

resource sheet

NATIONAL CHILD PROTECTION CLEARINGHOUSE

Effects of child abuse and neglect for adult survivors

Alister Lamont

Exposure to child abuse and neglect can lead to a wide range of adverse consequences that can last a lifetime. The purpose of this Resource Sheet is to indicate the potential long-term effects of child abuse and neglect that may extend into adulthood.

Types of abuse and neglect

Child abuse and neglect consists of any act of commission or omission that results in harm, potential for harm, or the threat of harm to a child (0–18 years of age) even if harm was unintentional (Gilbert et al., 2009). In the case of all but sexual abuse it is generally perpetrated by a parent or caregiver. The five main types of child maltreatment are: physical abuse; sexual abuse; emotional maltreatment; neglect and witnessing domestic violence.

Evidence suggests that different types of abuse and neglect rarely occur in isolation and children who experience repeated maltreatment often experience multiple forms of abuse (Higgins, 2004).

For more information on the definitions of child abuse and neglect, see *NCPC Resource Sheet, What is Child Abuse and Neglect?*

Factors affecting the consequences of abuse and neglect

The consequences of child abuse and neglect that extend into adulthood will vary considerably. For some adults, the effects of child abuse and

neglect are chronic and debilitating, others have more positive outcomes as adults, despite their abuse and neglect histories (Miller-Perrin & Perrin, 2007). Factors that may impact on the way child abuse and neglect affects adults include:

- their age were when maltreatment occurred;
- the severity of maltreatment;
- the frequency and duration of maltreatment;
- the relationship they had with the perpetrator;
- the type/s of abuse/neglect;
- whether the abuse or neglect was detected and action taken to assure the safety of the child (e.g., child protection intervention);
- positive or protective factors that may have mitigated the effects of maltreatment (e.g., a strong relationship with grandparents); and
- whether victims/ survivors received therapeutic services to assist them in recovery.

Sometimes, the effects of child abuse and neglect remain largely hidden only to emerge at key times in later life (McQueen, Itzin, Kennedy, Sinason, & Maxted, 2009). Abusive experiences in adulthood can reopen old wounds of past child abuse or neglect that may lead to further adverse outcomes for adult survivors.

For some adults, the effects of child abuse and neglect are chronic and debilitating, others have more positive outcomes as adults, despite their abuse and/or neglect histories (Miller-Perrin & Perrin, 2007).

Childhood trauma/trauma theory

The impact of childhood trauma is often used to explain the strong associations between past histories of child abuse and neglect and adverse consequences in both children and adults.

Experiences of childhood trauma caused by abuse or neglect can lead to a variety of overwhelming emotions, such as anger, sadness, guilt, and shame. In order to avoid such feelings, children can take refuge in dissociation, denial, amnesia, or emotional numbing (Everett & Gallop, 2001). These coping mechanisms can become over-generalised with time and without protective factors (i.e., positive events or characteristics) to intervene, these negative outcomes may continue throughout life. Adult survivors of childhood trauma may also find it difficult to control emotions and or actions. For adults with a history of childhood trauma, recollections of past trauma can almost be as strongly felt as if it was happening again, which may lead to unexpected reactions, such as lashing out in anger or bursting into uncontrolled weeping in response to what most people would view as relatively minor events (Everett & Gallop, 2001).

Multiple types of abuse

Any maltreatment of a child may lead to damaging adverse consequences, however, research indicates that chronicity and experiencing multiple types of abuse and neglect may lead to more severe adverse outcomes in both childhood and adulthood (Arata, Langhinrichsen-Rohling, Bowers, & O’Farrill-Swails, 2005; Ethier, Lemelin, & Lacharite, 2004; Higgins & McCabe, 2001). Chronic abuse and neglect can be defined as “recurrent incidents of maltreatment over a prolonged period of time” (Bromfield, Gillingham, & Higgins, 2007). Chronic experiences of child abuse and neglect occurring over a long period of time increases the probability of more severe adverse outcomes in adult survivors (Gilbert et al., 2009; Sachs-Ericsson, Cromer, Hernandez, & Kendall-Tackett, 2009).

Research indicates that chronicity and experiencing multiple types of abuse and neglect may lead to more severe adverse outcomes for children and adults.

