



# The Long-Term Consequences of Childhood Maltreatment for Adult Survivors: A chronic price to pay

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## Abstract

Child abuse reports are made every ten seconds in the United States, a country with one of the poorest records among industrialized nations, reports an average of five children dying daily due to abuse and neglect in 2019. This literature review furnishes a synopsis and essential analysis of child maltreatment, including abuse and neglect, and examines its numerous processes and complex effects on individuals, families, and society. Childhood maltreatment can include physical, sexual, and emotional can lead to Adverse Childhood Effects (ACE). These effects may have a detrimental impact on one's development, social skills, immediate and long-term physical well-being, mental health, and mortality. Although parents and caregivers determine their children's rearing practice, there must be procedures in place for medical professionals and schools to intervene when childhood maltreatment occurs. Moreover, the definition of abuse and state laws vary; therefore, there is a necessity for universal designations as to what entails maltreatment and abuse, and deterrents must be put in place federally to reduce childhood maltreatment.

Keywords: Child Maltreatment, Physical Abuse, Emotional Abuse, Sexual Abuse, Adverse Childhood Effects

## INTRODUCTION

Child maltreatment is a global concern of a substantial degree, negatively affecting millions of children (Stoltenborgh et al., 2014). Traumatic events have a deep sensory impact on young children whose sense of safety may be destroyed by loud noises, horrifying visual stimuli, violent movements, and other sensations associated with an unforeseen, threatening occurrence (Peterson, 2018). In the United States (U.S.), 60% of adults reported exposure to at least one traumatic event in their childhood (Merrick et al., 2018; Reuveni et al., 2020). As defined by the American Psychiatric Association (APA, 2000), trauma is any perceived experience that threatens injury, death, or physical wellbeing and results in feelings of fear, terror, and helplessness. The adverse influences of trauma impact individuals within the family unit and the family structure (Chappelle & Tadros 2020). However, even in countries and states with mandatory reporting systems, the physical abuse of children is underreported and under-recognized (Soldatou et al., 2020). Additionally, children who encounter

abuse and are subjected to return to abusive homes by CPS are highly likely to undergo continued abuse (Brown et al., 2021).

Because infants and young children may not be able to verbalize threatening or dangerous circumstances, and their reactions may be distinct from older children's, early childhood trauma typically refers to the traumatic experiences that transpire with children aged 0-6 (Peterson, 2018). Child maltreatment is a form of a traumatic event that individuals experience, and The World Health Organization (WHO) defines child maltreatment as abuse and neglect that occurs to children before the age of 18 years old, including all types of exploitation, educational neglect, medical negligence, physical, sexual or emotional abuse which results in actual or potential harm to a child's health, survival, development, or dignity (Stoltenborgh et al., 2014; Winley et al., 2016; WHO, 2020). The Children's Bureau (2021) reported that of all the maltreatment reports received in 2019, (74.9%) of those reports were due to neglect, (17.5%) were from physical abuse, and (9.3%) were from sexual abuse (U.S. Department of Health & Human Services, 2021). Within the boundaries of the caregivers' resources, educational neglect fails to accommodate the child's development in all areas, including wellness, emotional development, education, nourishment, security, and a secured environment (Stoltenborgh et al., 2014). The Adverse childhood experiences (ACE) score is computed from the amount of "yes" replies to inquiries about each of ten ACE classes (Larkin, 2012). Adverse childhood experiences (ACEs) include comprehensive injuries from community violence, collective violence impacting children,

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direct physical abuse, physical neglect, sexual abuse, emotional neglect, and emotional abuse, and indirect impacts of parental incarceration, parental violence, bullying, parental substance abuse, parental divorce/separation, and parental suicide or self-harm (Fernandes et al., 2021; Larkin, 2012). With child maltreatment being so prevalent, we must explore the long-term consequences of individuals' abuse and neglect during childhood. This paper will examine the long-term effects of child maltreatment and the impact on adult survivors' physical and mental health and relationships.

