Abuse: Child and Spousal

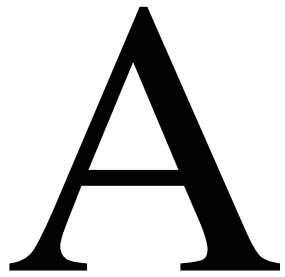
Child advocates in the United States acknowledge that the public today is well informed about child abuse. However, the intense news coverage of the most horrific cases contributes to a frame of reference for abuse as a series of unrelated criminal episodes, which is thought to create a sense of abuse as largely unpreventable aberrations. This atrocity frame is frequently blamed for over- powering a broader possible frame of abuse as a public health issue, therefore undermining efforts to fund prevention at levels comparable to other epidemic-prevention efforts.

Various advocacy groups, including government agencies and private foundations, have advanced communication strategies that attempt to reframe abuse in its broader societal and public health context. For example, Prevent Child Abuse America (PCAA) in 2004 published a white paper, "Defining the Need for Strategic Reframing," in which the organization expressed its long-standing frustration with the degree to which public service advertisements aimed at informing the public about child abuse have focused on heinous criminal acts. In an earlier attempt to change the frame, the Annie E. Casey Foundation hosted 32 major-market journalists and leading child advocates in a weeklong symposium to examine the broader societal and public health context of abuse. A published content analysis on U.S. news- paper coverage of child neglect and abuse during the eight-year period immediately following the Casey symposium found a greater-than-expected thematic framing of child abuse in a sample of newspapers, possibly reflecting some impact of reframing efforts over that time period.

An extensive series of government-endorsed Adverse Childhood Experience (ACEs) studies linking adult mental and physical illness to child- hood trauma is providing a significant opportunity for reframing abuse into a health-theme frame. The national conversation surrounding these studies is helping the U.S. Centers for Disease Control and Prevention (CDC) and a growing number of child welfare entities make the case that the prevention of childhood trauma may depend upon a public understanding of it as a public health issue.

News coverage is beginning to reflect the findings of these ACEs studies. Within two days of the December 2012 mass murder of 20 Newtown, Connecticut, first graders and six school staff members, CBS *Sunday Morning* correspondent Martha Teichner raised a question answered by these studies: "What will become of the terrified children who ran from the school? For some, not all, the trauma they've experienced could have lasting

1



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physical, not just emotional effect." Teichner's expert interviewee, Glenn Saxe, director of the New York University Child Study Center, emphasized that childhood trauma is strongly related to depression, suicide, obesity, heart disease, and some cancer rates—the central thesis of ACEs.

The scientific basis of this connection between child trauma and adult illness first appeared in medical journals in the late 1990s. The findings originated in the clinical research of California physician Vincent Felitti, who had teamed up with a CDC epidemiologist, Robert Anda, to explore the connection between the childhood trauma of more than 17,000 health maintenance organization (HMO) patients and conditions identified in these same patients' adult medical records. They examined the following categories of childhood trauma, which became the basis of the first ACE study: psychological abuse, physical abuse, sexual abuse, witnessing a mother or stepmother being physically abused, living in a household with a substance abuser, living in a household

with a mentally ill parent or family member, having a parent incarcerated, and termination of a rela- tionship with one or more parents through sepa- ration or divorce.

More than one-quarter of the participants (mostly employed, insured adults) reported having been exposed, as children, to two or more of the aforementioned categories of trauma. The comparison to their medical records confirmed initial suspicions that children exposed to trauma would more likely become adult smokers, heavy drinkers, drug users, and obese.

Felitti initially attributed these negative health factors to coping, in part through the administration of self-medication. However plausible, this explanation proved insufficient to explain the conditions' resistance to treatment. Felitti later described obesity as a device developing in early childhood that was capable, from the perspective of the child, of making him or her a less attractive target of abuse. In other words, for many obese patients with a personal history of abuse, obesity was not the problem—it was the protective solution. The link between childhood trauma and adult nicotine, alcohol, and psychoactive drug use provides a more direct example of self-medication or adaptation to the neurological impact of child- hood trauma.

More than 60 published studies have extended Felitti and Anda's groundbreaking research by identifying the consequences of adverse child- hood experiences on a wide variety of adult ill- ness. Findings consistently have drawn scientists to conclude that the more trauma a child experiences, the more adult emotional, psychological, and physical illness they are likely to experience. The level of childhood trauma, amount, and intensity consistently predicts the likely degree of permanent affect upon developing organs—the heart, lungs, liver, and brain.

The CDC points to a direct connection between childhood trauma and a shorter life span. The more trauma to which a child is exposed, the more likely he or she as an adult will experience life-span-shortening conditions, including the following:

• Risky sexual behavior producing unin- tended pregnancies and sexually trans- mitted diseases, including AIDS.

• Increased alcohol and drug abuse.• Multiple forms of adult mental illness including depression.• Suicide attempts in adolescence and adulthood.• Heart, lung, liver, and other disease (to a degree beyond that which can be explained by environmental factors such as heavy drinking, overeating, illicit drug use, and smoking).• Lifetime cognitive and emotional dis- abilities. While only 3 percent of children with no reportable childhood trauma have learning or behavioral disabilities, among children with four or more adverse childhood experiences, 51 percent have one or more of the conditions listed above.

Connections Between Child Abuseand Intimate Partner Violence

The CDC describes spousal abuse, often referred to as intimate partner violence (IPV), as physical, sexual, or psychological harm by a former or current partner. This constitutes a preventable public health problem affecting several million Americans. Similar to how it defines its goal in child abuse, the CDC aims its prevention efforts

According to one study, young adults who reported being raised in safe, secure, and stable environments were significantly more likely to score high on a happiness continuum. Academic studies and public initiatives increasingly suggest a focus on positive imaging as a key to intimate partner and child abuse prevention, which may require the successful communication of a public health frame that is similar to proven, effective methods for dealing with other public health crises and epidemics.

at promoting healthy relationships by addressing change across society. Prevention efforts should be aimed at reducing intimate partner violence risk factors while promoting protective factors.

Intimate partner violence is defined as dominating, intimidating, and threatening behavior affecting both mother and child. Child abuse and other forms of violence frequently occur within the same families and are associated with the same risk factors. Overlapping all forms of household violence are drug and alcohol problems characterized as both consequences of experiencing or witnessing abuse, and as causes of further future abuse of others.

Physical abuse accounts for as much as 30 per- cent of female

emergency room visits. Adult domes- tic violence, including sexual attacks, is witnessed by as many as 4 million American children each year. Single mothers are four times as likely to be

victims of abuse as are married women. More than two-thirds of children in homes of abused women will themselves be direct victims of abuse. Women who are abused by men are more likely to abuse their children. Elucidating the vicious cycle of abuse, these abused children are twice as likely to become abusers as adults.

Having witnessed domestic violence as a child is a predictor of various types of psychological and physical abuse of spouses, and others, in adulthood. Women who, as children, witnessed intimate partner violence alone (without directly experiencing child abuse) may become even higher users of medical services than women who had been direct victims of child abuse.

The negative health effect of trauma is a common thread in both child and spousal abuse. Researchers report an overlap between the two conditions, often suggesting mutual causality.

4 Abuse: Child and Spousal

Each instance of either the abuse of children or intimate partners is viewed as a signal that the other may have occurred in the past and is likely to occur in the future.

Consistent with ACEs, domestic violence researchers repeatedly report secondary consequences of violence. Among the internalized child- hood by-products of witnessing intimate partner violence are increased levels of anxiety, depression, and cognitive and emotional disabilities. This includes low self-esteem that in its extreme form presents as helplessness and guilt in the child—the result, perhaps, of his or her inability to protect the mother. Among children, general aggression and bullying, temper tantrums, delinquency and truancy, and other antisocial behavior (e.g., lying, cheating, and stealing) are closely associated with witnessing violence toward the child's mother or stepmother.