Long-term consequences of child abuse and neglect

Experiences of child abuse and neglect may lead to negative physical, cognitive, psychological, behavioural or social consequences in adulthood. Adverse outcomes of abuse and neglect that emerge in children and adolescents may continue in adults with histories of abuse and neglect (Miller-Perrin & Perrin, 2007).

For a more detailed discussion of the impact of child abuse and neglect on children see, *The Effects of Child Abuse and Neglect for Children and Adolescents* (Lamont, 2010).

The following section discusses the long-term effects of child abuse and neglect that may extend into adulthood. The research reviewed included high quality literature reviews/meta-analyses and primary research in English speaking countries. The negative consequences associated with past histories of abuse and neglect are often interrelated, as one adverse outcome may lead to another (e.g., substance abuse problems or engaging in risky sexual behaviour may lead to physical health problems). Adverse consequences are broadly linked to all abuse types, however, where appropriate, associations are made between specific types of abuse and neglect and specific negative outcomes.

Experiencing child abuse and neglect may lead to adverse physical, cognitive, psychological, behavioural or social consequences in adulthood.

Physical health problems

Adults with a history of child abuse and neglect are more likely to have physical health problems and chronic pain symptoms. Research indicates that adult survivors of childhood abuse and neglect have more health problems than the general population, including diabetes, gastrointestinal problems, arthritis, headaches, gynecological problems, stroke, hepatitis and heart disease (Felitti et al., 1998; Sachs-Ericsson et al., 2009; Springer, Sheridan, Kuo, & Carnes, 2007). In a review of recent literature, Sachs-Ericsson et al. (2009) found that a majority of studies showed that adult survivors of childhood abuse had more medical problems than non-abused counterparts. Using survey data from over 2,000 middle-aged adults in a longitudinal study in the United States, Springer et al. (2007) found that child physical abuse predicted severe ill health and

several medical diagnoses, including heart and liver troubles and high blood pressure. Some researchers suggest that poor health outcomes in adult survivors of child abuse and neglect could be due to the impact early life stress has on the immune system or to the greater propensity for adult survivors to engage in high-risk behaviours (e.g., smoking, alcohol abuse and risky sexual behaviour) (Sachs-Ericsson et al., 2009; Watts-English, Fortson, Gilber, Hooper, & De Bellis, 2006).

Exposure to abuse and neglect in childhood may also contribute to the development of chronic pain disorders in adulthood (Davis, Luecken, & Zautra, 2005; Sachs-Ericsson et al., 2009). In a meta-analysis by Davis et al. (2005), studies assessing the abuse and neglect history of chronic pain patients indicated that patients were more likely to report having been abused or neglected in childhood than healthy controls.

Mental health problems

Persisting mental health problems are a common consequence of child abuse and neglect in adults. Mental health problems associated with past histories of child abuse and neglect include personality disorders, post-traumatic stress disorder, dissociative disorders, depression, anxiety disorders and psychosis (Afifi, Boman, Fleisher, & Sareen, 2009; Chapman et al., 2004; McQueen et al., 2009; Springer et al., 2007). Depression is one of the most commonly occurring consequences of past abuse or neglect (Kendall-Tackett, 2002). In an American representative study based on the National Comorbidity Survey, adults who had experienced child abuse were two and a half times more likely to have major depression and six times more likely to have post-traumatic stress disorder compared to adults who had not experienced abuse (Afifi et al., 2009). The likelihood of such consequences increased substantially if adults had experienced child abuse along with parental divorce (Afifi et al., 2009). In a prospective longitudinal study in the United States, Wisdom, DuMont, and Czaja (2007) found that children who were physically abused or experienced multiple types of abuse were at increased risk of lifetime major depressive disorder in early adulthood.

Suicidal behaviour

Consistent evidence shows associations between child abuse and neglect and risks of attempted suicide in young people and adults. In the Adverse Childhood Experiences (ACE) study in the United

states, Felitti et al. (1998) indicated that adults exposed to four or more adverse experiences in childhood were 12 times more likely to have attempted suicide than those who had no adverse experiences in childhood. In a meta-analysis by Gilbert et al. (2009), retrospective studies, which record participants' recollections of past traumatic events showed a strong association between child abuse and neglect and attempted suicide in adults. Prospective studies, which trace participant's experiences of traumatic events over several years indicated a more moderate relationship. The higher rates of suicidal behaviour in adult survivors of child abuse and neglect has been attributed to the greater likelihood of adult survivors suffering from mental health problems.

Eating disorders and obesity

Eating disorders and obesity are common among adult survivors of child abuse and neglect (Johnson, Cohen, Kasen, & Brook, 2002; Kendall-Tackett, 2002; Rodriguez-Srednicki & Twaite, 2006; Rohde et al., 2008; Thomas, Hypponen, & Power, 2008). Prospective research studies have consistently shown links between child abuse and neglect and obesity in adulthood (Gilbert et al., 2009). Using a large population-based survey, Rohde and colleagues (2008) found that both child sexual abuse and physical abuse were associated with a doubling of the odds of obesity in middle-aged women. In a prospective longitudinal study in the United Kingdom, results indicated that severe forms of childhood adversity, such as physical abuse, witnessing domestic violence and neglect were associated with increased risk of obesity in middle adulthood by 20 to 40% (Thomas et al., 2008). In a community based study, Johnson and colleagues found (2002) that adolescents and young adults with a history of child sexual abuse or neglect were five times more likely to have an eating disorder compared to individuals who did not have a history of abuse. Stress and mental health problems such as depression may increase the likelihood of adults with a history of abuse and neglect becoming obese or having an eating disorder (Rodriguez-Srednicki & Twaite, 2006).

Re-victimisation

Research suggests that adults, particularly women, who were victimised as children are at risk of re-victimisation in later life (Mouzos & Makkai, 2004; Whiting, Simmons, Havens, Smith, & Oka, 2009; Widom, Czaja, & Dutton, 2008). Findings from the Australian component of the International Violence

Against Women Survey (IVAWS) indicated that 72% of women who experienced either physical or sexual abuse as a child also experienced violence in adulthood, compared to 43% of women who did not experience childhood abuse (Mouzos & Makkai, 2004). In a prospective study by Widom and colleagues (2008), all types of childhood victimisation (physical abuse, sexual abuse and neglect) were associated with increased risk of lifetime re-victimisation. Findings indicated that childhood victimisation increased the risk for physical and sexual assault/abuse, kidnapping/stalking, and having a family friend murdered or commit suicide (Widom et al., 2008). Women who experience childhood violence or who have witnessed parental violence could be at risk of being victimised as adults as they are more likely to have low self-esteem and they may have learnt that violent behaviour is a normal response to dealing with conflict (Mouzos & Makkai, 2004).

Alcohol and substance abuse

Associations have often been made between childhood abuse and neglect and later substance abuse in adulthood (Simpson & Miller, 2002; Widom, White, Czaja, & Marmorstein, 2007). In a systematic review by Simpson and Miller (2002) of 224 studies, a strong relationship was found between child physical and sexual abuse and substance abuse problems in women. Less of an association was found among men, although men with child sexual abuse histories were found to be at greater risk of substance abuse problems. The authors suggested that it is possible that men are less likely to disclose childhood abuse due to social values and expectations (Simpson & Miller, 2002). In the Adverse Childhood Experiences Study in the United States, adults with four or more adverse experiences in childhood were seven times more likely to consider themselves an alcoholic, five times more likely to have used illicit drugs and ten times more likely to have injected drugs compared to adults with no adverse experiences (Felitti et al., 1998). The higher rates of substance abuse problems among adult survivors of child abuse and neglect may, in part, be due to victims using substances to self-medicate from trauma symptoms such as anxiety, depression and intrusive memories caused by an abusive history (Whiting et al., 2009).