## FORMS OF ABUSE

### Physical

Every ten seconds in the United States, child abuse reports are made (Childhelp, 2021). Child physical abuse is a transnational public health crisis with long-term negative consequences for impacted individuals and family members (Soldatou et al., 2020). Children are experiencing child maltreatment at disproportionate rates; from birth to age five, children are more likely to experience hospitalization and death from injuries due to submersion, drowning, burns, falls, poisoning, suffocation, or choking compared to any children from any other age group (Grossman 2000; Vanderzee et al., 2019). Parental substance abuse, poverty, and interpersonal violence in the home enlarge perpetrator risk factors for child physical abuse (Brown et al., 2021). Physical abuse is one of the most prevalent forms of child maltreatment, which transpires when a parent or caregiver engages in an act that intentionally or unintentionally results in physical injury to a child, such as bruises, cuts, red marks, welts, broken bones, or muscle sprains (Peterson, 2018). Sentinel injuries appear as minor injuries, such as intraoral injuries and bruises, in non-mobile infants frequently forego more severe abuse; thus, providers who properly identify and react to sentinel injuries can prevent escalation of the abuse (Brown et al., 2021). ACE-related health consequences arising from emotional, physical, and behavioral health carry considerable public expenses throughout an individual's life, including chronic illness, depression, teen pregnancy, and substance abuse (Dye, 2018; Larkin, 2012). Increased risk factors for child physical abuse include prematurity, young age, twins, special needs, colic or excessive crying, toilet training accidents, and behavior difficulties (Brown et al., 2021).

### Sexual

Sexual abuse and assault are global issues that concern people of every gender, age, ability, or status; however, vulnerable groups such as children are at a more elevated risk (Bartol & Bartol, 2019; Dye, 2018; McQueen et al., 2021). It is approximated that one in four girls and one in seven boys in the United States experience child sexual abuse, which transpires when individual controls or cohorts a minor by manipulating sexual activity (Winley et al., 2016). Sexual abuse transpires when an individual coerces or dominates another individual suggestively or sexually, and sexual trauma that transpires during adolescence increases the risk of adverse psychological outcomes, including self-directed injuries, suicidal ideation, and suicide attempts (Maguire et al., 2014; Dye, 2018; Winley et al., 2016). Moreover, child sexual abuse can entail sexual communication and non-contact acts via the internet in-person or over the phone, including voyeurism,

exhibitionism, and exposure to pornographic materials (Townsend & Rheingold, 2013). Social, cultural, and religious factors enable perpetrators who abuse their influence and authority by sexually abusing vulnerable children to commit child sexual abuse outside of their homes (Bartol & Bartol, 2019; Formicola, 2016; Harper & Perkins, 2018; McPhillips, 2016; Rashid & Barron, 2018). Approximately 90% of children who are sexually abused know their abuser, as only 10% of sexually abused children are abused by a person unknown to them (Finkelhor, 2012 & Whealin, 2007). Perpetrator's access children through occupations in which they can build emotional relationships through frequent contacts, such as when parents entrust church members to care for their children, during religious retreats, social events, or church daycares (Bartol & Bartol, 2019; Crosson-Tower, 2021 Drouin et al., 2017; Palmer & Feldman, 2017). The timeframe in which child sexual assaults are most likely to transpire is between 8 a.m., 12 p.m., and 3 and 4 p.m. Adolescents 12 to 17 years old are more likely to become entangled within peak periods of assaults occurring in the late evening hours (Snyder, 2000). Pedophiles employ entrapment to make the child believe that they are obligated to comply and assure themselves that the relationship is mutually consensual, and groom children by using enticement tactics which is a technique to lure children that includes presents, gifts, and affection (Bartol & Bartol, 2019; Drouin et al., 2017).

