

## DOCUMENT RESUME

ED 458 451

CG 031 192

TITLE What Can Happen to Abused Children When They Grow Up--If No One Notices, Listens or Helps? Some Statistics from the Research.

INSTITUTION Maine State Dept. of Behavioral and Developmental Services, Augusta.

PUB DATE 2001-01-00

NOTE 18p.; Prepared by the Office of Trauma Services.

AVAILABLE FROM For full text: [http://www.state.sc.us/dmh/abused\\_children.htm](http://www.state.sc.us/dmh/abused_children.htm).

PUB TYPE Reports - Descriptive (141)

EDRS PRICE MF01/PC01 Plus Postage.

DESCRIPTORS Adolescents; Adults; At Risk Persons; \*Child Abuse; Childhood Needs; Children; \*Counseling; \*Early Identification; \*Emotional Problems; Intervention; \*Mental Health; Mental Health Workers; Outcomes of Treatment; \*Sexual Abuse; Symptoms (Individual Disorders)

IDENTIFIERS \*Traumas

## ABSTRACT

Mental health professionals are becoming more aware of problems resulting from trauma. The earlier a trauma is identified and treated the better the chances of recovery, yet professionals do not always recognize symptoms or know what to do. If no one notices or intervenes, childhood abuse can lead to serious mental health problems in the adult years. Some adults suffer lifelong mental health and emotional problems. Others abuse themselves or others. There are several ways the average person can help to break the cycle of violence and trauma. When interacting with children or adolescents, be aware of unexplained bruises; sexualized behavior towards others; reports of bed-wetting or cruelty towards animals; or any marked change in their personality or behavior. Such activities should be reported to a teacher; counselor; physician; minister; and/or child protective services worker. Adults may also show signs of childhood trauma. Signs to look for include self-neglect; recurrent depression; compulsive sexual behavior; suicide attempts; alcohol or drug abuse; or self-injurious behavior. In these cases the adult should be encouraged to see a doctor or licensed therapist. Recovery is possible if an early response is available and support is offered. (Contains 62 references.) (JDM)

# What Can Happen to Abused Children When They Grow Up - If No One Notices, Listens or Helps?

## Some Statistics from the Research

*For purposes of this document, "abuse" and "trauma" are defined as:  
interpersonal violence in the form of sexual abuse, physical abuse,  
severe neglect, loss, and/or the witnessing of violence*

U.S. DEPARTMENT OF EDUCATION  
Office of Educational Research and Improvement  
EDUCATIONAL RESOURCES INFORMATION  
CENTER (ERIC)

- This document has been reproduced as received from the person or organization originating it.
- Minor changes have been made to improve reproduction quality.

- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PERMISSION TO REPRODUCE AND  
DISSEMINATE THIS MATERIAL HAS  
BEEN GRANTED BY

K. Sanborn

TO THE EDUCATIONAL RESOURCES  
INFORMATION CENTER (ERIC)

1

Prepared by the Office of Trauma Services, Department of Mental Health, Mental Retardation and  
Substance Abuse Services, 40 State House Station, Augusta, ME 04333  
Phone: 207 287-4250, TTY 207 287-4200, fax 207 287-4291  
website: [www.umaine.edu/sws/ots](http://www.umaine.edu/sws/ots)

January, 2001

503192



**If no one notices, listens or helps, childhood abuse can lead in adult years to:**

## **SERIOUS MENTAL HEALTH PROBLEMS**

*The mental health system is filled with survivors of prolonged, repeated childhood trauma.*

