

Editorial

Consequences of Child Abuse and Neglect: Can We Afford to Ignore Them?

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In the Arab peninsula, like many other regions around the world, we are witnessing an upsurge in the number of reported cases of child maltreatment¹. It is not clear whether this is due to a genuine increase in child abuse and neglect incidents, increased awareness among professionals and the public, or to both of these factors. According to the Child Protection Committee at Salmaniya Medical Complex (SMC), records show that in the beginning of the 1990s the annual average of recognized child abuse and neglect cases was 10. However, the number of identified cases has increased quite dramatically and is reported to be in the hundreds in 2007².

The pattern of these cases is also shifting towards more sexual than physical abuse. Young children are being subjected to bizarre sexual acts and the use of pornography together with sexual exploitation through the internet (unpublished observation). The increase in the number of cases and complexity of abuse puts tremendous demands on the limited and already overstretched resources for child protection in Bahrain.

The consequences of child abuse and neglect include physical injuries such as bruises, lacerations, burns, bone fractures and severe fatal head, abdominal and chest injuries. Sexual abuse can result in genital injuries, sexually transmitted diseases and pregnancy. Despite the seriousness of such injuries, in the majority of cases there is little or no evidence of physical or sexual abuse by the time they are brought to the attention of professionals. Long-term maltreated children might develop a host of psychosomatic disorders ranging from chronic headache, spastic colon, fibromyalgia and backache to the more serious heart diseases and cancer.

However, the most common consequences are the everlasting and invisible mental, emotional and behavioral scars. The impact of child abuse and neglect on brain development is the most devastating to children and society. While the human brain attains 90% of its size by three years of age, its physical and functional growth is influenced, to a large extent, by life experiences. Therefore, early life events are most likely to have a major impact on the growth and development of children to adulthood³.

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It was previously believed by professionals that very young children do not remember most events which occurred during their early lives. However, now it is well recognized that the impact of life experiences on children's brain starts as early as during pregnancy. The developing brain is critically dependent on environmental cues which affect the neural system (e.g. differentiation and demyelination). This can occur by commission (e.g. inflicting trauma) or omission (e.g. lack of stimulation and nurturing). Such interference with normal brain development is more destructive at the stages of maximum brain growth and development in perinatal and early childhood.

The detrimental impact of mothers' exposure to violence on the unborn babies is of significant concern and was eloquently described by Bruce Perry as children being "incubated in terror"⁴. According to Perry, traumatic violence creates a state of persistent fear, the stress related neural system is overactive and hypersensitive and they are in persistent stress-response state. This state of fear is mediated by the stress response apparatus in the brain stem⁵.

Children from violent families live in constant fear as they are always on guard, anticipating worst case scenarios and misinterpreting both verbal and non-verbal cues which in turn result in daily hardship and relationships tainted by unease and mistrust. A one year old infant, who was physically abused by his mother since the neonatal period, was followed up by the Child Protection Committee at SMC. He would blink his eyes and put his arms up guarding his face whenever approached by the medical staff for examination. He would not cry, which would be a typical response at his age when approached by strangers as a result of anxiety. He was in constant hypervigilance.

Children who are exposed to such conditions are more likely to exhibit violence as a learned behavior or as a result of the constant over-stimulation of the defensive fight-or-flight primitive reflex. These children may become impulsive and aggressive adults and interpret their violence as a matter of self-defense.

One of the striking phenomena in this region's culture is the different attitudes towards sexual abuse of girls compared to boys. Paradoxically, society overreacts to the loss of virginity of girls but pay little attention to the destructive psychological impact. Parents worry more about the 'family honor' and what the extended family and neighbors would say than about the female child's physical and mental health. They worry about the girl's prospect for future marriage than her present well-being and survival.

In contrast, consequences of sexual abuse of boys are underestimated. This is exhibited by much higher rate of sexual abuse of boys in this society than in western societies where girls are the predominant victims of sexual abuse representing 80% of the cases, while in Bahrain it is almost of an equal rate². This is demonstrated by the local criminal law, which is a mirror reflection of society's mores and values, by stipulating more lenient sentences in sexual abuse cases when the victims are boys: a maximum of 10 years imprisonment for the sexual abuse of boys (article 346) compared to a life sentence or execution for the sexual abuse of girls in articles 344 and 345⁶.

Such an attitude suggests that both the society and the legislators possess inaccurate knowledge of the impact of sexual abuse on boys and girls. It is well known that while girls are more likely to internalize their reaction to sexual abuse, boys are more likely to externalize it. Girls might develop anxiety and depressive disorders, become suicidal and display self-harming behaviors. On the other hand, boys are more likely to develop violent and criminal behavior which is mostly committed against others without any remorse. The consequences of sexual abuse of boys are not less serious than sexual abuse of girls.

The impact of childhood experiences on the brain was shown by positron emission tomography (PET) scanning, demonstrating the deleterious effects of omission or commission of child maltreatment, which leads to over-activation of parts related to stress response, under-activation, and decreased size and impaired function of some areas in the brain that are related to the sense of safety⁷.