### Emotional

Childhood emotional or psychological abuse is a more discreet type of maltreatment that involves the continual emotional mistreatment of a child, including purposefully attempting to ignore, isolate, humiliate, or terrorize a child described as corruptive caregiving (NSPCC, 2022; Shin et al., 2015). Globally a constant finding in child maltreatment studies is the heightened prevalence of emotional abuse compared with sexual and physical abuse (Fernandes et al., 2021). Emotional abuse includes continuous disinterest in a child's psychological and emotional needs, and although it has been defined as a distinctive form of maltreatment, there is frequently significant overlapping with various types of neglect occurring (Maguire et al., 2014). Emotional or psychological abuse also involves blaming and scapegoating, failing to foster a child's social development, forcing a child to perform degrading acts, humiliating or frequently belittling a child by making the child the topic of jokes, or employing sarcasm to harm a child (National Society for Prevention of Cruelty to Children [NSPCC], 2022). Children who have been emotionally abused fail to reach significant developmental milestones (Child Matters, 2022). And emotional abuse is associated with numerous neuropsychological problems, including anxiety, delinquency, depression, dissociative symptoms, disturbance in limbic brain systems, hostility, and low self-esteem (Shin et al., 2015). Physical signs or indicators of a child being emotionally abused include recurring psychosomatic complaints of nausea, long-term vomiting, headaches, abdominal aches, prolonged diarrhea, bed-wetting, or soiling without medical reason (Child Matters, 2022). Emotional abuse also entails the failure to render a developmentally suitable, supportive setting that enables the child to form a secure and comprehensive spectrum of social and emotional aptitudes; according to the child's aptitude within the context of society, where the child is raised (Maguire et al., 2014; Stoltenborgh et al., 2014). Other forms of emotional abuse are being absent, manipulating a child, consistently ignoring them, not allowing them to have friends, withholding of communicating positive emotions,

complimenting a child on triumphs, not acknowledging a child's individualism, or attempting to manipulate their lives (NSPCC, 2022). Certain adult behaviors could suggest they commit emotional abuse; for instance, if a parent or caregiver has unrealistic expectations, they may frequently practice derogatory name-calling, publicly humiliate the child, forcing the child to perform a function of subservient or surrogate parent, or if the adult repeatedly threatens physical harm or forces the child to witness physical harm inflicted another family member (Child Matters, 2022; NSPCC, 2022). Considering that the nurturing and protective role of the child's social and familial surroundings are crucial in personality development, numerous positive personality traits are challenging to develop for emotionally abused children who frequently live in adversarial and frightening caretaking surroundings (Shin et al., 2015). Children who are being emotionally abused may act inappropriately for their age, have hardships creating or sustaining relationships, appear insecure or lack self-assurance, or struggle to manage their emotions (NSPCC, 2022).

## IMPACTS OF CHILDHOOD MALTREATMENT

### Biological Impacts of Childhood Maltreatment

The Adverse Childhood Experiences (ACEs) Study, one of the most extensive studies on childhood maltreatment and the links to long-term health consequences, found a direct association between ACEs and poorer morbidity and mortality (Easton, 2012; Felitti & Anda, 2010; Taylor et al., 2016). Adult survivors of childhood abuse are more prone to experience medical problems as compared to their non-abused counterparts (Sachs-Ericsson et al., 2005; Taylor et al., 2016), medical conditions such as diabetes (Kendall-Tackett, 2003; Taylor et al., 2016), gastrointestinal problems (Leserman, 2005; Taylor et al., 2016), or obesity (Williamson et al., 2002; Taylor et al., 2016) are the most prevalent when a maltreatment history is present (Taylor et al., 2016). Additionally, child maltreatment has been linked to an increased risk for lung cancer (Brown et al., 2010) and heart disease (Johnson et al., 2013). The cause of these medical conditions vary, based on the individual but can be a result of harmful coping mechanisms used to survive the abuse, long-lasting effects from chronic stress (Felitti & Anda, 2010; Taylor et al., 2016), a direct result of an injury endured from the maltreatment, or linked solely at a developmental level (Taylor et al., 2016). Adult survivors and perpetrators of child sexual abuse are more likely to become engaged in crime, presumably due to a higher risk of substance abuse issues and associated lifestyle aspects (Darkness to Light, 2017; Dye, 2018). For example, research has linked a 20-year life expectancy reduction for a child who experiences six or more ACEs resulting from abuse as compared to a child who experienced no ACEs (Brown et al., 2010; Taylor et al., 2016), suggesting a strong correlation between high numbers of adverse experiences and poor adult health (Green et al., 2010; Taylor et al., 2016). Therefore, it is vital to address child maltreatment to help reduce the risk for long-term health complications.