ACEs-related research identifies abnormalities in adult mental and emotional states sufficient to explain some level of future child and spousal abuse, which suggests another of the many research-supported linkages between the two.

While the long-term impact on a child who has witnessed spousal abuse is consistent with the impact of experiencing the abuse directly, isolating the impact of such violence is difficult in that in most cases witnessing it occurs in association with multiple other adverse childhood experiences. For both the battered mother and witnessing child, myriad symptoms compound to indicate a short-term and long-term diagnosis similar to that which is common among returning combat veterans: post-traumatic stress disorder.

Overcoming the Obstacles to Prevention

That adverse childhood experiences and intimate partner violence are interconnected is beyond dispute. The findings of a broad range of studies demonstrate significant emotional and physical health implications, as well as the huge social and economic costs of intimate partner violence and childhood trauma.

All forms of family dysfunction, even when seen as threatening the ability of children to thrive or spouses to survive, have proven resistant to intervention and social change. One explanation is the phenomena of the family bubble—the idea that U.S. courts and policy makers view the family structure as sufficiently sacrosanct so as to inhibit even informal community involvement to address abuse. This view is seen as exacerbating the isolation that often characterizes maladaptive and dangerous family living arrangements. Family isolation, in these cases, can be both a cause and a result of child and spousal abuse.

A significant number of academic studies on child and spousal abuse are accompanied by communication-based initiatives aimed at directing prevention to the family unit. For example, from their earliest studies, Felitti and Anda have recommended direct personal communication, facilitated by increased practitioner visits to at-risk homes, as necessary components of a comprehensive prevention strategy. They and

others emphasize training and retraining medical professionals in how to talk with patients about childhood trauma or intimate partner violence.

Increasingly, academic studies and public initiatives suggest focusing on positive imaging as a key to abuse prevention. For example, using a battery of psychological tests to assess the mental health status of a group of undergraduate students, researchers found those who reported being raised in safe, secure, and stable environments were significantly more likely to score high on a happiness continuum used in the study. These researchers described their findings as an effort to explore positive childhood experiences rather than dwelling on negative effects. Consistent with this approach, a recent CDC special report, "Essentials for Childhood," delineates a number of strategies developed in consultation with its national Knowledge to Action Child Maltreatment Consortium, which focus on actions com- munities can take to encourage the safe, stable, and nurturing relationships essential in preventing child maltreatment.

One category of activity that is resonating within the child advocacy community promotes protective factors. The U.S. Department of Health and Human Services (HHS) has embraced a conceptual framework developed by the Center for the Study of Social Policy that prescribes conditions within a family that reduce risk to children by advancing community and family actions as buffers to abuse. These actions focus on organizing the interactions between child welfare practitioners and the families they serve into a strength-based approach using the following six factors to produce better outcomes for children:

- Sharing strategies for strengthening nurturing and development of young children
- Educating about parenting and child- development skills
- Sharing strategies and resources on parental resilience, or helping them handle everyday stressors
- Encouraging family and friends and other social connections to help

parents man- age and cope

- Providing access to concrete support for parents, be these basic resources or more complex counseling

- Offering tools for children to strengthen their social and emotional competence Connections between childhood trauma and intimate partner violence highlight the importance of developing communication strategies to reframe both childhood abuse and intimate partner violence as serious public health crises. This connection also signals the possibility for creating message synergy by confronting the two related issues as parts of a troubling whole. Hope of focusing policy maker attention on abuse prevention may hinge on the successful communication of a public health frame for abuse of both children and intimate partners that is similar to the efforts that have proven effective for dealing with other public health crises and pre- venting other epidemics.

Richard T. Cole *Michigan State University* **See Also:** Antisocial Behaviors: Bullying and Cyberbullying; Centers for Disease Control and Prevention, U.S.; Childhood Injury Prevention; Disease Prevention; Media Content, Impact of; Military Sexual Assault; Sexual Assault. **Further Readings**

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