Aggression, violence and criminal behaviour

Violence and criminal behaviour is another frequently identified long-term consequence of child abuse and neglect for adult survivors, particularly for those who have experienced physical abuse or witnessed domestic violence (Gilbert et al., 2009; Kwong, Bartholomew, Henderson, & Trinke, 2003; Miller-Perrin & Perrin, 2007). Widom (1989) compared a sample of adults with a history of substantiated cases of child abuse and neglect in the United States with a sample of matched comparisons and found that adults with a history of abuse and neglect had a higher likelihood of arrests, adult criminality, and violent criminal behaviour. In a study of 36 men with a history of perpetrating domestic violence, Bevan and Higgins (2002) found that child maltreatment (particularly child neglect) and low family cohesion were associated with the frequency of physical spouse abuse. Witnessing domestic violence (but not physical abuse) as a child had a unique association with psychological spouse abuse and trauma symptomatology. Adults with a history of child physical abuse or witnessing domestic violence may be more likely to be violent and involved in criminal activity as they have learned that such behaviour is an appropriate method for responding to stress or conflict resolution (Chapple, 2003). Substance abuse problems are also associated with higher rates of criminal behaviour (e.g., theft, prostitution) to support addiction (Dawe, Harnett, & Frye 2008).

Intergenerational transmission of abuse and neglect

Evidence suggests that adults who are abused or neglected as children are also more likely to abuse or neglect their own children (Kwong et al., 2003; Mouzos & Makkai, 2004; Pears & Capaldi, 2001). In a study by Pears and Capaldi (2001), parents who had experienced physical abuse in childhood were significantly more likely to engage in abusive behaviours toward their own children or children in their care. Oliver (1993) in a review of the research literature concluded that an estimated one-third of children who are subjected to child abuse and neglect go on to repeat patterns of abusive parenting towards their own children. This is a significant number, however, it is also important to note that Oliver's estimations indicate that a majority of maltreated children do not go on to maltreat their own children. Kwong and colleagues (2003) determined that growing up in an abusive

family environment can teach a child that the use of violence and aggression is a viable means for dealing with interpersonal conflict, which can increase the likelihood that the cycle of violence will continue when the child reaches adulthood. Although links have been made between adult survivors of child physical abuse perpetrating the same type of abuse on their own children (Kwong et al., 2003; Pears & Capaldi, 2001), there is little evidence to suggest that maltreating parents who experienced other forms of abuse or neglect, such as child sexual abuse will perpetrate the same type of abuse on their own children.

High-risk sexual behaviour

Adults who have experienced childhood abuse and neglect, particularly child sexual abuse are more likely to engage in high-risk sexual behaviour. This can lead to a wide range of sexually transmitted diseases or early pregnancy (Cohen et al., 2000; Hillis, Anda, Felitti, Nordenberg, & Marchbanks, 2000; Steel & Herlitz, 2005). Using a random population sample in Sweden, Steel and Herlitz (2005) found that a history of child sexual abuse was associated with a greater frequency of unintended pregnancy, younger age at first diagnosis of a sexually transmitted disease, greater likelihood of participation in group sex and a greater likelihood of engaging in prostitution. In a large retrospective study in the United States, the prevalence of sexually transmitted diseases was three and a half times higher for men and women who were exposed to three to five adverse childhood experiences compared to adults who had no adverse childhood experiences (Hillis et al., 2000). Steel and Herlitz (2005) determined that factors that may increase the likelihood of engaging in risky sexual behaviours include: the inability to be assertive and prevent unwanted sexual advances, feeling unworthy and having competing needs for affection and acceptance. These are all feelings that may occur as a consequence of child abuse and neglect.

Homelessness

Strong associations have been made between histories of child abuse and neglect and experiences of homelessness in adulthood. A study by Herman, Susser, Struening, and Link (1997) found that the combination of lack of care and either physical or sexual abuse during childhood was highly associated with an elevated risk of adult homelessness. Adults who experienced a combination of a lack of care and either child physical or sexual abuse were 26 times more likely to have been homeless than those

with no experiences of abuse. In a study examining whether adverse childhood events were related to negative adult behaviours among homeless adults in the United States, 72% of the sample had experienced one or more adverse childhood events (Tam, Zlotnick, & Robertson, 2003). Higher rates of homelessness among adult survivors of abuse and neglect could be due to difficulties securing employment or experiences of domestic violence. Although evidence associating past histories of child abuse and neglect and unemployment is limited, a small body of research suggests that children and adolescents affected by abuse and neglect risk poor academic achievement at school, which may lead to difficulties finding employment in adulthood (Gilbert et al., 2009). The relationship between homelessness and adult survivors of abuse and neglect may also be connected to other adverse outcomes linked to child abuse and neglect such as substance abuse problems, mental health problems and aggressive and violent behaviour. These consequences may make it difficult to achieve stable housing.

