a child's sexual parts, these body areas can take on greater meaning and importance to the child.
4. Sexually abused children are often given incorrect information about sexual behaviour.
5. *“...A child's sexuality can become traumatized when frightening and unpleasant memories become associated in the child's mind with sexual activity”* (Finkelhor, 1988: 69).

In summary, this section has highlighted that a variety of emotional and psychological harms can result from abuse and neglect. The discussion now turns to exploring the implications of these identified harms for child protection practice.

## IMPLICATIONS FOR CHILD PROTECTION PRACTICE

Children who are victims of abuse and neglect may have many and varied psychological or emotional problems. It is crucial then to assess the degree of psychological impact on the child and tailor intervention according to the

*“...Childhood sexual abuse can affect future sexual relationships.”*

*“...Sexualised behaviours can result because the victim may have developed reduced inhibition as a result of the sexual abuse.”*

## INTERVENTION FOR EMOTIONAL HARM

Although the emotional impacts or harms associated with abuse and neglect are unique for each victim, general therapeutic interventions identified for emotional maltreatment are useful to consider.

- Counselling for parents that aims to increase their awareness of the situation and address any particular relationship or personal problems they may have.
- Counselling for parents that increases their awareness of children's needs, challenging incorrect or inappropriate expectations of children (cognitive behavioural work).
- Improving the child's existing relationships. This could be with parents, peers or others.
- Improving and building a child's self-esteem and sense of belonging and opportunities for achievement.
- Reducing social isolation by strengthening existing networks or building new ones by channelling appropriate community resources (Iwaniec, 1995).

In addition, counselling or therapeutic assistance may need to be centred on the child. As Kinard (1979:96) states "all abused children should be evaluated to determine their treatment needs". Obviously there may be specific emotional issues for the child related to the type of abuse they have suffered (e.g. sexual abuse) which may require particular forms of intervention.

unique needs of the child. Moore (1992:127-129) emphasises the need to listen, look, be and do when working with abused children.

- **Listen** carefully to what children are telling us.
- **Look** carefully at images, pictures or representations children may produce – pictures for example can be a very useful window into how a child perceives and feels about particular issues.
- **Be** a practitioner that a child can talk to. This means being flexible, allowing children to take the lead, being creative in facilitating environments or situations that a child feels comfortable to talk in.
- "[To] **do** work with children we have to use the child inside us, yet at the same time retain our professional knowledge and judgement" (Moore, 1992:129).

Assessment is of course an important task. Veltkamp and Miller (1994) and Wolfe and McGee (1991) signpost a number of areas that can be the focus of assessment:

- The parent-child relationship.
- Child's current peer relationships. How are behaviours displayed by their peers understood? Does the child too readily interpret hostility in others' actions? Is the parent-child interaction generalised to other relationships?
- Drug or alcohol use. Is the child or young person using drugs or alcohol? This could be indicative of attempts to numb emotions and feelings.
- The child's sensitivity to others' emotions. Do they react to distress in others and if so how do they react?
- The child's academic achievement or readiness to learn.
- The child's social and problem-solving skills.
- Sleep disturbance and bedwetting.

- Behavioural regression.
- The child's attributions regarding their parents' behaviour – how does the child explain or attribute cause for their parents' behaviour? (does the child blame themselves?)

In general, the child protection worker should be aware and attuned to indicators or signs that the child may be suffering psychologically or emotionally and ensure appropriate assessment and careful follow-up. Follow-up is extremely important as children may show psychological problems at different stages in the life cycle. The aim of assessment should be to identify emotional or psychological problems as they unfold, rather than as definitive pathological states or end products (Wolfe & McGee, 1991).

Given that different forms of abuse and neglect can produce specific sequelae, intervention must obviously be tailored accordingly. Ideally intervention should occur as early as possible so that emotional difficulties are addressed early in the child's development (Wolfe, 1994). A wide variety of interventions (e.g. behavioural-cognitive, social network, home based, eco-behavioural, parent education courses, preschool programs) can be used which are child, parent and carer centred (Wolfe, 1994). For example, Wolfe (1994) reports that preschool programs can assist in addressing developmental deficits in children who have suffered minor physical abuse. For parents who lack parenting knowledge or require specific guidance, family-based home care can be useful (Wolfe, 1994). Notably, however, some interventions have greater empirical support and success than others. For instance, Black (2000) reports that intervention for neglected children has been found to be successful in only 50% of cases (see Daro, 1988). Moore, Armsden and Gogerty (1998) also report that there is now evidence that supports the efficacy of strategies aimed at improving parenting ability, and for programs that focus on redressing/reducing

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social isolation and developing social skills. Therefore, it is important to consider the potential likelihood of success of any intervention program before discussing with and/or referring clients.