### Psychological Impacts of Childhood Maltreatment

Child Protective Services calculated that in the United States, roughly nine out of 1000 children endure child maltreatment (Brown et al., 2021). Childhood maltreatment can impact mental health long into adulthood (Carr et al.,

2013; Chappelle & Tadros 2020; Copeland et al., 2018; Dye, 2018; Green et al., 2010; Kessler et al., 2010; McLaughlin et al., 2010; Scott et al., 2012). Early childhood trauma has been associated with reduced brain cortex mass, impacting thinking, perceptual awareness, memory, attention, consciousness, and language (Chappelle & Tadros 2020; Dye, 2018; Peterson, 2018). PTSD symptoms and other trauma disorders may affect individuals of all socioeconomic statuses and ages, including adolescents and their families (Chappelle & Tadros 2020). Extensive literature connects childhood trauma, particularly maltreatment, to adult psychopathology and impairment (Carr et al., 2013; Chappelle & Tadros 2020; Copeland et al., 2018; Dye, 2018; Green et al., 2010; Kessler et al., 2010; McLaughlin et al., 2010; Scott et al., 2012). Previous studies of PTSD have broadly examined children who have witnessed violence and survivors of childhood sexual abuse and uncovered that an individual undergoing distress generated by a traumatic experience might display symptoms of post-traumatic stress disorder (PTSD) (Chappelle & Tadros 2020; Dye, 2018). However, the degree of child sexual abuse trauma is determined by several factors, including the depth of the emotional attachment to the perpetrator, the child's age, the duration of the abuse, the child's compliance, forced penetration, aggressiveness, and the child's recognition of the violation of their autonomy and chronicity of maltreatment may also be significant (Bartol & Bartol, 2019; Crosson-Tower, 2021; Maguire et al., 2014). In addition, children's behaviors differ; therefore, the personality structure of the victim affects the child's reaction to sexual abuse (Bartol & Bartol, 2019; Crosson-Tower, 2021; Drouin et al., 2017; Winley et al., 2016). Children aged 0-2 exposed to trauma may display memory problems, exhibit poor verbal skills, poor appetite, have low weight or digestive concerns, or excessively cry and scream (Peterson, 2018). Child sexual abuse is underreported due to several circumstances but, the main reasons include skepticism of the criminal justice system and fear of being disbelieved, victim-blaming, shame, and trauma; however, it is approximated that less than 15% of children who are sexually violated disclose their story either as an adolescent or when they have reached adulthood (Bartol & Bartol, 2019; Formicola, 2016; Harper & Perkins, 2018; McPhillips, 2016; Rashid & Barron, 2018). These childhood mental health problems can carry on into adulthood and affect many aspects of the adult survivor's life. An individual's history of sexual trauma may increase their suicide risk, which is a social concern as suicide is the third leading cause of death amongst adolescents aged 10–14 and the second leading cause amongst 15–34-year-old individuals (Winley et al., 2016).

Childhood trauma can cause extreme emotional demands that may hinder development, precisely regulation skills that would help them learn to tolerate distress and control expression (Dugal et al., 2021; Gratz et al., 2009). Emotionally abused or neglected children of school age may display a broad spectrum of effects, including depression, reduced IQ, externalizing behavior, alcohol abuse, hardship developing or preserving friendships, drug use, and poor academic performance (Maguire et al., 2014; Peterson, 2018; Yroni et al., 2021). Signs of maltreatment in children aged three to six who have been exposed to trauma include imitating the traumatic occurrence or abuse think they are to blame, lacking self-confidence, form learning disabilities, encountering difficulties focusing or comprehending in school, exhibiting poor skill development, acting out in social situations by being verbally abusive, are incapable of trusting others or making friends, and experience stomach

aches or headaches (Child Matters, 2022; Peterson, 2018). Additional behavioral indicators of emotional abuse are when children interact or play with their peers; they may model or impersonate negative language and behavior utilized in their home, such as attention-seeking behaviors or depicting severe inhibition (Child Matters, 2022). Early emotional maltreatment incidents, self-esteem, and subsequently maladjustment was intensely associated with low levels of self-esteem for neglected children aged 7-12 who had decreased self-esteem saw that the more severe the neglect, the more inferior the child's self-esteem, and those from violent neighborhoods encountered more intense types of neglect (Maguire et al., 2014). Early maltreatment experiences significantly increased the risk of childhood mental health problems such as depression, post-traumatic stress disorder, conduct disorder, and other behavioral disorders (Maguire et al., 2014; Taylor et al., 2016). Emotionally abused children exhibited less prosocial behavior, and research has revealed that neglected children aged 11–14 years have increased disciplinary concerns and higher suspensions than non-abused children (Maguire et al., 2014).

Childhood maltreatment can lead to chronic physical health problems. