

THE CONSEQUENCES OF CHILDHOOD ABUSE

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The purpose of this article is to provide all experts working with children, as well as the public in general, with a summary of both the health and psychosocial consequences of child abuse in order to enhance recognition of this problem. The authors have focused in this article on the three most dominant forms of abuse: physical, sexual and emotional abuse. An overview of both the short-term and long-term consequences has been provided, for each form of abuse and in general. The consequences of child abuse are severe and numerous. When compared to their non-abused counterparts, people with a history of child abuse show a larger number of psychopathological problems, most commonly depression, anxiety and PTSD, and more frequent somatic complaints. They have weaker interpersonal, communicational and coping skills and are more vulnerable to stress. They also show difficulties in emotional regulation, tend to adopt a risky lifestyle and show higher levels of aggression, delinquency and criminal behaviour. Children exposed to multiple abuse, i.e. those who experience more than one form of abuse, are a special concern, since the negative effects of each form of abuse are not merely cumulative but also co-interfere, worsening the already harmful effects of child abuse. **Conclusion** - This summary aids a better understanding of the psychophysical and psychosocial functioning of child abuse victims and is useful to anyone who deals with child abuse in their professional or everyday life.

Key words: Physical ▪ Sexual ▪ Emotional ▪ Child abuse ▪ Consequences

Introduction

Child abuse is traditionally divided into four basic forms: physical, emotional and sexual abuse and neglect. Physical

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abuse in the widest sense covers deliberately causing injury to a child by physical means, and may include: beating, causing burns, throwing the child, restraining and imprisonment, attempted drowning or strangulation, giving harmful substances etc. (1). Sexual abuse of children is defined as a) any form of sexual act between an adult and a minor, or between two minors, if one has power over the other; and b) forcing or convincing a child to take part in a sexual act of any kind (with or without contact), whereby the term “sexual abuse” also covers exhibitionism, exposure to pornographic material, voyeurism, and sexual communication by telephone or internet (2). Emotional abuse is a repetitive form of parental behaviour, which may vary from neglect, through non-responsive and critical to hostile and controlling behaviour, communicating to the child that he has no value, he is not loved or wanted, and that he is only valued as a means to satisfy someone else’s needs and interests (3).

In cases of child abuse, it is usual to divide the consequences into short-term and long-term, since abuse in childhood most often has consequences throughout that person’s entire life. Research, that is to say, shows that experience of trauma in childhood, and especially abuse, contributes to a lack of ability to face and resolve problems and makes children unable to withstand re-victimization later in life (4).

How serious the consequences of child abuse can be may be seen in the fact that 2000 children a year die from abuse or neglect in the USA and it is estimated that that figure is actually much higher (5). According to figures from the Council of Europe, every fifth child is sexually abused (6). It is still hard to define how widespread emotional or psychological abuse is, due to its complexity and the fact that it coincides to a high degree with other forms of abuse, but it is thought that it is by far the most widespread form of abuse. In the research by Vranić et al. (7) on a

student sample, some forms of emotional abuse were experienced by 27-28% children before the age of 14. Research into the frequency of the experience of abuse on a general sample of children showed that between 13.5% and 43.4% of children (8, 9) experience more than one form of abuse, while that percentage for the population of abused children is even greater, amounting to as much as 95% (10).

The aim of this study is therefore to increase awareness of the seriousness of the problem of abuse of children, through a comprehensive overview of the consequences for both physical and mental health which childhood abuse causes.

Short-term and long-term consequences of childhood abuse

The immediate consequences that appear after the abuse itself may be divided into several categories, such as: physical injury, symptoms from the realm of traumatic stress reactions, and problems in everyday functioning due to heightened anxiety. The short-term consequences appear after experiencing abuse and may be present for a certain length of time. The severity and duration of consequences, amongst other things, depends on the abuse itself, the characteristics of the child, but also the available support and treatment. If it is a case of long-term abuse, short-term consequences may be present throughout the entire time of the abuse. Many factors moderate the severity of the consequences of abuse; they may worsen the effect of the abuse, leading to long-term consequences, or ease it. More severe forms of abuse, abuse by a person close to the child, long-term abuse and self-blame by the victim, increase the risk of a negative outcome of the abuse, whilst the support of the family or the non-abusive parent is the best predictor of successful recovery. For example, it has been shown that a single experience of sexual abuse typically does not leave serious long-term consequences in

terms of psychological adjustment (except in cases when it is accompanied by physical violence, such as in a case of rape) if there are no other negative or abusive events and if the child has the support of his/her family, whilst at the same time the climate of a dysfunctional family surrounding sexual or any other form of abuse will have a significant effect leading to the child's poor psychological adjustment (11). Weissman Wind and Silvern (12) warn of some more non-abusive aspects, which may affect the severity of the consequences left by abuse, relating to the context of the child's upbringing. On a sample of employed women, who were physically and/or sexually abused in childhood, they tested the connection between variables, such as stress in the family and parental warmth, and later psychological functioning. They established that parental warmth proved to be a mediator variable between abuse within the family and the later appearance of depression and low self-esteem, and a mediator between the stress experienced in childhood and all measures of later adjustment. Post-traumatic stress symptoms, however, depended exclusively on the abusive event itself. Therefore, it is necessary to consider the wider situation in which the abused child is growing up or grew up, to be able to predict their possible problems but also needs more accurately.

An additional problem is that it is sometimes difficult to distinguish the short-term consequences of abuse from many other psycho-pathological conditions in children, because the consequences of several forms of abuse, with the exception of sexual abuse, which has some specific features, are equivalent to problems shown by children from a general clinical sample. In cases of sexual abuse, that is to say, sexual behaviour may be noticed in children inappropriate to their age, whilst in adolescents problems also occur in the area of sexuality, for example unease during their first sexual contacts or promiscuity (13).

The long-term effects of abuse in child-

hood are visible during adolescence and in adulthood. Some studies have shown that as many as 80% of young people at the age of 21, who have a history of abuse or neglect in childhood, meet the criteria of at least one psychiatric disorder (14). Long-term consequences for health may be connected with all forms of abuse in childhood, including physical, emotional and sexual abuse, but also growing up in a dysfunctional family and witnessing domestic violence.

The consequences of corporal punishment and physical abuse in childhood

Physical abuse of children is the form of abuse considered to be most dangerous for children, in the sense that it is life-threatening. At the same time, this is the form of abuse to which institutions react most quickly, which is understandable in view of the serious and visible consequences left by physical abuse - numerous physical injuries, fractures, damaged tissue and organs, and even the death of the child.

Physical consequences

Abuse in infancy or early childhood may lead to irregular formation of certain parts of the child's brain, which leads to consequences in cognitive, speech or socio-emotional development, and have a negative effect on mental health in general (16). Further, the stress that accompanies long-term abuse leads to hyper-arousal of certain areas of the brain, which may result in hyperactivity and sleep difficulties (14). Serious or even fatal head injuries are also a frequent consequence of child abuse, and they may cause several forms of visual, motor and cognitive damage (14). Visible physical injuries, bruises, fractures, but also damaged tissue and internal organs are often the result of corporal punishment and abuse of children.

Behavioural consequences

There has been most research into the links between physical violence against children and later aggressive and delinquent behaviour. When the consequences are considered of corporal punishment on child behaviour, but also their mental health and cognitive development, research has unanimously shown the harm caused by raising a child in that way (17). That is to say, children who are subject to corporal punishment, in relation to children who are not punished physically, show a greater tendency towards aggressive and risky behaviour, such as running away from home, lying and delinquency, which confirms the connection between corporal punishment of children and an increased incidence of externalization of problems in children (17). The effect of corporal punishment of children is reflected, then, in the resulting aggressive and anti-social behaviour, cognitive deficits and other mental health problems, and in reduced internalization of moral standards, but also a poorer quality parent-child relationship.

Children who were physically abused before they reached the age of five were described by their mothers as being almost twice as aggressive as their peers who were not abused (18). Boys with a history of physical abuse are more likely to show open delinquent behaviour in adolescence than their peers who were not abused (19). The confirmed experience of physical abuse or neglect is linked with later delinquency, drug abuse and other behavioural problems. So some authors (20) have established that abuse at an early age (whether physical, neglect or both) may serve as a good predictor of aggressive anti-social behaviour at the age of twenty-one years, and a connection has been found between criminal behaviour in adolescence and early adulthood, and statements obtained earlier from adolescents on their exposure to physical abuse. Children

and adolescents who were physically and/or sexually abused have less academic success, and a much higher school dropout rate than children who were not abused (21).

Physical abuse in childhood may also be linked with later violence in partner relationships, early sexual activity and other problems in social functioning, but also problems in thinking, and social withdrawal, which is more expressed in them than in their peers who were not abused (18). The same authors also state that children who were physically abused before they were five years old tend to play truant from school more often than their peers who were not abused, and they are less likely to graduate from university. The experience of physical abuse in childhood may also be linked with abuse of addictive narcotics later in development and early adulthood, although the results of studies are not unanimous in this area, and it seems that this connection changes depending on gender and the period of development. However, this is in line with the fact that the experience of victimization is also connected with the more frequent abuse of narcotics (22).

Cognitive, emotional and psycho-pathological consequences

Of course, aggressive behaviour and delinquency are not the only consequences of the experience of physical abuse in childhood, but a connection has been found between physical abuse and many other problems in the field of emotional and psychological functioning. Long-term exposure to physical abuse may lead to deficits in motor, cognitive, linguistic and socio-emotional development, lack of success in school, psychiatric disorders such as depression, anxiety and PTSD, and behavioural and adjustment disorders (14) but may also contribute to a reduced ability to empathize with others. The experience of physical abuse in childhood may affect the

psycho-biological system and increase the risk of later appearance of somatic worries and problems (23). That is to say, traumatic experiences such as abuse in childhood affect the physiology of the brain, which is developing intensively in childhood (24). So in scientific studies, abuse is linked with chronic arousal of stress responses and an increased level of arousal towards the environment, which makes the person more subject to stress. Due to repeated and long-term exposure to high levels of stress, victims of abuse are more subject to developing PTSD, but also behavioural disorders, learning difficulties, attention disorders and problems with memory (14).

The consequences of sexual abuse in childhood

A specific feature of the experience of sexual abuse in childhood is that the consequences persist throughout life, in the form of numerous psychological and physiological problems which apparently do not seem to be necessarily linked with the experience of abuse. Although there is no specific pattern of what may be expected, because some people recover more quickly and overcome their traumatic experience relatively easily but others never manage to, it should be remembered that the negative consequences for health are many, and they are found in victims of both genders, with no relation to ethnicity. Accordingly, after many epidemiological studies, Golding (25) states that people who are sexually abused as children run 1.63 times more risk of having poor health than those who were not abused. The negative effects of sexual abuse in childhood are so numerous and wide ranging that this experience is considered to be a risk factor for a wide spectrum of later psychological and physical problems. It seems that the stress experienced early in life, which accompanies sexual abuse, affects the function of the immune

system, makes the person more vulnerable and predisposes them to many health and other problems (26). Molnar et al. (27) point out that the severity of symptoms correlates negatively with the age of the child when they are abused, or that the consequences are more severe if the child is younger during the abuse. That is to say, the age of the child at the beginning of the abuse is also linked with the severity but also the duration of abuse, since in younger children it is more probable that the abuse will last longer and take a variety of forms, which then results in more serious consequences for the child (28). The other most common mediators of significance of the influence of sexual abuse on the welfare of a child are the severity of the abuse (which is most often defined by whether penetration occurred), the duration or frequency of abuse, whether it was accompanied by physical violence, and the relationship between the victim and the abuser, where the consequences are more serious if the abuser is a person who is emotionally close to the child (28). The worst outcome for a child may be expected in cases of more serious abuse committed by a biological parent (28).

Physical consequences

The physical difficulties which are most common in those who have experienced sexual abuse in childhood are many and often similar to physical manifestations of anxiety. These include for example: gynaecological and gastro-intestinal problems, respiratory difficulties and problems related to the muscle and neurological systems, headaches, stomach pains, urinary tract infections etc. The results of many studies included in the meta analysis by Wilson (29) indicate the connection between sexual abuse in childhood and irritable colon, fibromyalgia and chronic spinal pain, and in the area of reproductive health a connection has been found with chronic pelvic infection and sexually

transmitted diseases. Romans et al. (30) quote as many as eighteen conditions which occur significantly more frequently in people who were sexually abused in childhood, including heart problems, chronic fatigue, asthma, and severe pre-menstrual syndrome symptoms.

Psycho-pathological consequences

Many studies show that women who experienced sexual abuse as children suffer later in life from many problems such as depression (31) and eating disorders (32). Wilson (29), after analysing many studies, connects the experience of sexual abuse in childhood with fears, anxiety, depression, insomnia, obesity, self-destructive behaviour, aggression, rage, hostility, poor self-confidence, use of drugs and suicide attempts in adulthood. It has also been shown that fear is very often the result of sexual abuse in childhood (4) and that sexually abused children are described by their teachers as anxious and shy in relation to their peers who were not abused (33). Fears and anxiety related to sexuality are especially frequent, which are not so expressed in those who have not been sexually abused (34).

A strong and stable connection between the experience of sexual abuse and attempted suicide has been found in many pieces of research (25, 35). Moreover, a history of sexual abuse in childhood has proved to be a stronger predictor of attempted suicide in adulthood than depression (36), which is explained by the attribution of guilt to oneself. It is well-known that self-blame for sexual abuse, amongst other things, is linked with poor adjustment, dissatisfaction in life, and low self-esteem, whilst those who attribute guilt for the abuse to the abuser have greater self-respect and a better quality of life (37).

Cognitive and emotional consequences

Wilson (29) mentions that people who were sexually abused in childhood frequently have problems such as maladapted strategies for

coping with stress, poor strategies for facing and resolving problems, a distorted sense of their own identity and low self-esteem, poor interpersonal skills, poor communications skills, insufficient social support, and weak satisfaction and lack of trust in partner relationships.

Problems in the realm of sexuality

Newcomb et al. (38) emphasize that chronic sexual abuse may biologically predispose adolescents to early onset of puberty and lead to problematic sexual behaviour and premature sexual relations. In adolescents who were sexually abused in childhood, amongst other things, the nature of their romantic and friendship relationships is often visibly disrupted, often because of their feelings of guilt and shame (38). Buljan Flander and Ćosić (39) point out that sexually abused adolescents often show sexualized behaviour, a poor ability to differentiate between emotional and sexual relationships, they may become promiscuous, develop sexual identification disorders, or even show phobic avoidance of sexual stimulus, and in view of all this, are at risk of themselves becoming perpetrators of sexual crimes. Sexual abuse in childhood has been shown to be the strongest predictor of later risky sexual behaviour (40), but also a significant predictor of violence in interpersonal relationships (4).

One of the most important consequences which occur in those who were sexually abused as children is the increased risk of further victimization, which is particularly worrying if we take into consideration the fact that re-victimization makes the effects of the abuse already present even more severe (41).

Murtagh (42) points out that women who suffered sexual violence as children are at greater risk of negative experiences and consequences in their later sexual functioning, with various difficulties in sexual function

and identity, fear of intimate relationships, or compulsive promiscuity and prostitution, which is the other end of the continuum of their problems in the realm of sexuality.

The consequences of emotional abuse in childhood

Since emotional abuse (sometimes also known as psychological abuse) has only recently been considered as a separate form of child abuse, and not only something that accompanies other forms of abuse, there has been much less research examining the consequences of this form of abuse than for other forms.

The consequences of emotional abuse in terms of development

Shaffer et al. (43) offer an overview of short-term consequences depending on the age of the child, since emotional abuse, depending on the stage of development, leaves different consequences on psychological adjustment. So, for example, over the period of early childhood, the following consequences are mentioned: anger, aggression, low self-respect and attachment disorders. The consequences typical for mid-childhood are: social withdrawal and raised aggression levels, while the most numerous consequences are present in the phase of adolescence and are displaced in the form of low self-esteem, internalized problems, anhedonia, pessimism regarding the future and a low feeling of competence.

Psycho-social consequences

Empirical research has established a connection between the experience of emotional abuse when growing up and later difficulties in interpersonal relationships, and higher results in various tests of later psychological adjustment difficulties. These studies have shown that people who were exposed to emotional abuse as children show higher le-

vels of depression, anxiety and somatic difficulties (44).

More recent research mentions as the most common long-term consequence of emotional abuse: depression, suicidal tendencies, tendency towards addiction, low self-respect, problems in relationships with other people, and re-victimization (45-47).