- 50 to 70% of all women and a substantial number of men treated in psychiatric settings have histories of sexual or physical abuse, or both.  
(Carmen et al, 1984; Bryer et al., 1987; Craine et al., 1988)
- As high as 81% of men and women in psychiatric hospitals with a variety of major mental illness diagnoses, have experienced physical and/or sexual abuse. 67% of these men and women were abused as children. (Jacobson & Richardson, 1987)
- 74% of Maine's Augusta Mental Health Institute patients, interviewed as class members, report histories of sexual and physical abuse. (Maine DMHMRSAS, 1998)
- The majority of adults diagnosed with Borderline Personality Disorder (81%), or Dissociative Identity Disorder (90%) were sexually and/or physically abused as children. (Herman et al, 1989; Ross et al, 1990)
- Women molested as children are 4 times more at risk for Major Depression as those with no such history. They are significantly more likely to develop bulimia and chronic PTSD (Stein et al, 1988; Root & Fallon, 1988; Sloane, 1986; Craine, 1990)
- Childhood abuse can result in adult experience of shame, flashbacks, nightmares, severe anxiety, depression, alcohol and drug use, feelings of humiliation and unworthiness, ugliness and profound terror. (Harris, 1997; Carmen, 1995; Herman, 1992; Janoff-Bulman & Frieze, 1983; van der Kolk, 1987; Brown & Finkelhor, 1986; Rimsza, 1988)
- Adults abused during childhood are:
  - more that twice as likely to have at least one lifetime psychiatric diagnosis
  - almost three times as likely to have an affective disorder
  - almost three times as likely to have an anxiety disorder
  - almost 2 1/2 times as likely to have phobias
  - over 10 times as likely to have a panic disorder
  - almost 4 times as likely to have an antisocial personality disorder(Stein et al, 1988)
- 97% of mentally ill homeless women have experienced severe physical and/or sexual abuse. 87% experienced this abuse both as children and as adults.  
(Goodman, Johnson, Dutton & Harris. (1997)

## **SUICIDE AND SELF-INJURY**

- There is a highly significant relationship between childhood sexual abuse and various forms of self-harm later in life, i.e. suicide attempts, cutting, and self-starving particularly. (van der Kolk, et al, 1991)
- For adults and adolescents with childhood abuse histories, the risk of suicide is increased 4 - 12-fold. (Felitti, 1998)
- Most self-injurers have childhood histories of physical or sexual abuse. 40% of persons who self-injure are men.. (Graff, 1967; Pattison, 1983; Briere, 1988)

**If no one notices, listens or helps, childhood abuse can lead in adult years to:**

## **ALCOHOL AND DRUG ABUSE**

- Nearly 90% of alcoholic women were sexually abused as children or suffered severe violence at the hands of a parent. (Miller, Downs, 1993)
- Up to two-thirds of both men and women in substance abuse treatment report childhood abuse or neglect. (SAMHSA, CSAT 2000)
- Teenagers with alcohol problems are 21 times more likely to have been sexually-abused than those without such problems.
- 71% to 90% of adolescent and teenage girls and 23% to 42% of adolescent and teenage boys in a Maine inpatient substance abuse treatment program reported histories of childhood sexual abuse. (Rohsenow, 1988)
- HMO Adult members who had experienced multiple childhood exposures to abuse and violence had a 4 -12-fold increased risk of alcoholism and drug abuse, and a 2 -4-fold increase in smoking. (Felitti et al., 1998)
- Adults abused during childhood are more than twice as likely than those not abused during childhood to have serious substance abuse problems. (Stein et al., 1988)
- 55% of Augusta Mental Health Institute class members with a dual diagnosis of mental illness & substance abuse report histories of physical and/or sexual abuse. (DMHMRSAS, 1998)

## **SERIOUS MEDICAL PROBLEMS AND HEALTH RISKS**

- Medical impacts of childhood abuse include: Head trauma, brain injury, sexually transmitted diseases, unwanted pregnancy, HIV infection, physical disabilities (back injury, orthopedic, neck etc.) chronic pelvic pain, headaches, stomach pain, nausea, sleep disturbance, eating disorder, asthma, shortness of breath, chronic muscle tension, muscle spasms, elevated blood pressure. (Prescott, 1998; Cunningham, 1988, Morrison, 1989; Springs, 1992; Walker, 1988)
- Adults who had experienced multiple types of abuse and violence in childhood compared to those who had not, had a 2 – 4 fold increase in smoking, poor self-rated health, 50 sexual intercourse partners, sexually transmitted disease, a higher rate of physical inactivity, and severe obesity. (Felitti, 1998)
- A major HMO study reports adverse childhood exposures showed a relationship with the presence of adult diseases, including ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease. (Felitti, 1998)
- Research reveals severe and prolonged childhood sexual abuse to underlie damage to the brain structure, resulting in impaired memory, dissociation, and symptoms of PTSD. (Briere, 1997; van der Kolk, 1996; Perry, 1994)