Another way of identifying what can help abused children is considering what can mitigate, compensate or protect from harm, or contribute to a positive outlook for maltreated children. This comes from research that has found that some abused children show minimal or no harm from maltreatment. There are however several possible explanations for such findings. They could reflect: denial on the victims part; methodological problems in these research studies; or that particular environmental and personal factors have a mitigating or protective impact on the effects of abuse and neglect (Widom, 2000). Factors or principles that have been identified as mitigating harm are: (Moore, Armsden & Gogerty, 1998; Widom, 2000; Doyle, 1997)

- Above average intelligence and good levels of academic and scholastic achievement by the child. Some research (Lynch & Roberts, 1982; Frodi & Smetana, 1984; cited in Widom, 2000) has suggested that children with high intellectual ability fair better from abuse and neglect, due to potentially good problem solving ability and academic achievement. This means that these children have a higher likelihood of experiencing success, and so maintaining a positive self-esteem.
- An individual's cognitive or personal frame of reference - a positive view of life. How children appraise life events and situations will influence the extent of impact (Widom, 2000). Similar events can be differentially perceived and cognitively appraised by different individuals. In her book, Doyle (1997:144) offers a number of accounts from victims which illuminate their cognitive

perceptions (e.g. "humour [has] been her salvation (p. 141); trying to replace a feeling of impending disaster ... with an optimistic view of the future".

- Temperament of the child. Widom (2000) highlights how some children are more difficult to parent and care for due to their temperament. As such, temperament can be conceptualised as both a protector and trigger for abuse and neglect.
- A significant person in the life of a child who gives unconditional positive regard. This factor comes up time and time again when considering what can help maltreated children. A significant person could be a nonabusing family member, friend, aunt/uncle or sibling. Interestingly, Doyle (1997) reports that children may also receive support from pets, toys and imaginary friends.
- A child receiving some parental warmth.
- Absence of emotional neglect.
- Statutory legal proceedings that are not drawn out and infrequent placement changes/disruptions.
- The child's first developmental stage had been successfully accomplished which means that they have been able to establish trust in another and in themselves. This as we know, is vital for the development of future relationships and positive self-esteem.
- Counselling. For a number of victims as reported in Doyle (1997), counselling and therapeutic groupwork was identified as helpful.

While these factors may mitigate the impact of abuse/neglect for some children, for others there may still be significant psychological problems and therefore the need for

*"...many years of consistent affection and care in order to be released from the negative effects of abuse" (Doyle, 1997:151).*

## WHAT ARE SOME OF THE PSYCHOLOGICAL AND EMOTIONAL PROBLEMS THAT MAY PRESENT AT DIFFERENT STAGES IN THE LIFE CYCLE AS A RESULT OF ABUSE AND NEGLECT?

### Infancy and early childhood

- Insecure attachment
- Peer interaction problems – aggression and anger, lack of social skills
- Internalising problems, such as anxiety and inappropriate sexual behaviour (sexual abuse)

### Middle childhood

- Problematic and disturbed peer relationships – aggressive, disruptive behaviour
- Internalising and externalising behaviours
- Withdrawal, dissociation (sexual abuse)

### Adolescence

- Internalising and externalising behaviours
- Continued problems with peer relationships
- Delinquency
- Self-harming and suicide (sexual abuse)

### Adulthood

- Externalising and internalising behaviours
- Violent offending
- Drug and alcohol abuse, child rearing problems (sexual abuse)

*(Trickett & McBride-Chang, 1995).*

## KEY POINTS

- Defining maltreatment has been a highly contested and debated issue.
- Four types of abuse are generally recognised in the literature: physical abuse, sexual abuse, emotional abuse and neglect.
- Emotional harm denotes the effects, impacts or consequences maltreatment has on the child emotionally and psychologically.
- Other harms result from maltreatment, such as: cognitive/academic/intellectual development, language/verbal ability, social competence, and physical, motor and neurological development.
- Maltreatment can have both short-term and long-term effects on the developing individual.
- The abusive act may not be solely responsible for the identified harm. Other factors in the child's environment can contribute to the harm experienced for the child.
- Several impacts or consequences for abused children have been identified in the literature: aggression and anger; self-perception and self-worth, insecure attachment, interpersonal problems, psychological disturbance and sexual problems.
- Careful assessment and follow-up of maltreated children is necessary.
- A number of mitigating or protective factors have been identified in the literature.