Today emotional abuse is considered to be a risk factor for many problems in adulthood, but it has not been completely clarified how specific forms of emotional abuse contribute to poor psychological outcomes. It is also unclear which precise aspects of emotional abuse are most detrimental to later psychological adjustment, and a further difficulty is the fact that emotional abuse often goes on in parallel with other forms of abuse, especially physical, so researchers find it hard to isolate consequences specific for emotional abuse (8). However, some evidence indicates that emotional abuse may even be a stronger predictor of later emotional problems than other forms of abuse (48, 49). Ždero (1) also points out that it has been established empirically that in a case of multiple abuse, psychological abuse and neglect are better predictors of harmful outcomes for the child than the severity of physical abuse. It was known before that emotionally abused children have difficulties developing self-confidence in relation to their peers who are not abused, and they have poorly developed strategies of emotional regulation (50). Allen (45) therefore tried to establish in his research which specific elements of emotional abuse (rejection, degradation and humiliation, terrorization, being ignored or exploited) lead to specific emotional problems later in the subject's life. Although the sample of his research should in no way be deemed representative, the results confirm some earlier empirical findings. It has been shown that terrorizing a child is a predictor for somatic difficulties and anxiety later in life (45), which is the same as saying

that psychologically stressful events to which people were exposed in early childhood are predictors of later physical problems and health concerns (50). Ignoring a child's need for attention is a predictor of depression in early adulthood, but also the development of certain characteristics typical for borderline personality disorders, whilst humiliation and degrading treatment are good predictors of characteristics typical of borderline personality disorder, which may be linked with fear of rejection, which is present and prominent in people with that disorder (45).

Many well respected research projects (51, 52, 48) show how emotional child abuse is the most widespread and most detrimental form of abuse. It leads to a feeling of shame in adulthood, and patterns based on shame and self-sacrifice act as mediators in the relationship between emotional abuse and later psychopathology (46).

The consequences of exposure to multiple forms of abuse

Although most research deals with the consequences of a certain type of abuse, and we also used this method to present the consequences of abuse in childhood in this study, recently there has been increasing dissatisfaction with this approach, and an effort is being made to point out the importance of the cumulative effect of a large number of forms of abuse, to which children are exposed, rather than assessing the effect of each of those factors individually (53). On the basis of the results of this study, it is possible to conclude that individual sub-types of abuse lead to certain specific problems in psychological adjustment. However, in most cases a particular form of abuse does not occur exclusively as the only one, moreover, the overlapping of various forms of abuse in the life of an abused child is more often the rule than the exception. If a child suffers several forms

of abuse, it is reasonable to conclude that the effects, apart from cumulating, also act interactively, increasing the likelihood or severity of an unfavourable outcome (53). The most common comorbidity is physical and emotional abuse, but overlap is also frequent with other forms of abuse (51). The same authors emphasize that attempts to isolate the effects of individual forms of abuse is complicated and demanding methodologically, and of questionable value. Berzenski and Yates (51) therefore used complex methodological procedures to test their model, in which significance, rather than with the cumulative effect of two forms of abuse linked with the unfavourable psychological outcome, lies in the specific combination of types of abuse, acting in interaction and leading to a specific outcome. From a large sample (n=2,637) of students they obtained results showing that parenting marked by cruelty (emotional and physical abuse) was mostly strongly linked with difficulties regulating emotions, and emotional abuse with isolation was the strongest predictor of psychopathology of all individual forms of abuse (51). This further confirms the findings whereby emotional abuse is the most risky form of abuse for psychological health and adjustment (47). Physical abuse, especially in combination with emotional abuse, was most strongly linked with behavioural problems (51). Higgins and McCabe (9) point out that it is more correct to speak of the degree (severity) of abuse that a child experiences than the type of abuse to which he/she is exposed. The same authors conclude that if a child experiences a large number of various types of abuse there are greater problems in psychological adjustment, and also a great probability of the occurrence of psycho-pathological problems, such as depression. This is also confirmed by the study of students of Hispanic background by Clemmons et al. which showed that students who experienced various forms of

abuse mentioned significantly more traumatic symptoms than those who only experienced one form of abuse (54).