**If no one notices, listens or helps, childhood abuse can lead in adult years to:**

## **DELINQUENCY, VIOLENCE AND CRIMINAL BEHAVIOR**

*Reenactment of childhood victimization is the major cause of violence in our society.*

- Numerous studies have documented that most violent criminals were physically or sexually abused as children. (Groth, 1979; Seghorn et al, 1987)
- Over 95% of perpetrators who sexually abuse female children and over 80% of those who abuse male children, are men. Most of these men were abused themselves in childhood. (Fergusson & Mullen, 1999)
- Children from violent homes are 24 times more likely to commit sexual assault than their counterparts from non-violent homes. (Dinzinger, 1996)
- Of 14 juveniles condemned to death for murder in the US in 1987, 12 had been brutally physically abused and 5 had been sodomized by relatives as children. (Lewis et al. 1988)
- A study of convicted killers reports 83.8% suffered severe physical and emotional abuse and 32.2% were sexually violated as children. (Blake, 1995)
- 85% of boys and girls committed to the Maine Youth Center report a history of childhood trauma. (MAYSI: Massachusetts Assessment Youth Screening Inventory Assessment. Sept, 1999)
- Over 75% of juvenile girls identified as delinquent by court have been sexually abused. When they run away from the abuse at home, they are often labeled as delinquent. (Calhoun et al 1993)
- 80% of women in prison and jails have been victims of sexual and physical abuse. These women are far more likely to be abused while in prison. (Smith, 1998)
- Without help, one-third of those abused in childhood may abuse or neglect their own children, perpetuating an intergenerational cycle of abuse. (Kaufman, 1987)

## **DEVELOPMENTAL OR PHYSICAL DISABILITIES**

- Violence is a significant causal factor in 10% - 25% of all developmental disabilities. (Sobsey, 1994; Valenti-Hein & Schwartz, 1995)
- 3% - 6% of all children will have some degree of permanent disability as a result of abuse. (Sobsey, 1994; Valenti-Hein & Schwartz, 1995)
- Between 20% - 50% of abused children suffer mild to severe brain damage. (Rose & Hardman, 1981)

**If no one notices, listens or helps, childhood abuse can lead in adult years to:**

## **SEVERE SOCIAL PROBLEMS**

### **Homelessness:**

- 70% of women living on the streets or in shelters report abuse in childhood. Over 70% of girls on the streets have run away to flee violence in their homes. (Goodman, 1991; Chesney-Lind & Shelden, 1998)

### **Prostitution:**

- Victims of child sexual abuse are at high risk of becoming prostitutes in adolescence or as adults. More than 50% of prostitutes were sexually abused as children. (Silbert & Pines, 1981; Bagley & Young, 1987; Pithers,)

### **Poverty and Welfare:**

- More than 40% of women on welfare with multiple persistent problems in leaving the welfare rolls were sexually abused as children. (DeParle, 1999)
- 60% housed, low-income mothers on AFDC, experienced severe childhood physical abuse and 42% were sexually molested as children. (Bassuk, )

### **Truancy, Running Away, Risky Sexual Behavior:**

- Childhood abuse has been correlated with increased adolescent and young adult truancy, running away, and risky sexual behavior. (Briere, 1992)

## **REVICTIMIZATION**

*Predators look for weak or vulnerable people. Having been abused as a child - especially having been sexually abused, makes one vulnerable to being revictimized.*

- Women who are sexually abused during childhood were 2.4 times more likely to be revictimized as adults as women who were not sexually abused. (Wyatt et al, 1992)
- 68% of women with childhood history of incest reported incidents of rape or attempted rape after age 14 compared to 38% of a random sample. (Russell, 1986)
- Girls who experience violence in childhood are 3 to 4 times as likely to be victims of rape. (Browne, 1992)
- Childhood sexual assaults are associated with increased risk of adult assaults of both a physical and sexual nature, whereas childhood physical assaults, by contrast, were not related to adult victimization experiences. (Newman et al, 1998)
- Twice as many women with a history of incest as women without such a history are victims of domestic violence, and twice as many also report unwanted sexual advances by an unrelated authority figure (Russell, 1986)
- Victims of father-daughter incest are four times more likely than nonincest victims to be asked to pose for pornography. (Russell, 1986)

## References to the Literature for

### *What Can Happen to Abused Children When They Grow Up If No One Notices, Listens or Helps*

#### **Serious Mental Health Problems:**

Carmen E, Rieker P, and Mills T. Victims of Violence and Psychiatric Illness. *Am J Psychiatry* 141:3, March, 1984

Bryer JB, Nelson B, Miller JB, Krol P. Childhood Sexual and Physical Abuse as Factors in Adult Psychiatric Illness. *Am J Psychiatry* 144:1426-1430, November, 1987

Craine LS, Henson CE, Colliver JA, et al., Prevalence of a History of Sexual Abuse Among Female Psychiatric Patients in a State Hospital System, in *Hospital and Community Psychiatry*, 39, 300-304. 1988

Jacobson A, Richardson B. Assault Experiences of 100 Psychiatric Inpatients: Evidence of the Need for Routine Inquiry. *American Journal of Psychiatry*, 144, 908-913. 1987

Augusta Mental Health Institute Consent Decree Class Member Assessment. By Maine Department of Mental Health, Mental Retardation and Substance Abuse Services, 1998

Herman, J, Perry C, van der Kolk, B. Childhood Trauma in Borderline Personality Disorder. *Am J Psychiatry* 164:4, 490-495, April, 1989

Ross C, Miller S, Reagor P, Bjornson L, Fraser G, Anderson G. Structured Interview Data on 102 Cases of Multiple Personality Disorder From Four Centers. *J Psychiatry*, 147, 596-601, 1990

Stein, JA; Golding, JM; Siegel, JM; Bumam, MA; Sorenson, SB. Long-term Psychological Sequelae of Child Sexual Abuse: The Los Angeles Epidemiologic Catchment Area Study. In Wyatt, GE & Powell, GJ (Eds) *Lasting Effects of Child Sexual Abuse*. Sage Focus Editions, Vol 100 (pp.135-154). Newbury Park, CA; Sage Publications, 1988

Root M and Fallon: The Incidence of Victimization Experiences in a Bulimic Sample. *J Interpersonal Violence*, 4, 90-100, 1989

Sloane G and Leichner P. Is There a Relationship Between Sexual Abuse or Incest and Eating Disorders? *Canadian J Psychiatry*, 31, 656-660, 1986

Craine P. Cited by: Gondolf EW. *Psychiatric Responses to Family Violence: Identifying and Confronting Neglected Danger*. Lexington, Mass: Lexington Books: 1990

Janoff-Bulman R, Frieze IH. A Theoretical Perspective for Understanding Reactions to Victimization. *Journal of Social Issues*. Vol 39(2): 1 - 17. Summer, 1983

van der Kolk, BA, (Ed.): *Psychological Trauma*. Washington, DC: American Psychiatric Press, 1987

Brown A, Finkelhor D. Impact of Child Sexual Abuse: A Review of the Literature. *Psychological Bulletin*, 99:66-77, 1986

Rimsza ME, Berg RA, Locke C: Sexual Abuse: Somatic and Emotional Reactions. *Child Abuse and Neglect*, 12(2):201-8, 1988

Stein, JA; Golding, JM; Siegel, JM; Bumam, MA; Sorenson, SB. Long-term Psychological Sequelae of Child Sexual Abuse: The Los Angeles Epidemiologic Catchment Area Study. In Wyatt, GE & Powell, GJ (Eds) *Lasting Effects of Child Sexual Abuse*. Sage Focus Editions, Vol 100 (pp.135-154). Newbury Park, CA; Sage Publications, 1988

Goodman L, Johnson M, Dutton MA & Harris M. Prevalence and Impact of Sexual and Physical Abuse. In Harris M & Landis (Eds) *Sexual Abuse in the Lives of Women Diagnosed With Serious Mental Illness*. Pp.277-299. Netherlands, Harwood Academic Publishers. 1997

## **Suicide and Self-Injury**

Van der Kolk BA, Perry JC, Herman JL. Childhood Origins of Self-destructive Behavior. *American Journal of Psychiatry*. 148:1665-1671. 1991

Felitti, VJ, Anda, RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of childhood Abuse and Household dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med*, 14:245-258, 1998

Graff H, Mallin R. The Syndrome of the Wrist Cutter. *American Journal of Psychiatry*. 124(1): 36 – 42. 1967

Pattison EM, Kahan J. The Deliberate Self-Harm Syndrome. *American Journal of Psychiatry*, Vol 140(7): 867 – 872. July, 1983

Briere J, Runtz M. Post Sexual Abuse Trauma. In Wyatt GE, Powell GJ (EDS) *Lasting Effects of Child Sexual Abuse* CA: Sage Publications, 1988

## **Alcohol and Drug Abuse**

Miller B, Downs W. *Journal of Studies in Alcohol*, Supplement No. 11:109-117, 1993

Center for Substance Abuse Treatment. Substance Abuse Treatment for Persons with Child Abuse and Neglect Issues. *Treatment Improvement Protocol (TIP) Series*. Number 36. DDHS Publication No. (SMA) 00-3357, Washington DC: U.S. Printing Office, 2000

Teenager w SA 21 Xs more likely to have been sexually abused than those without: reference information needed.

Rohsenow DJ, Corbett R, Devine D. Chemical Dependency Treatment Program, Mid-Maine Medical Center, Waterville, Maine. Molested As Children: A Hidden Contribution to Substance Abuse? *Journal of Substance Abuse Treatment*. Vol.5, pp. 13 – 18, 1988

Felitti, VJ, Anda, RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of childhood Abuse and Household dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med*, 14:245-258, 1998

Stein, JA; Golding, JM; Siegel, JM; Burnam, MA; Sorenson, SB. Long-term Psychological Sequelae of Child Sexual Abuse: The Los Angeles Epidemiologic Catchment Area Study. In Wyatt, GE & Powell, GJ (Eds) *Lasting Effects of child Sexual Abuse*. Sage Focus Editions, Vol 100 (pp.135-154). Newbury Park, CA; Sage Publications, 1988

Augusta Mental Health Institute Consent Decree Class Member Assessment. By Maine Department of Mental Health, Mental Retardation and Substance Abuse Services, 1998

## **Serious Medical Problems**

Prescott L. Women Emerging in the Wake of Violence, Prototype Systems Change Center, Los Angeles, 1998



Cunningham J, Pearce T, Pearce P. Childhood Sexual Abuse and Medical Complaints in Adult Women. *Journal of Interpersonal Violence*, 3,131-144. 1988

Morrison J. Childhood Sexual Histories of Women With Somatization Disorder. *American Journal of Psychiatry*, 146, 239-241. 1989

Springs F and Friedrich W. Health Risk Behaviors and Medical Sequelae of Childhood Sexual Abuse. *Mayo Clinic Proceedings*. 1993

Walker E, Katon W, Harrop-Griffiths J, Holm I, Russo J, Hickok L. Relationship of Chronic Pelvic Pain to Psychiatric Diagnosis and Childhood Sexual Abuse. *American J Psychiatry*, 145, 75-80. 1988

Felitti, VJ, Anda, RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of childhood Abuse and Household dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med*, 14:245-258, 1998

Felitti, VJ, Anda, RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of childhood Abuse and Household dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med*, 14:245-258, 1998

Van der Kolk B. The Body Keeps the Score: Approaches to the Psychobiology of Posttraumatic Stress Disorder. In *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society*. Van der et al (Eds) Guilford Press. 1996

Briere J. *Child Abuse Trauma: Theory and Treatment of the Lasting Effects*. Sage Publications. 1997

## **Delinquency, Violence and Criminal Behavior**

Groth AN. *Men Who Rape: The Psychology of the Offender*. New York: Plenum, 1979

Seghorn TK, Prentky RA, Boucher RJ. Childhood Sexual Abuse in the Lives of Sexually Aggressive Offenders. *Journal of American Academy of Child and Adolescent Psychiatry*, Vol 26 (2): 262-267. March, 1987

Fergusson D, Mullen P. *Childhood Sexual Abuse: An Evidence Based Perspective*. CA: Sage Publications. 1999

Dinzinger S. *The Real War on Crime: The Report of the National Criminal Justice Commission*, NY, NY: Harper Publications. 1996

Lewis D, Pincus J, Bard B et al. Neuropsychiatric Psychoeducational and Family Characteristics of 14 Juveniles Condemned to Death in the United States. *Am J Psychiatry* 145:584-589. 1988

Blake B. *Neurology* 45: 1641-1647. 1995

MAYSI Massachusetts Assessment Youth Screening Inventory Assessment. Sept, 1999

Calhoun G, Jurgens J, Chen F. The Neophyte Female Delinquent: A Review of the Literature. *Adolescence*, 28, 461-471, 1993