Research limitations

Research investigating the effects of child abuse and neglect in adulthood is extensive, however in most research studies it is difficult to make causal links between abuse and neglect and adverse consequences due to several limitations. Many research studies are unable to control for other environmental and social factors. This makes it difficult to rule out influences such as socio-economic disadvantage, disability and social isolation when associating abuse and neglect with negative consequences.

Most research studies on adult survivors are based on retrospective studies and are therefore reliant on participants' recollection of events over long periods. This can limit the data in that participants' recollections may have changed over time. Prospective studies have the advantage of tracing participants with reported experiences of child abuse or neglect over several years. However prospective studies alone are not completely representative of the population, as a high proportion of child abuse and neglect goes undetected and those experiencing abuse and neglect are less likely to participate or remain in a longitudinal study (Kendall-Tackett & Becker-Blease, 2004). Kendall-Tackett and Becker-Blease (2004) argued that there should be a mix of prospective and retrospective studies as both types

of research can provide insight into the long-term consequences of child abuse and neglect.

Other limitations in the research included:

- studies focusing solely on one type of abuse (particularly sexual abuse).

Focusing research on only one type of abuse or neglect overlooks the effects of children experiencing chronic and multiple types of abuse and neglect. Without assessing chronicity and the effects of other forms of child abuse and neglect, bias and misleading conclusions are often made on the specific impact of that form of maltreatment (Bromfield et al., 2007; Higgins & McCabe, 2001).

- a reliance on recruiting participants already involved in clinical services.

Only including participants involved in clinical services excludes adult survivors who have not sought clinical services. This can make negative outcomes appear worse than in reality as participants are only those who have presented with a problem.

- far more studies focusing on the effects of child abuse and neglect in women compared to men.

Having more research on the effects of child abuse and neglect in women makes it difficult to compare differences between men and women as less is known on the effects of child abuse and neglect on men (Springer et al., 2007; Widom, DuMont et al., 2007).

In spite of the various limitations, research consistently indicates that adults with a history of child abuse and neglect are more likely to experience adverse outcomes.

Conclusion

The effects of child abuse and neglect can lead to a wide range of adverse outcomes in adulthood. Adverse outcomes associated with past histories of child abuse and neglect are often inter-related. Experiencing chronic and multiple forms of maltreatment can increase the risk of more severe and damaging adverse consequences in adulthood.

References

Afifi, T., Boman, J., Fleisher, W., & Sareen, J. (2009). The relationship between child abuse, parental divorce, and lifetime mental disorders and suicidality in a nationally representative adult sample. *Child Abuse & Neglect*, *33*, 139–147.

Arata, C. M., Langhinrichsen-Rohling, J., Bowers, D., & O'Farrell-Swails, L. (2005). Single versus multi-type maltreatment: An

examination of the long-term effects of child abuse. *Journal of Aggression, Maltreatment & Trauma*, *11*(4), 29–52.

Bevan, E. & Higgins, D. (2002). Is domestic violence learned? The contribution of five forms of child maltreatment to men's violence and adjustment. *Journal of Family Violence*, *17*(3), 223–245

Bromfield, L. M., Gillingham, P., & Higgins, D. J. (2007). Cumulative harm and chronic child maltreatment. *Developing Practice*, *19*, 34–42.

Chapman, D., Whitfield, C., Felitti, V., Dube, S., Edwards, V., & Anda, R. (2004). Adverse childhood experiences and the risk of depressive disorders in adulthood. *Journal of Affective Disorders*, *82*, 217–225.

Chapple, C. (2003). Examining intergenerational violence: violent role modeling or weak parental controls? *Violence & Victims*, *18*(2), 143–162.

Cohen, M., Deamant, C., Barkan, S., Richardson, J., Young, M., Holman, S., et al. (2000). Domestic violence and childhood sexual abuse in HIV-infected women and women at risk of HIV. *American Journal of Public Health*, *90*(4), 560–565.

Davis, D., Luecken, L., & Zautra, A. (2005). Are reports of childhood abuse related to the experience of chronic pain in adulthood? A meta-analytic review of the literature. *Clinical Journal of Pain*, *21*(5), 398–405.