In addition, it has been shown that the stress response to child maltreatment includes dysregulation of the hypothalamic-pituitary-adrenal axis, and parasympathetic and catecholamine responses¹.

Consequences of child maltreatment are not limited to increased violence and anxiety disorders, as it has also been linked to psychosis, drug abuse, alcoholism, marital discords and in maintaining the vicious cycle of abuse by becoming another perpetrator⁸. Records from the Child Protection committee at SMC include a case of a sexual perpetrator who revealed seventy names of children who were victimized by him. He also described tearfully his own experience with sexual abuse as a child (unpublished observation).

This astonishing revelation is not new. Studies conducted by Gene Abel et al on 232 sex offenders after serving their sentences and immunity granted were asked, "How many children they had abused?" Each attempted 238 offenses, completed 166 offenses and molested 75 children. Therefore, the 232 abusers attempted 55,216 offenses, completed 39,508 offenses and molested 16,400. This study revealed that a small number of abusers can create a colossal number of victims who are either silent or, even worse, not believed^{9,10}.

Abel also analyzed the data for all kinds of sex offenses using a larger sample of 561 offenders who admitted to over 291,000 offenses of all kinds and over 195,000 victims. Despite the astounding figures, most of these offenses had never been detected. In fact, Abel calculated the chances of being caught for a sexual offense at 3%¹¹.

Even at a large scale, sexual abuse might go unnoticed in the society, but it may manifest in children with aggressive and behavioral disorders at schools and homes, as delinquent, drug addicts and anti-social youth who grow up to be violent and sexual offenders with a sizable number of them ending up incarcerated. This perpetuates the vicious cycle of violence and anti-social behaviors, which disrupts family life and societal cohesiveness from generation to generation. Society simply reaps what it has sown.

Having said that, it does not mean that the risk for an abused child to grow up to be an abuser is inevitable. As a matter of fact, most abused children do not become offenders. The outcome is linked to the nature and nurture factors, the severity and duration of abuse, the existence of a secure and consistent attachment and the provision of a timely professional help.

In order to investigate the effects of prior childhood sexual abuse on subsequent offenders, Lisak, Hopper and Song studied 595 college students. Of the 257 sampled men who reported some form of childhood abuse, only 38% reported committing some form of abuse themselves, either sexual or physical. Thus, while most perpetrators had been abused, most abused men did not become abusers¹².

However, despite this gloomy picture, there is hope in early intervention that restores the sense of safety for children. We do not need to feel despair but such knowledge of the dreadful consequences of abuse should inspire us as a society to have zero tolerance for the maltreatment of children and more importantly to focus on primary and secondary prevention. The current system for intervention is far from meeting the needs of children and families and we need to put more eggs in the prevention basket.

We will be able to experience our real humanity when we truly give up using primitive means to solve problems, when societies protect their most vulnerable groups and cease to abuse power just because they can!

REFERENCES

1. Al-Mahroos, FT. 2007 Child Abuse and Neglect in the Arab Peninsula. Saudi Med J 2007; 28(2):241-8.
2. Al-Mahroos F, Abdulla F, Kamal S, et al. Child Abuse: Bahrain's Experience. Child Abuse Negl 2005; 29:87-93.
3. Glaser D. Child Abuse and Neglect and the Brain - A Review. The J of Child Psychology and Psychiatry and Allied Disciplines 2000; 41:97-116.
4. Perry BD. Incubated in Terror: Neurodevelopmental Factors in the Cycle of Violence? In: Osofsky JD: Children in a Violent Society, Guilford Press, New York, 1998; 123-49.
5. Perry BD, Pollard R, Blakely T, et al. D Childhood Trauma, the Neurobiology of Adaptation and 'use-dependent' Development of the Brain: How "States" Become "Traits". Infant Mental Health Journal 1995; 16 (4):271-91.
6. Criminal Decree Law NO.15, Bahrain 1976.
7. Jenny C, Taylor RJ, Cooper M. Diagnostic Imaging and Child Abuse: Technologies, Practices, and Guidelines. Medical Technology and Practice Patterns Institute. 1996; 1-35.
8. Hammersley P. Child Abuse Can Cause Schizophrenia, Conference Science Daily (Jun. 14, 2006)
<http://www.sciencedaily.com/releases/2006/06/060614120625.htm> (accessed 20 Oct 2007).

9. Abel GG, Mittelman MS, Becker JV, et al. Predicting Child Molesters' Response to Treatment. *Ann N Y Acad Sci* 1988; 528:223-34.
10. Abel GG, Rouleau JL. Male Sex Offenders. In: Thase ME, Edelstein BA, Hersen M eds. *Handbook of Outpatient Treatment of Adults*. New York, Plenum, 1990; 271-90.
11. Abel GG, Becker JV, Cunningham-Rathner J, et al. Multiple Paraphilic Diagnosis Among Sex Offenders. *Bulletin of American Academy of Psychiatric Law* 1988; 16:153-68.
12. Lisak D, Hopper J, Song P. Factors in the Cycle of Violence: Gender Rigidity and Emotional Constriction. *Journal of Trauma Stress* 1996; 9:721-43.