Review

Child abuse as a life-course social determinant of adult health

Emily A. Greenfield

School of Social Work, Institute for Health, Health Care Policy, and Aging Research, Rutgers, The State University of New Jersey, 536 George St., New Brunswick, NJ 08901, USA

ABSTRACT

Despite prevention efforts worldwide, many children today continue to experience abuse within close relationships, and many adults carry with them histories of abuse. This narrative review focuses on the growing body of research regarding the long-term health consequences of child abuse. First, the review presents a brief introduction to the phenomenon of child abuse, as well as a discussion of theoretical approaches to describing processes through which child abuse can jeopardize later adult health. The review then provides an integrative summary of studies based on community samples that examine associations between physical, psychological, and sexual abuse in childhood and adult mental and physical health. The article concludes with a discussion of conceptualizing child abuse as a life-course social determinant of adult health for both clinical and public health purposes and calls for translational research that can inform efforts to promote the health of diverse individuals and populations with histories of child abuse.

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1. Introduction

Despite the widely held view of families as a source of nurturance and support for children and adults alike, families can also be considered among the world's most violent social institutions [1]. As Brown [2] noted: “The rule outside the family is that, with the exception of self-defense, you cannot hit others, even if they behave terribly. However, in the privacy of the home, the same rule may not apply” (p. 500).

A growing body of literature suggests that children's experiences of abuse within close relationships not only jeopardize their well-being in childhood [3], but also can have long-lasting consequences that extend well into adulthood. This review focuses on the long-term consequences of abuse in terms of adult mental and physical health. Specifically, this review provides an introduction to definitions and rates of child abuse, followed by an overview of theoretical perspectives on processes through which child abuse can jeopardize adult health. The review then summarizes evidence from research studies using community samples regarding particular types of child abuse as social determinants of adult mental and physical health. The review concludes by discussing clinical and public health implications and future directions for research on the long-term health consequences of child abuse.

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2. Definitions and rates of child abuse

Child maltreatment has been broadly defined as “ill-treatment (that results in) actual or potential harm to the child’s health, survival development, or dignity in the context of a relationship of responsibility, trust or power” [4] (p. 9). The broad concept of maltreatment includes a range of behavioral phenomenon, including abuse, which are acts of commission (e.g., beating a child), and neglect, which are acts of omission (e.g., failing to meet a child’s nutritional needs) [5]. Furthermore, there are various sub-types of abuse, including such as sexual abuse (which involves sexual acts, sexually motivated behaviors, or sexual exploitation), physical abuse (which typically involves physical injury), and emotional abuse (which refers to repeated behavior that communicates to children that they are not loved, valued, or wanted, or that makes them feel endangered) [6].

Variations in definitions and types of abuse make determining precise rates of overall child abuse difficult. Moreover, because many instances of child abuse occur in the privacy of people’s own homes where abuse is unlikely to be detected by reporting agencies, official reports of abuse typically under-estimate the many instances of child abuse [9].

Rates of abuse against children [9], many children continue to experience abuse within their families [7]. Also, given great variation in the ways in which countries organize systems to detect, document, and intervene with children experiencing abuse [8], comparing rates of abuse across countries is also challenging.

Nevertheless, epidemiological estimates suggest that despite the initiation and maintenance of policies worldwide to reduce rates of abuse against children [9], many children continue to experience abuse within their families [10]. In the United States (U.S.) alone, for example, government agencies investigated alleged cases of maltreatment for over 3.5 million children in 2004. Over 369,728 of those referrals resulted in confirmed cases of physical, emotional, sexual, and/or other type of abuse, with approximately 83 percent of all confirmed cases involving at least one parent as a perpetrator [11]. Considering cases of abuse and neglect together, the U.S. victimization rate in 2004 was 11.9 for every 1000 children [11]. In addition to contemporary cohorts of children who experience abuse within families, significant proportions of the adult population carry with them histories of abuse from childhood. U.S. national survey data collected in 1995, for example, indicated that approximately 15.8% of the sample recalled a parent hitting them or trying to hit them with a fist or object, and/or biting, beating, choking, kicking or scalding them in childhood [12].

3. Theoretical perspectives on child abuse as a social determinant of adult health

Much of the research on the long-term health consequences of child abuse has not been explicitly guided by theoretical perspectives regarding why and how early experiences of abuse can jeopardize adult health [13]. Nevertheless, there has been increasing scholarly attention on formally integrating insights from developmental science and the health sciences to describe and examine processes through which childhood experiences more generally influence later adult health [14–17].

The life course perspective is an example of one such developmental perspective that can be used to conceptualize processes through which early life experiences influence later adult health [18]. The life course perspective has been developed from theories and concepts within several social scientific disciplines and provides a contextual, dynamic, and heterogeneity-based approach to studying continuity and change across people’s lives [19]. A primary insight of the perspective is that individuals’ past experiences—such as abuse within childhood—can cumulatively and interactively influence future outcomes—such as physical health—through complex life histories, or sequences of experiences within interconnected life domains [20].

Scholars have suggested a variety of life domains through which experiences of child abuse can jeopardize individuals’ functioning well beyond childhood and into adulthood [21–26]. Kendall-Tackett [25], for example, posited behavioral, social, cognitive, and emotional pathways that are likely to underlie linkages between child abuse and poorer physical health. Behavioral pathways, for example, draw attention to ways in which child abuse can contribute to detrimental health behaviors in adulthood, such as greater substance abuse [27], eating disorders [28], and high-risk sexual behavior [29]. These adverse health behaviors can contribute to individuals’ poorer health status in adulthood and thereby serve as potential causal mechanisms linking child abuse to poorer adult health status. Scholars also have focused increasing attention to direct biological mechanisms linking childhood abuse to poorer adult health, positing that abuse alters neuroendocrinological functioning during critical periods of child development, which can have long-lasting detrimental influences on health over the lifespan [30].

4. Review of the evidence on linkages between child abuse and adult health

In 1993, the U.S. National Research Council Panel on Child Abuse and Neglect formalized a report regarding the state of research on child maltreatment. A central conclusion of their work was that “the scientific study of child maltreatment and its consequences is in its infancy” (p. 15) and more specifically that “knowledge of the long-term consequences of childhood maltreatment into adulthood is extremely limited” (p. 17) [31]. Since that time, an increasing number of studies have investigated associations between child abuse and adult health, with a growing number of studies that draw on population-based data. Studies drawing on community samples are important for advancing research in this area given that their typically larger size allows for statistically controlling for factors that are likely to be associated with both child abuse and poorer adult health. Moreover, use of community samples better allows for inferences regarding linkages between child abuse and poorer health that can generalize across a broad population of adults. This review focuses specifically on quantitative studies that have used data from community-based samples and that have been conducted since the 1993 U.S. National Research Council Panel report [31]. Furthermore, the review emphasizes studies that include respondents across a diverse range of ages in adulthood and that incorporate measures of sexual, physical, and/or emotional abuse.

4.1. Studies based on retrospective reports of particular types of abuse

Most research on the long-term health consequences of child abuse has utilized adults’ retrospective reports of child abuse, with much of this research focusing on the long-term mental health consequences of childhood sexual abuse. A relatively large body of studies drawing on data from community samples suggests that self-reported histories of sexual abuse in childhood—especially sexual abuse that was particularly severe (e.g., involved intercourse)—are associated with a range of adult mental health problems, including depression [27,32–34], mania [33], anxiety [27,33,34], substance use [27,35,36], and other psychiatric disorders [27]. Childhood sexual abuse also has been found to be associated with more physical health problems, such as chronic fatigue [37] and other physical health conditions [38,39].
In addition to this evidence regarding the long-term health consequences of child sexual abuse, there also is evidence for linkages between childhood physical abuse and poorer adult health. Several studies focusing on the long-term mental health consequences of physical abuse have found evidence for linkages between physical abuse and poorer adult mental health—including greater depressive symptoms [34,40,41], anxiety [34], and drug and alcohol use [35]—even when controlling for potentially co-occurring experiences of sexual abuse in childhood. Notably, much of the population-based research on the long-term health consequences of child physical abuse has focused on physical health outcomes. Reports of childhood physical abuse—particularly those experiences that reportedly occurred frequently—have been found to be associated with greater pain [41], a greater number of chronic health conditions and/or medical diagnoses [12,34,38,39,41–45] and poorer self-ratings of health [34]. Several of these studies have found linkages between childhood physical abuse and poorer adult physical health even when accounting for potentially co-occurring sexual abuse [34,35,38,39,41,42,44].

Research on the long-term effects of emotional abuse—alone or in combination with other types of abuse—generally has lagged behind research on the long-term effects of other types of abuse [45]. Nevertheless, some studies using population data and controlling for physical and/or sexual abuse have provided evidence for linkages between emotional abuse and poorer adult mental health [40,45–47], as well as for poorer self-rated health [48].

4.2. Evidence from prospective studies of children with court-documented records of abuse

Prospective studies that follow individuals from childhood through adulthood and that use official records of substantiated abuse can complement findings from studies based on retrospective reports by avoiding methodological issues such as selective recall, reverse causality, and mood congruency bias (for a discussion of the use of retrospective reports within research on the long-term health effects of child abuse, see [49]). Findings from prospective studies regarding the long-term mental health consequences of child abuse largely have been consistent with results from studies using exclusively retrospective reports of abuse, with studies providing evidence for linkages between official reports of abuse and more mental health problems in young adulthood, including depressive symptoms [50,51] and symptoms of post-traumatic stress disorder [52]. Nevertheless, results from prospective studies that address aspects of adult physical health in adulthood have not yielded evidence of linkages between childhood abuse and poorer adult physical health in terms of early mortality [53] or greater pain [54]. It is important to note, however, that prospective studies in this area largely have drawn on data from young adults, thereby making it uncertain whether physical health differences by child abuse status might emerge later in the life course when age-related vulnerabilities to physical health problems become increasingly salient.

4.3. Subgroup differences in associations between child abuse and adult health

Although multiple scholars have posited that it is unlikely for the long-term effects of childhood family violence to be universal across all individuals who have experienced it [31,55,56], few studies have examined factors that might moderate associations between childhood family violence and adult mental health. Most of the research that explicitly addresses variations in linkages between child abuse and adult health have oriented attention to the extent to which particular types of abuse co-occurred with (a) other types of abuse [57–60], (b) other types of childhood adversity [36,61–64], and/or (c) revictimization in adulthood [65–67]. These studies collectively provide evidence in favor of a dose-response relationship between multiple types of adversities and poorer adult health outcomes, whereby a greater number of adversities in conjunction with a particular type of child abuse is associated with poorer adult health outcomes.

There also has been some attention to potential gender differences in the extent to which child abuse jeopardizes adult health. Theorists have posited several processes through which women might be more vulnerable to the negative effects of abuse than men, such as women’s (a) more intense feelings of self-blame for being the target of violence, (b) greater likelihood of responding to negative moods through rumination, (c) perhaps greater susceptibility to neuroendocrinological changes following traumatic experiences, and (c) greater likelihood of experiencing sexual abuse, which is posited as being a particularly potent risk factor for poorer adult health [68,69]. Although some studies have found evidence for child abuse as being more problematic for women’s health than men’s health [61,64,70–73], other studies have failed to find statistically significant gender differences [23,54]. Differences in results likely reflect variation across studies’ measures of abuse, focal health outcomes, and other methodological differences (e.g., sampling, inclusion of multivariate control variables).

Finally, there has been growing interest in examining processes of resilience among adults who experienced child abuse, with a growing body of research on protective factors that might buffer individuals against potential long-term associations of risk. Most of the work in this area, however, has drawn on data from small samples and has focused on childhood sexual abuse. These studies have provided preliminary insights regarding potential protective factors, such as the availability and receipt of social support in adulthood [74,75], religious/spiritual beliefs and coping [76], and a greater sense of community in adulthood [77].

5. Conclusion

This review, which focuses on a growing body of evidence from studies based on community samples regarding linkages between child abuse and poorer adult health, complements other recent reviews in this area that are based largely on clinical samples [73,78–80]. Taken together, these results provide evidence that sexual, physical, and emotional abuse in childhood are risk factors for poorer adult health—indeed independently and in conjunction with other each other, as well as independently and in conjunction with other types of childhood adversities. In this sense, similar to socioeconomic status, social support, and other social factors that significantly influence individual and population health [81], child abuse can be considered as a life-course social determinant of adult health.

Evidence for linkages between child abuse and adult health has implications for both clinical and public health purposes. Regarding the former, scholars have noted the need for greater awareness among healthcare providers of child abuse as a potential contributor to adult patients’ health problems [82], especially given the fact that many patients want their providers to ask about abuse [83]. Even among providers with such awareness, widely held norms that render abuse a “taboo” topic can prohibit providers and patients alike from discussing histories of abuse and their potential contributions to impaired health status [84]. Additional research on clinical encounters involving adult patients with histories of child abuse can help to educate providers on more effective ways to translate awareness of abuse as a social determinant of health into more effective clinical practice [83,85], as well as to support patients with histories of abuse to more effectively advocate for themselves in obtaining more optimal health care [86].
Regarding public health implications, associations of risk between child abuse and poorer adult health outcomes suggest the ongoing need for population-focused practices that prevent abuse against children. A possible recent decline in rates of physical and sexual abuse in some high-income countries suggests the potential against children. A possible recent decline in rates of physical and ongoing need for population-focused practices that prevent abuse.

Building from the above-reviewed evidence for linkages between child abuse and poorer adult health, there is ongoing need for a greater emphasis on translational research within research on the long-term health sequelae of child abuse. Translational research that explicitly aims to connect basic and applied scholarly pursuits, along with professional practices [90], will be particularly helpful for reducing the individual and population health burdens of child abuse. For example, scholars collectively have called for prospective, longitudinal studies that examine pathways linking particular types of abuse to particular adult health outcomes across particular points in the life course among particular subgroups of individuals [44,47,91–93]. Deepening basic understanding of linkages between child abuse and adult health in these ways can inform the development, refinement and evaluation of more effective mental and physical health treatment approaches for diverse subgroups of adults with potentially diverse histories of abuse and varied mental and physical health problems.

Engaging in such research efforts is likely to be challenging given the many sources of complexities around the phenomenon of child abuse itself [10], as well as the complexities characterizing the diverse processes linking child abuse to poorer adult health [93]. Nevertheless, advancing research that leverages these challenges to promote a better understanding of associations between child abuse and adult health is critical for advancing more effective, efficient, and equitable care—particularly for adults who face health risks on account of early life course experiences of abuse.

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Contributor

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Competing interest

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