Dawe, S., Harnett, P., & Frye, S. (2008). *Improving outcomes for children living in families with parental substance misuse: What do we know and what should we do* (Child Abuse Prevention Issues No. 29). Retrieved from: <www.aifs.gov.au/nch/pubs/issues/issues29/issues29.html>

Ethier, L., Lemelin, J. P., & Lacharite, C. (2004). A longitudinal study of the effects of chronic maltreatment on children's behavioral and emotional problems. *Child Abuse & Neglect*, *28*, 1265–1278.

Everett, B., & Gallop, R. (2001). *The link between childhood trauma and mental illness*. Thousand Oaks: Sage Publications, Inc.

Felitti, V., Anda, R., Nordenberg, D., Williamson, F., Spitz, A., Edwards, V., et al. (1998). Relationship of childhood abuse and household dysfunction in many of the leading causes of death in adults. *American Journal of Preventive Medicine*, *14*(4).

Gilbert, R., Spatz Widom, C., Browne, K., Fergusson, D., Webb, E., & Janson, J. (2009). Burden and consequences of child maltreatment in high-income countries. *Lancet*, *373*, 68–81.

Herman, D., Susser, E., Struening, E., & Link, B. (1997). Adverse childhood experiences: Are they risk factors for adult homelessness? *American Journal of Public Health*, *87*(2), 249–255.

Higgins, D. (2004). Differentiating between child maltreatment experiences. *Family Matters*(69), 50–55.

Higgins, D., & McCabe, M. (2001). Multiple forms of child abuse and neglect: Adult retrospective reports. *Aggression and Violent Behaviour*, *6*, 547–578.

Hillis, S., Anda, R., Felitti, V., Nordenberg, D., & Marchbanks, P. (2000). Adverse childhood experiences and sexually transmitted diseases in men and women: A retrospective study. *Pediatrics*, *106*(1), 1–6.

Johnson, J., Cohen, P., Kasen, S., & Brook, J. (2002). Childhood adversities associated with risk for eating disorders or weight problems during adolescence or early adulthood. *American Journal of Psychiatry*, *159*(3), 394–400.

Kendall-Tackett, K. (2002). The health effects of childhood abuse: four pathways by which abuse can influence health. *Child Abuse & Neglect*, *26*(6–7), 715–729.

Kendall-Tackett, K., & Becker-Blease, K. (2004). The importance of retrospective findings in child maltreatment research. *Child Abuse & Neglect*, *28*, 723–727.

Kwong, M., Bartholomew, K., Henderson, A., & Trinke, S. (2003). The intergenerational transmission of relationship violence. *Journal of Family Psychology*, *17*(3), 288–301.

- Lamont, A. (2010). *The Effects of Child Abuse and Neglect for Children and Adolescents* (NCPC Resource Sheet). Melbourne: National Child Protection Clearinghouse, Australian Institute of Family Studies.
- McQueen, D., Itzin, C., Kennedy, R., Sinason, V., & Maxted, F. (2009). *Psychoanalytic psychotherapy after child abuse. The treatment of adults and children who have experienced sexual abuse, violence, and neglect in childhood*. London: Karnac Books Ltd.
- Miller-Perrin, C., & Perrin, R. (2007). *Child maltreatment: an introduction*. Thousand Oaks: Sage Publications.
- Mouzos, J., & Makkai, T. (2004). *Women's experiences of male violence. Findings from the Australian component of the International Violence Against Women Survey (IVAWS)*. Canberra: Australian Institute of Criminology. Retrieved 2 September 2009, from <<http://www.aic.gov.au/documents/5/8/D/58D8592E-CEF7-4005-AB11-B7A8B4842399/RPP56.pdf>>
- Oliver, J. (1993). Intergenerational transmission of child abuse: Rates, research and clinical implications. *American Journal of Psychiatry*, 150(9), 1315–1324.
- Pears, K., & Capaldi, D. (2001). Intergenerational transmission of abuse: A two-generational prospective study of an at-risk sample. *Child Abuse & Neglect*, 25, 1439–1461.
- Rodriguez-Srednicki, O., & Twaite, J. (2006). *Understanding, assessing, and treating adult victims of childhood abuse*. Lanham: Rowman & Littlefield Publishers Inc.
- Rohde, P., Ichikawa, L., Simon, G., Ludman, E., Linde, J., Jeffrey, R., et al. (2008). Associations of child sexual and physical abuse with obesity and depression in middle-aged women. *Child Abuse & Neglect*, 32, 878–887.
- Sachs-Ericsson, N., Cromer, K., Hernandez, A., & Kendall-Tackett, K. (2009). A review of childhood abuse, health, and pain-related problems: The role of psychiatric-disorders and current life stress. *Journal of Trauma and Dissociation*, 10(2), 170–188.
- Simpson, T., & Miller, W. (2002). Concomitance between childhood sexual and physical abuse and substance use problems. A review. *Clinical Psychology Review*, 22, 27–77.
- Springer, K., Sheridan, J., Kuo, D., & Carnes, M. (2007). Long-term physical and mental health consequences of childhood physical abuse: Results from a large population-based sample of men and women. *Child Abuse & Neglect*, 31, 517–530.
- Steel, J., & Herlitz, C. (2005). The association between childhood and adolescent sexual abuse and proxies for sexual risk behavior: A random sample of the general population of Sweden. *Child Abuse & Neglect*, 29, 1141–1153.
- Tam, T., Zlotnick, C., & Robertson, M. (2003). Longitudinal perspective: Adverse childhood events, substance use, and labor force participation among homeless adults. *American Journal of Drug and Alcohol Abuse*, 29(4), 829–846.
- Thomas, C., Hypponen, E., & Power, C. (2008). Obesity and type 2 diabetes risk in midadult life: The role of childhood adversity. *Pediatrics*, 121, 1240–1249.
- Watts-English, T., Fortson, B., Gilber, N., Hooper, S., & De Bellis, M. (2006). The psychobiology of maltreatment in childhood. *Journal of Social Issues*, 62(4), 717–736.
- Whiting, J., Simmons, L. A., Havens, J., Smith, D., & Oka, M. (2009). Intergenerational transmission of violence: the influence of self-appraisals, mental disorders and substance abuse. *Journal of Family Violence*, 24, 639–648.
- Widom, C. (1989). Child abuse, neglect, and violent criminal behaviour. *Criminology*, 27(2), 251–271.
- Widom, C., Czaja, S., & Dutton, M. (2008). Childhood victimization and lifetime revictimization. *Child Abuse & Neglect*, 32, 785–796.
- Widom, C., DuMont, K., & Czaja, S. (2007). A prospective investigation of major depressive disorder and comorbidity in abused and neglected children grown up. *Archives of General Psychiatry*, 64, 49–56.
- Widom, C., White, H., Czaja, S., & Marmorstein, N. (2007). Long-term effects of child abuse and neglect on alcohol use and excessive drinking in middle adulthood. *Journal of Studies on Alcohol and Drugs*, 317–325.

Author

Alister Lamont is a Research Officer for the National Child Protection Clearinghouse at the Australian Institute of Family Studies.



Australian Government
**Australian Institute of
 Family Studies**

First edition, *Effects of child abuse and neglect for adult survivors* (Alister Lamont), published April 2010.

ISSN 1448-9112 (Online)

ISBN 978-1-921414-29-9

© Commonwealth of Australia 2010

This work is copyright. Apart from any use as permitted under the *Copyright Act 1968*, no part may be reproduced by any process without prior written permission from the Commonwealth. Requests and inquiries concerning reproduction and rights should be addressed to the Commonwealth Copyright Administration, Attorney-General's Department, Robert Garran Offices, National Circuit, Barton ACT 2600 or posted at <www.ag.gov.au/cca>.

The Australian Institute of Family Studies is committed to the creation and dissemination of research-based information on family functioning and wellbeing. Views expressed in its publications are those of individual authors and may not reflect Australian Government or Institute policy. The information in this Resource Sheet does not constitute legal advice.

Australian Institute of Family Studies
 Level 20, 485 La Trobe Street, Melbourne VIC 3000 Australia
 Phone: (03) 9214 7888 Fax: (03) 9214 7839
 Internet: <www.aifs.gov.au>

RS20