



CHILDHOOD ABUSE AS A POSSIBLE LOCUS FOR EARLY INTERVENTION INTO PROBLEMS OF VIOLENCE AND PSYCHOPATHOLOGY

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ABSTRACT. *Reviewed research on abuse in childhood. Physical abuse, sexual abuse, psychological abuse, as well as children witnessing parents abuse each other, were all found to be associated with later problems with violence and psychopathology. No causal conclusions could be drawn because of the correlational nature of the research. Also, research into possible interventions was reviewed. At least somewhat effective interventions for stopping abuse once it begins are available for all of the types of abuse. However, there are no data on the effects of these interventions on long-term problems of violence or psychopathology. It is recommended that psychopathologists and therapists collaborate in long-term studies which utilize intervention as a tool for experimentally investigating the relationships between childhood abuse and later problems of violence or psychopathology.* © 2000 Elsevier Science Ltd. All rights reserved.

KEY WORDS. Family violence, child abuse, early intervention

ABUSE PROBLEMS IN CHILDHOOD—including physical abuse of child, sexual abuse of child, verbal abuse of child, and child witnessing parents or step-parents abuse each other—are all too common. Sappington, Pharr, Tunstall, and Rickert (1997) found that 49% of college students had suffered at least one of those forms of abuse; while violence in the streets is measured in terms of incidences per 100,000, family violence is measured in terms of incidents per 1,000 (Gelles & Straus, 1988). Sappington et al. (1997) found that 6% of college students were physically abused as children; Malinosky-Rummell and Hansen (1993) found that 5.7 cases of physical abuse for every 1,000 children were reported to child protection agencies in 1 year. Sexual abuse as a child averages 22% for girls and 7% for boys across various studies; 25–30% of the abuse occurs in children under 7 years old (Wolfe, Reppucci, & Hart, 1995). Verbal/psychological abuse is the most common form of abuse (Forth & Chamberland, 1995; Sappington et al. 1997), although it is

probably the least studied (Becker et al., 1995). Many children witness their parents or step-parents abuse each other: Abbott, Johnson, Koziol-McLain, and Lowenstein (1995) found that 54.2% of women at an emergency clinic had been assaulted or threatened by their partners at some time, 11.7% within the past month; Bohannon, Dosser, and Lindley (1995) found that 57% of military couples reported domestic violence.

Such abuse within the home is of concern in its own right. However, this article will focus on long-term problems associated with abuse in the childhood home and their possible prevention. After a brief discussion of research strategies, it will explore the links between childhood abuse and later violence or psychopathology. It will then examine interventions that attempt to prevent or stop abuse or that attempt to ameliorate its effects. The emphasis will be on the possibility that early intervention with families that have experienced or are at risk of experiencing abuse may be a cost effective way to reduce violence and psychopathology.

RESEARCH METHODS

Most of the data on links between childhood abuse and later violence or psychopathology comes from use of three research strategies: (1) comparison of rates of childhood abuse in groups who differ in violent experiences or psychopathology; (2) comparison of rates of violent experiences or psychopathology in groups that differ in whether or not they were abused as children; or (3) prospective studies which follow children at high risk for abuse over a long period of time, beginning before any abuse has occurred, and compare those who are actually abused with those who escape abuse (Malinosky-Rummell & Hansen, 1993). This article combines results from these methodologies because the findings on the relationships of interest here tend to be similar for all three. However, there are some problems with each of these strategies.

The first two types of studies are retrospective and may exaggerate associations (e.g., patients may be more likely to remember negative childhood events if they are currently in a negative mood, others may be more likely to recall negative childhood events if the person is known to have suffered later problems). All three strategies suffer from other limitations: (1) a particular form of abuse may be associated with other stressors whose effects were not evaluated; (2) all are correlational methods and therefore do not allow causal conclusions about the associations to be drawn.

A fourth strategy for understanding the relationship between childhood abuse and later violence or psychopathology, the experimental, is at least conceptually possible and should be briefly discussed. Although this approach is the logical one for clarifying causal relationships, it might seem to be ruled out in the area of child abuse on ethical and practical grounds. Nevertheless, there may be a way to utilize it by making use of therapeutic interventions. Consider first the question of the effects of abuse. Although it is not feasible to manipulate a type of abuse by introducing it into the childhood of one group of children while sparing another in order to observe the effects upon violence or psychopathology, it may be feasible to manipulate abuse by preventing it in one group within a high-risk population. Unless everybody in the high-risk population is already receiving treatment, no ethical problem would arise. Similarly, once abuse has occurred, it may be feasible to use therapeutic interventions to ameliorate various short-term problems associated with abuse (such as low self-esteem) for one group within an abused population in order to determine the role played by the short-term problem in the development of long-term problems. Such an approach might allow the experimental testing of various models of how abuse leads to long-term consequences.

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