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Resilience to adult psychopathology following childhood maltreatment: Evidence from a community sample[☆]

Stephan Collishaw^{a,*}, Andrew Pickles^b, Julie Messer^a,
Michael Rutter^a, Christina Shearer^c, Barbara Maughan^a

^a *King's College London, MRC Social, Genetic, and Developmental Psychiatry Centre,
Institute of Psychiatry, London, UK*

^b *Biostatistics Group, Medical and Human Sciences,
University of Manchester, Manchester, UK*

^c *Richmond Child and Family Consultation Centre, Richmond Royal Hospital, London, UK*

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Abstract

Objective: Child abuse is an important risk for adult psychiatric morbidity. However, not all maltreated children experience mental health problems as adults. The aims of the present study were to address the extent of resilience to adult psychopathology in a representative community sample, and to explore predictors of a good prognosis.

Methods: Data are drawn from a follow-up of the Isle of Wight study, an epidemiological sample assessed in adolescence and at midlife. Ratings of psychiatric disorder, peer relationships and family functioning were made in adolescence; adult assessments included a lifetime psychiatric history, personality and social functioning assessments, and retrospective reports of childhood sexual and physical abuse.

Results: Ten percent of individuals reported repeated or severe physical or sexual abuse in childhood. Prospective measures revealed increased rates of adolescent psychiatric disorders in this group. Rates of adult psychopathology were also high. A substantial minority of abused individuals reported no mental health problems in adult life. Resilience of this kind was related to perceived parental care, adolescent peer relationships, the quality of adult love relationships, and personality style.

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* Corresponding author address: MRC Social, Genetic, and Developmental Psychiatry Centre, Box Number PO46, Institute of Psychiatry, 16 De Crespigny Park, London SE5 8AF, UK.

Conclusion: Good quality relationships across childhood, adolescence and adulthood appear especially important for adult psychological well being in the context of childhood abuse.

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Introduction

Child abuse is a serious and common risk that affects the long-term mental health of individuals in profound ways. However, a growing body of evidence indicates that the mental health of a substantial minority of abused individuals appears relatively unaffected (McGloin & Widom, 2001). Gaining a fuller understanding of the factors and processes involved in positive adaptation is important for several reasons. Theoretically, models of resilience have the potential to enhance the understanding of the mechanisms by which abuse affects psychosocial development. Clinically, some protective factors may be amenable to external manipulation and could thus present a potential focus for future treatments and interventions. The present study uses longitudinal data from a general population sample studied first in adolescence and again at mid-life to examine correlates and outcomes of childhood abuse, the extent of resilience for adult psychopathology, and the factors that best predict such resilience.

In the UK approximately one or two children die each week at the hands of an adult. Over 30,000 children's names in England were on the child protection register in the year up to 31 March 2002, a rate of approximately 2.5 per 1,000 (NSPCC, 2003). However, estimates of the cumulative incidence of abuse from general population surveys suggest that most children's experiences of abuse are not officially recorded. Such studies point to rates of approximately 8% for serious forms of sexual abuse (see Fergusson & Mullen, 1999 for a review) and approximately 7% for serious forms of physical abuse (Cawson, Wattam, Brooker, & Kelly, 2000), with many children experiencing both.

The implications for children's psychological development and long-term mental health have been well documented. Consequences include cognitive delays and lowered IQ (e.g., Koenen, Moffitt, Caspi, Taylor, & Purcell, 2003), neurobiological abnormalities (see Glaser, 2000 for a review), dysfunctional behaviors such as conduct problems, aggression and substance abuse (e.g., Fergusson, Horwood, & Lynskey, 1996; Schuck & Widom, 2001), and an increased risk of adolescent and adult psychiatric disorders including depression, suicide, anxiety disorder, PTSD, and somatization disorders (e.g., Brown, Cohen, Johnson, & Smailes, 1999; Fergusson et al., 1996; Fergusson & Lynskey, 1997; Lansford et al., 2002). Associations with adult psychopathology are independent of other associated environmental adversities (e.g., Brown et al., 1999; Fergusson et al., 1996), and environmentally mediated effects of abuse have been documented in genetically informative designs (Kendler et al., 2000).

Current evidence also makes clear, however, that not all abused children go on to experience mental health problems later in life. A number of reviews have estimated that around a third of individuals who have experienced sexual abuse will not exhibit adult psychiatric problems (e.g., Fergusson & Mullen, 1999; Stevenson, 1999). McGloin and Widom (2001) found that 48% of children with documented histories of abuse or neglect did not meet criteria for adult psychiatric disorders including depression, anxiety, PTSD and ASPD, while 38% had not had a diagnosis for substance abuse. Examining successful functioning over a broad range of domains of adult psychosocial functioning, 22% were classified as "resilient."

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