## REFERENCES

- Ammerman, R.T., Cassisi, J.E., Hersen, M., & Van Hasselt, V.B. (1986). *Consequences of physical abuse and neglect in children*. *Clinical Psychology Review*, 6, 291-310.
- Australian Institute of Health and Wellbeing (2001). *Child protection Australia 1999-2000*. *Child Welfare Series*, 27, AIHW. Canberra.
- Black, M.M. (2000). *Long term psychological management of neglect*. In Reece, R.M. (Ed.), *Treatment of child abuse: Common ground for mental health, medical, and legal practitioners* (pp. 192-200). Baltimore, MD, US: The Johns Hopkins University Press.
- Bolger, K. E., Patterson, C. J., & Kupersmidt, J. B. (1998). *Peer relationships and self esteem among children who have been maltreated*. *Child Development*, 69, 1171-1197.
- Briere, J.N. (1992). *Child abuse trauma. Theory and treatment of the lasting effects*. Newbury Park: Sage Publications.
- Briere, J.N. & Elliott, D.M. (1994). *Immediate and long term impacts of child sexual abuse*. *Future of Children*, 4(2), 54-69.
- Cicchetti, D., & Toth, S.L. (1995). *Child maltreatment and attachment organisation. Implications for intervention*. In S. Goldberg, R. Muir and J. Kerr (Eds.), *Attachment theory. Social, developmental, and clinical perspectives*. Hillsdale, NJ: The Analytic Press.
- Claussen, A.H. & Crittenden, P.M. (1991). *Physical and psychological maltreatment: Relations among types of maltreatment*. *Child Abuse and Neglect*, 15, 5-18.
- Crouch, J.L. & Milner, J.S. (1993). *Effects of child neglect on children*. *Criminal Justice and Behavior*, 20(1), 49-65.
- Daro, D. (1988). *Confronting child abuse*. New York: Free Press.
- Doyle, C. (1997). *Working with abused children*. 2nd edition. Houndmills: Macmillan Press Ltd.
- Dubowitz, H., Black, M., Harrington, D., & Verschoore, A. (1993). *A follow up study of behaviour problems associated with child sexual abuse*. *Child Abuse and Neglect*, 17, 743-754.
- English, D.J. (1998). *The extent and consequences of child maltreatment*. *The Future of Children*, 8(1), 39-53.
- Fatout, M.F. (1990). *Consequences of abuse on the relationships of children*. *Families in Society: The Journal of Contemporary Human Services*. Feb, 76-81.
- Ferguson, K.S. & Dacey, C.M. (1997). *Anxiety, depression, and dissociation in women health care providers reporting a history of childhood psychological abuse*. *Child Abuse and Neglect*, 21(10), 941-952.
- Fincham F.D. (1994). *Understanding the association between marital conflict and child adjustment: An overview*. *Journal of Family Psychology*, 8, 123-127.
- Finkelhor, D. (1988). *The trauma of child sexual abuse: Two models*. In G.E. Wyatt and G.J. Powell (Eds.), *Lasting effects of child sexual abuse*. Newbury Park: Sage Publications.
- Finzi, R., Cohen, O., Sapir, Y., & Wezman, A. (2000). *Attachment styles in maltreated children: A comparative study*. *Child Psychiatry and Human Development*, 31(2), 113-128.
- Fleming, J., Mullen, P.E., Sibthorpe, B., & Bammer, G. (1999). *The long term impact of childhood sexual abuse in Australian women*. *Child Abuse and Neglect*, 23(2), 145-159.
- Gauthier, L., Stollak, G., Messe, L., & Arnoff, J. (1996). *Recall of childhood neglect and physical abuse as differential predictors of current psychological functioning*. *Child Abuse and Neglect*, 20(7), 549-559.
- Hammer, M.D. (1997). *Programming for children who have experienced trauma* (pp. 230-243). *Children in the balance: AECA National conference proceedings*. Melbourne, Vic: Australian Early Childhood Association.
- Henning, K., Leitenberg, H., Coffey, P., Bennett, T., & Jankowski, M.K. (1997). *Long term psychological adjustment to witnessing interparental physical conflict during childhood*. *Child Abuse and Neglect*, 21(6), 501-515.
- Herman, J.L. & Schatozow, E. (1987). *Recovery and verification of memories of childhood sexual trauma*. *Psychoanalytic Psychology*, 4, 490-494.



