Childhood Maltreatment and Exposure to Domestic Violence at Infancy and Adolescence: What Is Left Into Adulthood?

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INTRODUCTION

- ❖ About **25%** of adults worldwide have been exposed to some form of domestic violence (DV) in infancy;
- ❖ Childhood maltreatment and exposure to DV may include physical or psychological abuse, parent-child neglect, or witnessing intimate partner violence, which holds a long-term adverse impact on a social, emotional, behavioural, psychological and physical level.
- ❖ These traumatic events are linked to multiple deleterious outcomes, development of psychopathology and perpetration of violence;
- ❖ The severity of these consequences from childhood into adulthood, and their association to transgenerational cycles of violence, set the importance of a professional, optimized prevention and intervention.

METHODS

Non-systematic review of original and revision articles, indexed on *Pubmed*, in English and Portuguese, selected by relevance according to the keywords: *domestic violence, childhood, maltreatment, psychopathology, child abuse, neglect*. Search was extended to articles referenced on the bibliography.

RESULTS

- ❖ Childhood maltreatment and DV are a strong **predictor** of perpetration of violence (**risk ↑3x**) and lower life satisfaction, in adulthood;
- ❖ The **duration** of violence has a greater impact on children's *distress* and wellbeing, than its **severity**;
- ❖ **Parents** who are **victims of DV** may not be physically nor psychologically capable of offering a safe, stable and peaceful environment;
- ❖ **Risk Factors** for **maltreatment and DV** include low **socioeconomic** status, **black** ethnicity and **genetics** (explains **44-47%** of variance);
- ❖ **Repeated** exposure to violence might lead to **emotional desensitisation**.

ADULTHOOD CONSEQUENCES

- ❖ Multisystemic dysfunction (GI, CNS, immune, endocrine, chronic pain);
- ❖ Psychiatric disturbances (Depression, anxiety, *Borderline PD*, Antisocial PD, PSPT, psychosis)
- ❖ Alcohol dependence
- ❖ Substance abuse
- ❖ Aggressiveness
- ❖ Violent behaviour
- ❖ Criminality

CHILDHOOD AND ADOLESCENCE CONSEQUENCES

- ❖ **Behavioural** (internal- or externalizing symptoms)
- ❖ **Social** (dysfunctional interpersonal relationships, defensive avoidance, isolation)
- ❖ **Cognitive** (development and learning deficits)
- ❖ **Emotional** (insecure attachment, affective dysregulation, regression, undervalued or fractured self, aggressiveness)
- ❖ **Psychiatric** (separation anxiety, generalized anxiety, depression, disruptive conduct, self-harm)
- ❖ **Physical** (traumatic lesions, organic disorders)

GIRLS: ++ **internalise** symptoms (withdrawal, anxiety, depression)

BOYS: ++ **externalise** symptoms, violence against peers, antisocial behaviour

CHILDREN 1-4 Y.O.: Sleep problems, separation anxiety, repetitive play, regressive behaviour, impaired understanding, tantrums, tune out noise, inhibited independence.

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CHILDREN 5-10 Y.O.: Separation anxiety, factitious disorder, dependence, withdrawal, sleep disorders, attention deficit, depression, insecurity, school problems, bullying, guilt, aggressiveness, hypervigilance.

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CHILDREN/ ADOLESCENTS 11-16 Y.O.: Self-blame, eating disorders, depression, suicidal ideation, substance abuse, self-harm, criminality, poor social networks, disaffection with education.

CONCLUSION

- ❖ Witnessing DV and childhood maltreatment have deleterious and longstanding effects on mental and physical health; however, stereotyping children as permanently and inevitably damaged is erroneous;
- ❖ The development of preventive strategies, early intervention and protective measures against the perpetration of violence is essential;
- ❖ **PRIMARY PREVENTIVE STRATEGIES:** Prevention of witnessing DV and DV *per se*; Identification of families at **higher risk** and the establishment of preventive measures to support new parents;
- ❖ **PREVENTION STRATEGIES:** (1) **Psychosocial intervention** might include improved self-care, coping strategies, self-harm reduction, bonding strategies (parents); Children's shelters; (2) **Psychotherapeutic intervention** might **revert** epigenetic modulations caused by chronic stress and child victimization; Parental psychotherapy and support; CBT for children.

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Acronyms: CBT: Cognitive-Behavioural Therapy; DV: Domestic Violence; GI: Gastro-Intestinal; PD: Personality Disorder; PTSD: Post-Traumatic Stress Disorder.