The importance of recognizing abuse

Finally, it is important to emphasize the importance of early recognition and discovery of child abuse, to be able to react in good time and reduce the severity of possible consequences for the child. In this paediatricians and doctors play a special role, as, by closely monitoring their patients, they are able to recognize signs of abuse, especially when it is a case of physical or sexual abuse. Also, teachers and professional experts in schools also have an important role as they spend a significant period of time with the children and may easily become people the child is able to confide in and to whom they may turn if they need help. Moreover, a large proportion of the short-term consequences of abuse mentioned in this study relate to the functioning of the child in school and within their peer group, so it would certainly be useful to direct attention to children who show particular difficulties in those areas, although even the absence of difficulties does not automatically mean that the possibility of abuse should be excluded. When abuse has been confirmed, a multidisciplinary approach is extremely important in therapy work with the child and/or family. If the child has been physically injured he is provided with the appropriate medical care, which is followed by psycho-social aid. In cases when failings are found in the child's upbringing, the social welfare system is brought in, and therapy and education should be provided for those who committed the abuse as well.

References

1. Ždero V. Psychological abuse and neglect of children in the family [in Croatian]. *Ljetopis socijalnog rada*. 2005;12(1):145-75.

Conclusion

The experience of abuse in childhood has many unfavourable consequences for the physical and mental health of children, but also their social and inter-personal functioning, both during the childhood and later in life. When compared to their non-abused peers, abused children demonstrate poorer academic achievement, greater behavioural and adjustment problems, they have more emotional difficulties and are more aggressive. Children who suffer several forms of abuse are particularly at risk given that negative effects of each form of abuse co-interfere and worsen the already harmful consequences. In comparison to the people who were not abused, adults who have experienced abuse in childhood have more somatic complaints, more frequently develop psychopathological difficulties, most often depression, anxiety and PTSD, and are more vulnerable to stress, they have poorer social and communication skills, tendency to develop a risky lifestyle, show difficulties in emotional regulation and adjustment, and have raised levels of aggression, delinquency and criminal behaviour. Since this article only discusses the consequences of the three most dominant forms of abuse, in future it would be useful to see an overview of the empirically established consequences of other forms of child abuse (witnessing domestic violence, peer violence, etc.), and the unfavourable consequences of possible interaction between these forms.

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2. American Academy of Child and Adolescent Psychiatry. org. [homepage on the Internet]. Facts for Families: Child sexual abuse. [c. 2008 updated 2011 March; cited 2012 August 30]

- Available from: http://www.aacap.org/cs/root/facts_for_families/child_sexual_abuse
3. APSAC. Psychosocial evaluation of suspected psychological maltreatment in children and adolescents: Practice guidelines. Chicago: American Professional Society on the Abuse of Children, 2005.
 4. Ulloa EC, Baerresen K, Hokoda A. Fear as a mediator for the relationship between child sexual abuse and victimization of relationship violence. *J Aggress Maltreat Trauma*. 2009;18:872-85.
 5. National Center for Child Death Review.org [homepage on the Internet]. Okemos: National Center for Child Death Review Policy and Practice. [cited 2012 June 28] Available from: <http://www.childdeathreview.org/causescan.htm>
 6. Council of Europe.int [homepage on the Internet]. One in Five Campaign. Strasbourg: Council of Europe. [c2012.; cited 2012 Aug 28]. Available from: http://www.coe.int/t/dg3/children/1in5/default_en.asp
 7. Vranić A, Karlović A, Gabelica D. Incidence of child abuse on a sample of Zagreb university students [in Croatian]. *Suvremena psihologija*. 2002;5(1):53-68.
 8. Edwards VJ, Holden GW, Felitti VJ, Anda RF. Relationship between multiple forms of childhood maltreatment and adult mental health in community respondents: Results from the adverse childhood experiences study. *Am J Psychiatry*. 2003;160:1453-60.
 9. Higgins DJ, McCabe MP. Multi-type maltreatment and long-term adjustment of adults. *Child Abuse Review*. 2000;9:6-18.
 10. Ney PG, Fung T, Wickett AR. The worst combinations of child abuse and neglect. *Child Abuse Negl*. 1994;18:705-14.
 11. Bagley C, Mallick K. Prediction of sexual, emotional and physical maltreatment and mental and health outcomes in a longitudinal cohort of 290 adolescent women. *Child Maltreat*. 2005;218-28.
 12. Weissmann Wind T, Silvern L. Parenting and family stress as mediators of the long-term effects of child abuse. *Child Abuse Negl*. 1994;18(5):439-53.
 13. Beitchman JH, Zucker KJ, Hood JE, daCosta GA, Akman D. A review of the short-term effects of child sexual abuse. *Child Abuse Negl*. 1991;15(4):537-56.
 14. Centers for disease control and prevention.org [homepage on the Internet]. Atlanta: Centers for disease control and prevention Child maltreatment: Consequences [cited 2010 July 27] Available from: <http://www.cdc.gov/ViolencePrevention/childmaltreatment/consequences.html>
 15. Anda RF, Felitti VJ, Bremner JD, Walker JD, Whitfield C, Perry BD, et al. The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology. *Eur Arch Psychiatry Clin Neurosci*. 2006;256(3):174-86.
 16. U.S. Department of Health and Human Services [homepage on the Internet]. Administration for Children and Families, Administration for Children, Youth, and Families, Children's Bureau, Office on Child Abuse and Neglect. Long-term consequences of child abuse and neglect – factsheet, [cited 2010 July 26]. Available from: <http://www.childwelfare.gov/>
 17. Lastrić G, Torlak B. Connection between physical punishment of children and their aggressive behaviour [in Croatian]. *Medicinski glasnik*. 2008;5(2):115-20.
 18. Lansford JE, Miller-Johnson S, Berlin LJ, Dodge KA, Bates JE, Pettit GS. Early psychological abuse and later violent delinquency: A prospective longitudinal study. *Child Maltreat*. 2007;12(3):233-45.
 19. Stouthamer-Loeber M, Loeber R, Homish DL, Wei E. Maltreatment of boys and the development of disruptive and delinquent behavior. *Dev Psychopathol*. 2001;13:941-55.
 20. Grotevant HD, van Dulmen MH, Dunbar N, Nelson-Christinedaughter J, Christensen M, Fan X, et al. Antisocial behavior of adoptees and nonadoptees: Prediction from early history and adolescent relationships. *J Res Adolesc*. 2006;16:105-31.
 21. Duncan RD. Childhood maltreatment and college drop-out rates: Implications for child abuse researchers. *J InterpersViolence*. 2000;15(9):987-96.
 22. Lo CC, Kim YS, Church WT. The effects of victimization on drug use: A multilevel analysis. *Subst Use Misuse*. 2008;43,1340-61.
 23. Weissbecker I, Floyd A, Dedert E, Salmon P, Sephton S. Childhood trauma and diurnal cortisol disruption in fibromyalgia syndrome. *Psychoneuroendocrinology*. 2006;31:312-24.

24. Heim C, Newport DJ, Wagner D, Wilcox MM, Miller AH, Nemeroff CB. The role of early adverse experience and adulthood stress in the prediction of neuroendocrine stress reactivity in women: a multiple regression analysis. *Depress Anxiety*. 2002;15:117-25.
25. Golding JM. Sexual assault history and long-term physical problems: Evidence from clinical and population epidemiology. *Curr Dir Psychol Sci*. 1999;8(6):191-4.
26. Thakkar RR, McCanne TR. The effects of daily stressors on physical health in women with and without a childhood history of sexual abuse. *Child Abuse Negl*. 2000;24(2):209-21.
27. Molnar BE, Buka SL, Kessler RC. Child sexual abuse and subsequent psychopathology: results from the National Comorbidity Survey. *Am. J. Public Health*. 2001;91:753-60.
28. Trickett PK. Defining child sexual abuse. In: Ferick MM, Knutson JP, Trickett PK, Flanzer SM, editors. *Child abuse and neglect: Definitions, classifications, and a framework for research*. Baltimore: Paul H. Brooks Publishing Co; 2006. p. 129-149.
29. Wilson DR. Health consequences of childhood sexual abuse. *Perspect Psychiatr Care*. 2010;46(1):56-64.
30. Romans S, Belaise C, Martin J, Morris E, Raffi A. Childhood abuse and later medical disorders in women. An epidemiological study. *Psychother Psychosom*. 2002;71(3):141-150.
31. Freshwater K, Leach C, Aldridge J. Personal constructs, childhood sexual abuse and revictimization. *Br J Med Psychol*. 2001;74:379-97.
32. Wonderlich SA, Crosby RB, Mitchell JE, Roberts JA, Haseltine B, DuMuth G, et al. The relationship of childhood sexual abuse and eating disturbance in children. *J Am Acad Child Adolesc Psychiatry*. 2000;39(19):1277-83.
33. Trickett PK, McBride-Chang C, Putnam FW. The classroom performance and behavior of sexually abused females. *DevPsychopathol*. 1994;6:183-94.
34. Cohen JA, Deblinger E, Maedel AB, Strauffer LB. Examining sex related thoughts and feelings of sexually abused and non abused children. *J Interpers Violence*. 1999;14(7):701-12.
35. Bridgeland WM, Duane ED, Stewart CS. Victimization and attempted suicide among college students. *Coll Stud J*. 2001;35(1):63-77.
36. Read J, Agar K, Barker-Collo, Davies E, Moskowitz A. Assessing suicidality in adults: Integrating childhood trauma as a major risk factor. *Prof Psychol Res Pr*. 2001;32(4):367-72.
37. Lev-Wiesel R. Quality of life in adult survivors of childhood sexual abuse who have undergone therapy. *J Child Sex Abus*. 2000;9(1):1-13.
38. Newcomb MD, Munoz DT, Vargas Carmona J. Child sexual abuse in community samples of Latino and European American adolescents. *Child Abuse Negl*. 2009;33:533-44.
39. Buljan Flander G, Čosić I. Recognition and symptomatology of child abuse and neglect [in Croatian]. *Medix*. 2003;9(51):122-24.
40. Senn TE, Carey MP. Child maltreatment and women's adult sexual risk behavior: Childhood sexual abuse as a unique risk factor. *Child Maltreat*. 2010;15:324-35.
41. Fortier MA, DiLillo D, Messman-Moore TL, Peugh J, De Nardi KA, Gaffey KJ. Severity of child sexual abuse and revictimization: The mediating role of coping and trauma symptoms. *PsycholWomen Q*. 2009;33:308-20.
42. Murtagh MP. The appropriate attribution technique (AAT): A new treatment technique for adult survivors of sexual abuse. *N Am J Psychol*. 2010;12(2):313-34.
43. Shaffer A, Yeats MT, Egeland BR. The Relation of Emotional Maltreatment to Early Adolescent Competence: Developmental processes in a Prospective Study. *Child Abuse Negl*. 2009;33:36-46.
44. Spertus IL, Yehuda R, Wong CM, Halligan S, Seremetis SV. Childhood emotional abuse and neglect as predictors of psychological and physical symptoms in women presenting to a primary care practice. *Child Abuse Negl*. 2003;27:1247-58.
45. Allen B. An Analysis of the Impact of Diverse Forms of Childhood Psychological Maltreatment on Emotional Adjustment in Early Adulthood. *Child Maltreat*. 2008;13:307-12.
46. Wright MOD, Crawford E, Del Castillo D. Childhood emotional maltreatment and later psychological distress among college students: The mediating role of maladaptive schemas. *Child Abuse Negl*. 2009;33:59-68.

47. Dodge-Reyome N. The effect of childhood emotional maltreatment on the health and functioning of later intimate relationships. *J Aggress Maltreat Trauma*. 2010;19(2):135-7.
48. Gibb BE, Chelminski I, Zimmerman M. Childhood emotional, physical, and sexual abuse, and diagnoses of depressive and anxiety disorders in adult psychiatric outpatients. *Depress Anxiety*. 2007;24:256-63.
49. Sachs-Ericsson N, Blazer D, Plant EA, Arnow B. Childhood sexual and physical abuse, and the 1-year prevalence of medical problems in the National Comorbidity Survey. *Health Psychol*. 2005;24(1):32-40.
50. Shields A, Cicchetti D. Reactive aggression among maltreated children: The contributions of attention and emotion dysregulation. *J Clin Child Psychol*. 1998;27:381-95.
51. Berzenski SR, Yates TM. Classes and consequences of multiple maltreatment: A person-centred analysis. *Child Maltreat*. 2011;16:250-61.
52. Feiring C. Emotional development, shame, and adaptation to child maltreatment. *Child Maltreat*. 2005;10:307-10.
53. Arata CM, Langhinrichsen-Rohling J, Bowers D, O'Farrill-Swails L. Single versus multi-type maltreatment. *J Aggress Maltreat Trauma*. 2005;11:29-52.
54. Clemmons JC, DiLillo D, Martinez IG, DeGue S, Jeffcott S. Co-occurring forms of child maltreatment and adult adjustment reported by Latina college students. *Child Abuse Negl*. 2003;27(7):751-67.

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