Smith B. *An End To Silence: Women Prisoners' Handbook on Identifying and Addressing Sexual Misconduct*". National Women's Law Center. April 1998

Kaufman, J.; Zigler, E. Do Abused Children Become Abusive Parents? *American Journal Orthopsychiatry*, 57(2), April 1987

## **Developmental or Physical Disabilities**

Sobsey D, *Violence and Abuse in the Lives of People with Disabilities: The End of Silent Acceptance?* Baltimore: Paul Brookes. 1994

Valenti-Hein D, Schwartz L. *The Sexual Abuse Interview For Those With Developmental Disabilities*. James Stanfield Company, Santa Barbara, CA 1995

Rose E, Hardman ML. The Abused Mentally Retarded Child. *Education and Training of the Mentally Retarded*, Vol 16(2): 114-118. April, 1981

## **Severe Social Problems**

### **Homelessness**

Goodman LA. The Prevalence of Abuse Among Homeless and Housed Poor Mothers: A Comparison Study. *American Journal of Orthopsychiatry*. Vol 61(4): 489-500, October, 1991

Chesney-Lind. What To Do About Girls? Promising Perspectives and Effective Programs. *ICCA Journal*, December 1998

### **Prostitution**

Silbert MH, Pines AM. Sexual Child Abuse as an Antecedent to Prostitution. *Child Abuse and Neglect*, Vol 5(4): 407-411, 1981

Bagley C and Young L. Juvenile Prostitution and Child Sexual Abuse: A Controlled Study. *Canadian J of Community Mental Health*, 6, 5-26. 1987

### **Poverty and Welfare:**

DeParle, Jason. Life After Welfare. In *The New York Times*, November 28, 1999

Bassuk E.

### **Truancy, Running Away, Risky Sexual Behavior**

Briere J. *Child Abuse Trauma: Theory and Treatment of the Lasting Effects*. CA: Sage Publication. 1992

## **Revictimization**

Wyatt GE, Guthrie D, Notgrass CM. Differential Effects of Women's Child Sexual Abuse and Subsequent Sexual Revictimization.. *Journal of Consulting and Clinical Psychology*, 60: 167-173, April, 1992

Russell DEH. *The Secret Trauma: Incest in the Lives of Girls and Women*. New York, NY: Basic Books Inc Publishers; 1986

Browne, A. *Violence Against Women: Relevance for Medical Practitioners*. . Council on Scientific Affairs, American Medical Association Report.. JAMA, Vol 257, No. 23. June 17, 1992

Newmann JP, Greenley D, Sweeney JK, Van Dien G. Abuse Histories, Severe Mental Illness, and the Cost of Care. In Levin BL, Blanch AK, Jennings A; *Women's Mental Health Services: A Public Health Perspective* pp. 279-308. Sage, 1998

Russell DEH. *The Secret Trauma: Incest in the Lives of Girls and Women*. New York, NY: Basic Books Inc Publishers; 1986

Break the Silence  Support the Healing



*What happens to  
abused children  
when they grow up?*

Many develop emotional or physical problems

Many abuse alcohol, food, and other substances

Many hurt themselves or commit suicide

Many become violent towards others

*Many can recover - if help is available*



## Break the Silence

### **Abuse is very common**

Experts estimate that, in the United States, 1 in 3 women and 1 in 5 men experience sexual abuse in childhood. Between 2,000 and 5,000 American children die annually from physical abuse. Countless trauma victims are now sitting in our jails and mental hospitals with no treatment and little hope for recovery.

Yet the subject is shrouded in silence. Most people, both the victims and those who know or suspect it is happening, say nothing. They may be silent out of shame, or fear of retribution, or fear of further humiliation. Or worse, they tell someone, but are not believed. Because of the silence, the cycle of abuse and violence continues, and the pain

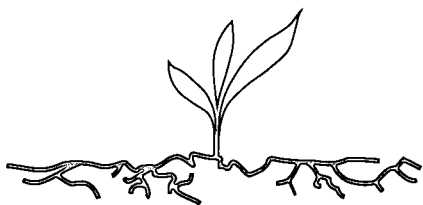
*Children can heal, and adults can recover, if help is available*

Today doctors and therapists are more aware of the problems resulting from trauma. They are also more aware that the earlier a trauma is identified and treated, the better the chances for recovery. Yet professionals do not always recognize the symptoms, or know what to do.

Anna was sexually abused by her babysitter at an early age. From puberty to her suicide at age 32, she was treated by mental health professionals. She was given many labels including borderline, paranoid, schizophrenic, and anorexic. She was given every kind of drug and every kind of therapy, even electroshock. Every therapy, that is, except the one she needed -- recognition and acknowledgement of her youthful trauma, and help in dealing with it.

In the example above, Anna received 4,124 days of hospitalization at a cost of \$2.6 million. Had she had intensive trauma-based therapies at an early point in her youth, or even later on, Anna might still be alive today, and the cost would have been far less.

Counseling and early intervention are more humane, effective, and less expensive than mental hospitals, jails, and long-term medical care.



## What happens to adults who were abused in childhood?

### **Some suffer lifelong emotional harm.**

Abused children are 2 to 3 times as likely to develop a serious mental illness. Multiple studies reveal that between 50% and 70% of adults and children receiving mental health treatment have abuse experiences in their backgrounds. Once in the system, they are more likely to be misdiagnosed and poorly treated. Many others never make it into the system or cannot find what they need there. They suffer silently without treatment.

### **Some suffer lifelong physical harm.**

Research shows that between 3% and 6% of abused children develop a permanent disability. Up to half suffer mild to severe brain damage, in some cases leading to learning and developmental disabilities. In adult life they experience a higher likelihood of heart disease, cancer, and other chronic medical conditions.

**Some abuse themselves.** As a result of internalizing the pain, abused adults are 4 to 12 times more likely to become depressed; this sometimes results in suicide attempts. Many try to dull their pain through the abuse of drugs, alcohol, nicotine, and other substances. They are more likely to have eating disorders and to injure themselves.

Adults who were abused in childhood are more vulnerable to being sexually exploited, to suffer further sexual abuse, and to contract a sexually-transmitted disease.

**Some abuse others.** The National Commission to Prevent Child Abuse reports that "The majority of women and men in the criminal justice system were abused as children." This finding has been confirmed by many studies of prisoners and juvenile offenders.

## Support the Healing



What can the average person do to help break the cycle of violence and trauma?

### In general...

- **Believe** when someone tells you
- **Be there** for them. It will help their healing
- **Educate** yourself and others about the effects of abuse and violence.

### Specifically...

**Identify and report suspected childhood abuse.**

When interacting with children or teens, be alert for:

- unexplained bruises, welts, cuts or burns
- sexualized behavior towards others, either children or adults, which is developmentally inappropriate
- fire-setting, bed-wetting, or marked cruelty towards pets and animals
- marked change in child's personality or behavior, including withdrawal or aggression, anxiety or fearfulness, and avoidance of touch.

If you notice these, consult with a teacher, counselor, physician, minister, and/or child protective service worker. Don't be a detective. It's not your job to establish what is going on. However, if there is even a chance that something unhealthy is happening, you owe it to the child to take the first step and alert appropriate immediately.

## **Be aware that adults also experience difficulties related to childhood trauma.**

The American Medical Association lists the following possible signs of trouble:

- self -neglect, malnutrition
- recurrent depression, panic attacks
- compulsive sexual behavior or sexual avoidance
- suicide attempts
- alcohol, drug abuse
- self injury (cutting or otherwise physically harming oneself)

Sometimes these symptoms -- often viewed by survivors as ways to cope -- are triggered by an event which recalls the circumstances of the original abuse, such as:

- pregnancy or birth of a child
- illness or death of perpetrator
- divorce or death of parents
- child reaching a key age
- family reunions
- illness or injury of a child
- viewing a violent movie
- medical or dental examination
- new workplace situation

If you have a reason to be concerned about a friend, family member, or neighbor, encourage him or her to see a doctor or licensed therapist. The earlier the response, the better the chance of success. For recovery is truly possible.







With support, survivors can and do achieve a sense of self-mastery.

They develop caring relationships and find meaning and purpose in life.

They find their voices and are able to speak out against abuse and injustice.

In the end, their journeys reveal the incredible resilience and strength of the human spirit.

---

## Resources

**Child Protective Services** 1-800-452-1999  
1-800-963-9490 TTY

**Maine Coalition Against Sexual Assault**  
1-800-871-7741  
1 888-458-5599 TTY

**Maine Coalition to End Domestic Violence** 941-1194

---

**Department of Mental Health, Mental Retardation and Substance Abuse Services**

<b>Crisis Line</b>	1-888-568-1112 / TTY
<b>Portland Regional Office</b>	822-0270 / 822-0272 TTY
<b>Augusta Regional Office</b>	287-8118 / 287-4238 TTY
<b>Bangor Regional Office</b>	941-4360 / 941-4392 TTY
<b>Office of Trauma Services</b>	287-4250

---

**This pamphlet has been developed by:**

The Advisory Board of the Office of Trauma Services  
OTSA



House Station, Augusta, ME • 04333

Full Text Provided by ERIC

[www.umaine.edu/sws/ots](http://www.umaine.edu/sws/ots)



Office of Trauma Services  
Maine Department of Mental Health, Mental  
Retardation and Substance Abuse Services  
40 State House Station  
Augusta, ME 04333

PRSRRT STD  
U.S. POSTAGE  
PAID  
PERMIT NO. 8  
AUGUSTA, MAINE



U.S. Department of Education  
Office of Educational Research and Improvement (OERI)  
National Library of Education (NLE)  
Educational Resources Information Center (ERIC)



# REPRODUCTION RELEASE

(Specific Document)

## I. DOCUMENT IDENTIFICATION:

Title: <i>What can Happen to Abused Children When They Grow up - If No One Notices, listens or helps? Some Statistics from the Research</i>	
Author(s): <i>Office of Trauma Services Maine Dept of Behavioral and Developmental; Dr. Ann Jennings</i>	
Corporate Source:	Publication Date: <i>Jan. 2001</i>

## II. REPRODUCTION RELEASE:

In order to disseminate as widely as possible timely and significant materials of interest to the educational community, documents announced in the monthly abstract journal of the ERIC system, *Resources in Education* (RIE), are usually made available to users in microfiche, reproduced paper copy, and electronic media, and sold through the ERIC Document Reproduction Service (EDRS). Credit is given to the source of each document, and, if reproduction release is granted, one of the following notices is affixed to each document.

If permission is granted to reproduce and disseminate the identified documents, please CHECK ONE of the following three options and sign at the bottom of the page.

The sample sticker shown below will be affixed to all Level 1 documents

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY

\_\_\_\_\_

\_\_\_\_\_

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

1

Level 1

Check here for Level 1 release, permitting reproduction and dissemination in microfiche or other ERIC archival media (e.g., electronic) and paper copy.

The sample sticker shown below will be affixed to all Level 2A documents

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL IN MICROFICHE, AND IN ELECTRONIC MEDIA FOR ERIC COLLECTION SUBSCRIBERS ONLY, HAS BEEN GRANTED BY

\_\_\_\_\_

\_\_\_\_\_

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

2A

Level 2A

Check here for Level 2A release, permitting reproduction and dissemination in microfiche and in electronic media for ERIC archival collection subscribers only

The sample sticker shown below will be affixed to all Level 2B documents

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL IN MICROFICHE ONLY HAS BEEN GRANTED BY

\_\_\_\_\_

\_\_\_\_\_

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

2B

Level 2B

Check here for Level 2B release, permitting reproduction and dissemination in microfiche only

Documents will be processed as indicated provided reproduction quality permits. If permission to reproduce is granted, but no box is checked, documents will be processed at Level 1.

I hereby grant to the Educational Resources Information Center (ERIC) nonexclusive permission to reproduce and disseminate these documents as indicated above. Reproduction from the ERIC microfiche or electronic media by persons other than ERIC employees and its system contractors requires permission from the copyright holder. Exception is made for non-profit reproduction by libraries and other service agencies to satisfy information needs of educators in response to discrete inquiries.

Sign here, → please

Signature: <i>Katie Sanborn</i>	Printed Name/Position/Title: <i>Katie Sanborn Asst. to Commissioner</i>	
Organization/Address: <i>Maine Department of Behavioral and Developmental Services 40 State House Station Augusta, Me 04333</i>	Telephone: <i>207 8287-4200</i>	FAX: <i>207 2874268</i>
	E-Mail Address:	Date: <i>12/20/01</i>