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Article in Clinical Psychology Science and Practice · May 2017
DOI: 10.1111/cpsp.12199

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Introduction for the Special Issue: The Long-Term Effects of Childhood Adversity and Trauma

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Key words: childhood adversity, long-term effects, mental health, trauma. [Clin Psychol Sci Prac 24: 107–110, 2017]

Since the publication of the first article from the Adverse Childhood Experiences (ACE) Study (Felitti et al., 1998), there has been growing and consistent evidence that exposure to childhood maltreatment (e.g., physical abuse, sexual abuse, and neglect) and family disturbances (e.g., substance abuse or criminal activity by a family member, death of a parent) are associated with an array of physical and mental health problems. Individuals who have experienced childhood adversity show higher rates of depression, anxiety, substance abuse, eating disorders, psychosis, suicidality, and personality disorders (see Teicher & Samson, 2013, for a review), as well as poorer response to both psychosocial and pharmacological treatment (e.g., Nanni, Uher, & Danese, 2012). Indeed, it has been estimated that childhood adversity accounts for 26% to 32% of the risk for all adolescent and adulthood psychiatric disorders attributed at a population level (Green et al., 2010). The effects of exposure to childhood adversity and trauma extend beyond psychiatric impacts and include diminished cognitive functioning (e.g., De Bellis, Hooper, Spratt, & Woolley, 2009) and compromised physical health status. Individuals who have experienced childhood adversity are more likely to experience immune disorders, cardiovascular disease, and cancer (Felitti et al., 1998) and to have premature mortality (Brown et al., 2009). Those who have experienced childhood maltreatment are also more likely to experience violence in adulthood—either as victim or perpetrator—and to have a lower quality of life. As such, the long-term effects of exposure to adversity and trauma during childhood are notable and pervasive.

The purpose of this issue is to provide review articles by top experts in the field intended to summarize and critique the current state of knowledge about the long-term effects of exposure to childhood adversity. In particular, we hope to provide readers with a scholarly overview of literature, which often is siloed within its individual domain. This special issue includes articles that identify disorders and problems that are particularly prevalent among those who have experienced childhood adversity and that provoke consideration of the developmental disturbances or potential underlying vulnerability factors that may contribute to risk for such a broad array of negative outcomes. The issue begins with a clear and complete summary by Cross and colleagues (Cross, Fani, Powers, & Bradley, 2017) on the structural and functional neurobiological alterations that are associated with childhood trauma, and their impact on executive functioning, emotion regulation, and dissociation/interoceptive awareness. As well, the interaction of these neurobiological changes and their influence on genetic and epigenetic processes during sensitive periods of development are discussed. Problems in physical health are represented in recent work by Basu and colleagues (Basu, McLaughlin, Misra, & Koenen, 2017), who discuss two cardiometabolic diseases: cardiovascular disease and type 2 diabetes. Cardiometabolic disease constitutes the leading cause of mortality and morbidity among both men and women in the United States. Although health research has traditionally focused on identifying interventions to modify health behaviors among adults, the American Heart Association is now calling for greater attention to the role of childhood as a time in which risk
factors and preventive interventions can be identified. Basu and colleagues provide an important review of how childhood adversity may impact cardiometabolic disease in adulthood.

The impact of childhood adversity on risk for adult psychopathology is represented by articles by Liu (2017) on depression, Messman-Moore and Bhuptani (2017) on posttraumatic stress disorder (PTSD) and its various comorbidities, and Bailey and Brand (2017) on dissociation. Liu advances the discussion of the well-supported association between childhood adversity and adult depression by considering the moderating and mediating influences of cognitive, interpersonal, and neurobiological factors and, in turn, their impact on the development of more effective and efficient treatment. Messman-Moore and Bhuptani identify several apparently disparate disorders comorbid with PTSD, namely, substance use disorders, eating disorders, and borderline personality disorders, and make a compelling argument that emotion dysregulation may be a critical underlying disturbance that unifies risk for these comorbidities, followed by treatment implications. Bailey and Brand provide a thoughtful and thorough review of the relationship between childhood abuse and dissociation, the presence of dissociation in diagnoses ranging from DSM-5 PTSD in which dissociation is one of many symptoms of dissociative identity disorders, and the unifying principles for the treatment of dissociation across disorders.

We have included an article examining the relationship between childhood maltreatment and later risk for violence, authored by Widom (2017). This article provides a nuanced and sophisticated review of the “cycle of violence” perspective, identifying the research on the relationship between abuse and neglect and an array of outcomes, including sexual offending, intimate partner violence, and the intergenerational transmission of abuse and neglect. The article challenges some stereotypes, for example, that maltreatment leads to gender-specific negative outcomes where boys engage in externalizing behaviors and girls predominately in internalizing behaviors, and that those with a history of childhood maltreatment are representative of the adult offending populations. Neither is true.

Emerging evidence suggests that the varied consequences of exposure to adversity and trauma may share underlying mechanisms of action. In the articles that address outcomes related to psychopathology, it is notable that disturbances in attachment, emotion regulation, or both are identified as risk factors for the onset and maintenance of psychiatric disorders. The article by Doyle and Cicchetti (2017) provides a clear and substantive formulation of the disruptive effects of adverse caregiving environments on attachment, with implications for later social functioning and relationship quality. Disruptions in attachment are risk factors for a wide range of negative outcomes as they undermine important protective factors such as social support, which reduces risk for both mental and physical health problems, particularly in times of stress. Similarly, the development of healthy attachment includes the growth of effective emotion regulation. Maltreatment is associated with emotion dysregulation, which in turn creates vulnerability to depression, anxiety, suicidality, and aggression.

In constructing this issue, there are many outcomes relevant to an understanding of the consequences of childhood adversity that could not be included, owing to space constraints. Included among these are examinations of suicidality, substance abuse, eating disorders, personality disorders, and interpersonal functioning, including parenting practices and styles. We would like to recognize the importance of these other topics and hope that additional examinations of the long-term impacts of childhood adversity can extend their reach to include these issues.

These reviews help us to see a clearer picture of the long-term effects of adversity in childhood but also raise additional questions. For example, emerging research suggests that type of childhood adversity matters, as does its timing. Recent investigations indicate that previous childhood experiences of repeated interpersonal violence as compared to “acts of nature” create substantially higher risk for PTSD following a traumatic experience in adulthood, including those that are noninterpersonal, such as a car accident (Liu, 2017). This information suggests that not all types of exposures are equal in their impact, and that the cumulative effect of previous trauma on a current event may occur even when the events are not similar to each other, all of which create challenges in precisely identifying risk for negative outcomes. Timing of the
adversity may be a critical factor not so much in severity but in type of outcome. For example, a recent study found that individuals reporting sexual abuse after the age of 12 were at greater risk for PTSD than those below age 12, whereas conversely, those reporting abuse as occurring below age 12 experienced more severe depression (Schoedl et al., 2010). If the timing of maltreatment is associated with risk for differing forms of psychopathology, then this information would be relevant in developing or selecting optimal interventions.

Other issues arise as well, such as how to conceptualize and study multiple family roles involving trauma within the context of childhood. For example, in witnessing parental intimate partner violence, a child may experience neglect or abuse simultaneously. Parenting may be negatively affected, along with other key psychological processes such as attachment, perceptions of safety, and the like. How do we refine our understanding of the long-term effects of this form of childhood adversity? As a field, we have sophisticated methodologies that can help us dismantle the contribution of various life events to outcomes. In application of some of these methodologies, we will need to be clear in our conceptualization and measurement approaches. In light of the reviews offered in this special series, the field easily may be poised to advance understanding of these types of childhood adversities.

As a whole, the articles in this special issue speak to treatment of various disorders among survivors of childhood adversity and trauma. Advances in treatment are discussed and include consideration of developing interventions that may address underlying and common mechanisms of action, such as emotion regulation, or transdiagnostic approaches for problems that frequently beset those who have experienced maltreatment, including problematic interpersonal functioning, negative self-concept, low expectations of others, hyperarousal, and depression. Others have suggested, given the presence of poorer treatment outcomes across a range of disorders experienced by those with childhood maltreatment, that presence of childhood maltreatment might be considered a subtype across a variety of disorders, including depression, substance abuse, and anxiety disorders (Teicher & Samson, 2013). Several articles acknowledge the importance of preventive intervention, in which interventions are delivered to those with specific risk factors. Lastly, particularly when considering the prevalence of childhood maltreatment worldwide, the ideal intervention is the prevention of abuse, neglect, and maltreatment of children through awareness, education, and resource delivery. Examples of such programs are those developed by the World Health Organization (WHO) in partnership with multiple local organizations and programs in the United States that educate parents, doctors, teachers, and mental health professionals about how to recognize risk for and prevent abuse and neglect of children.

In closing, we hope that you enjoy this issue and learn from it. As you will see, the literature has advanced remarkably since Felitti and colleagues first highlighted the negative, radiating impact of childhood adverse experiences in 1998. Although we have learned much about the long-term effects of childhood adversity and trauma, there appears to be much yet to be learned. We hope that this special issue will prompt additional scientific efforts, alongside ongoing work in the clinical and policy domains.

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Received February 28, 2017; accepted March 1, 2017.