# USING KNOWLEDGE IN PRACTICE

Herrenkohl, E.C., Herrenkohl, R.C., Rupert, L.J., Egolf, B.P., & Lutz, G. (1995). Risk factors for behavioural dysfunction: The relative impact of maltreatment, SES, physical health problems, cognitive ability, and quality of parent-child interaction. *Child Abuse and Neglect*, 19(2), 191-203.

Howe, D., Brandon, M., Hinings, D., & Schofield, G. (1999). *Attachment theory, child maltreatment and family support*. Houndmills: Macmillan.

Hughes, H.M. (1997). Research concerning children of battered women: Clinical implications. *Journal of Aggression, Maltreatment and Trauma*, 1(1), 225-244.

Hughes, H.M., & Fantuzzo, J.W. (1994). Family violence: Child. In R.T. Ammerman, M. Hersen & L. Sisson (Eds.), *Handbook of aggressive and destructive behaviour in psychiatric patients* (pp. 491-508). New York: Plenum.

Hughes, H.M. & Graham, S.A. (1998). Children of battered women: Impact of emotional abuse on adjustment and development. *Journal of Emotional Abuse*, 1(2), 23-50.

Hutchinson, E.D. (1990). Child maltreatment: Can it be defined? *Social Service Review*, 64(1), 60-78.

Iwaniec, D. (1995). *The emotionally abused and neglected child. Identification, assessment and intervention*. John Wiley & Sons: Chichester.

Kaplan, S.J., Pelcovitz, D., & Labruna, V. (1999). Child and adolescent abuse and neglect research: A review of the past 10 years. Part 1: Physical and emotional abuse and neglect. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38(10), 1214.

Kendall Tackett, K.A., Williams, L.M., & Finkelhor, D. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin*, 113, 164-180.

Kenward, H., & Hevey, D. (1988). The effects of physical abuse and neglect. In W. Stainton Rogers, D. Hevey and E. Ash (Eds.), *Child abuse and neglect. Facing the challenge*. London: The Open University Press.

Kids Help Line 2000. Suicide. Infosheet 11. Kids Help Line ([www.kidshelp.com.au](http://www.kidshelp.com.au)).

Kinard, E.M. (1979). The psychological consequences of abuse for the child. *Journal of Social Issues*, 2, 82-100.

Kinard, E.M. (1982). Experiencing child abuse: Effects on emotional adjustment. *American Journal of Orthopsychiatry*, 52(1), 82-91.

Loftus, E.F., Polonsky, S., & Fullilove, M.T. (1994). M.T. Memories of childhood sexual abuse: Remembering and repressing. *Psychology of Women Quarterly*, 19, 67-87.

Maker, A., Kimmelmeier, M., & Peterson, C. (1998). Long term psychological consequences in women of witnessing parental physical conflict and experiencing abuse in childhood. *Journal of Interpersonal Violence*, 13, 574-589.

Malinosky Rummell, R., & Hansen, D.J. (1993). Long term consequences of childhood physical abuse. *Psychological Bulletin*, 114(1), 68-79.

Marcenko, M.O., Kemp, S.P., & Larson, N.C. (2000). Childhood experiences of abuse, later substance use, and parenting outcomes among low income mothers. *American Journal of Orthopsychiatry*, 70(3), 316-326.

Moore, E., Armsden, G., & Gogerty, P.L. (1998). A twelve year follow up study of maltreated and at risk children who received early therapeutic child care. *Child Maltreatment*, 3(1), 3-16.

Moore, J. (1992). *The ABC of child protection*. Aldershot: Ashgate.

Mullen, P.E. & Fleming, J. (1998). Long term effects of child sexual abuse. *Issues in Child Abuse Prevention*, No. 9. National Child Protection Clearinghouse.

Ney, P.G., Fung, T., & Wickett, A. (1993). Child neglect: The precursor to child abuse. *Pre and perinatal Psychology Journal*, 8(2), 95-112.

Ney, P.G., Fung, T., & Wickett, A.R. (1994). The worst combinations of child abuse and neglect. *Child Abuse and Neglect*, 9, 705-714.

Oates, R.K., Forrest, D., & Peacock, A. (1985). Self esteem of abused children. *Child Abuse and Neglect*, 9, 159-163.

O'Keefe, M. (1995). Predictors of child abuse in maritally violent families. *Journal of Interpersonal Violence*, 10, 3-25.



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Osmond, J.L., & Darlington, Y. (2001). *Attachment theory and child protection practice*. Information Sheet No. 2. U.K.I.P. The University of Queensland.

Page, T. (1999). *The attachment partnership as conceptual base for exploring the impact of child maltreatment*. *Child and Adolescent Social Work Journal*, 16(6), 419-437.

Parrott, L. (1997). *Researching the effects of child abuse*. In J. Bates, R. Pugh & N. Thompson (Eds.), (pp. 43-56) *Protecting children: Challenges and change*. Aldershot: Ashgate Arena.

Randolph, M.K. & Conkle, L.K. (1993). *Behavioural and emotional characteristics of children who witness parental violence*. *Family Violence & Sexual Assault Bulletin*, 9(2), 23-27.

Rowan, A.B., Foy, D.W., Rodriguez, N., & Ryan, S. (1994). *Posttraumatic stress disorder in a clinical sample of adults sexually abused as children*. *Child Abuse and Neglect*, 18, 51-61.

Salzinger, S., Feldman, R.S., & Hammer, M. (1993). *The effects of physical abuse on children's social relationships*. *Child Development*, 64, 169-187.

Sheldon, H., & Bannister, A. (1998). *Working with adult female survivors of childhood sexual abuse*. In A. Bannister (ed.), *From bearing to healing: Working with the aftermath of child sexual abuse* (2nd ed.), New York: John Wiley & Sons, Inc.

Silverman, A.B., Reinherz, H.Z., & Giaconia, R.M. (1996). *The long term sequelae of child and adolescent abuse: A longitudinal community study*. *Child Abuse and Neglect*, 20(8), 709-723.

Staples, E., & Dare, C. (1996). *The impact of childhood sexual abuse*. In K. Abel, M. Buszewicz, S. Davison, S. Johnson & E. Staples (Eds.), *Planning Community Mental Health Services for Women* (pp. 145-159). Routledge: London.

Stevenson, J. (1999). *The treatment of long term sequelae of child abuse*. *Journal of Child Psychology and Psychiatry*, 40(1), 89-111.

Swann, A. (1993). *Recognition of abuse*. In H. Owen & J. Pritchard (Eds.), *Good practice in child protection* (pp. 39-55). London: Jessica Kingsley Publishers.

Thakkar, R.R. & McCame, T.R. (2000). *The effects of daily stressors on physical health in women with and without a childhood history of sexual abuse*. *Child Abuse and Neglect*, 24(2), 209-221.

Tomison, A.M. & Tucci, J. (1997). *Emotional abuse: The hidden form of maltreatment*. *Issues in Child Abuse Prevention*, No. 8, 1-34. National Child Protection Clearinghouse.

Trickett, P.K., & McBride-Chang, C. (1995). *The developmental impact of different forms of child abuse and neglect*. *Developmental Review*, 15, 311-337.

Tremblay, C., Hébert, M., & Piche, C. (1999). *Coping strategies and social support as mediators of consequences in child sexual abuse victims*. *Child Abuse and Neglect*, 23(9), 929-945.

Varia, R., Abidin, R.R., & Dass, P. (1996). *Perceptions of abuse: Effects on adult psychological and social adjustment*. *Child Abuse and Neglect*, 20(6), 511-526.

Veltkamp, L.J. & Miller, T.W. (1994). *Clinical handbook of child abuse and neglect*. Madison, Connecticut: International Universities Press, Inc.

Vissing, Y.M. & Straus, M.A. (1991). *Verbal aggression by parents and psychosocial problems of children*. *Child Abuse and Neglect*, 15, 223-238.

Weinman, M.L., Smith, P.B., Geva, J., & Buzi, R.S. (1998). *Pregnant and postpartum adolescents' perceptions of the consequences of child abuse*. *Child and Adolescent Social Work Journal*, 15(4), 287-301.

Widom, C.S. (2000). *Understanding the consequences of childhood victimization*. In R. Reece (Ed.), *Treatment of child abuse. Common ground for mental health, medical, and legal practitioners*. Baltimore: The Johns Hopkins University Press.

Wolfe, D.A. (1994). *The role of intervention and treatment services in the prevention of child abuse and neglect*. In G.B. Melton and F.D. Barry (Eds.), *Protecting children from abuse and neglect* (pp. 224-303). New York: The Guilford Press.

Wolfe, D.A. & McGee, R. (1991). *Assessment of emotional status among maltreated children*. In R.H. Starr & D.A. Wolfe (Eds.), *The effects of child abuse and neglect*. London: The Guilford Press.

Wyatt, G.E. & Powell, G.J. (1988). *Identifying the lasting effects of child sexual abuse: An overview*. In G.E. Wyatt & G.J. Powell (Eds.), *Lasting effects of child sexual abuse*. Newbury Park: Sage Publications.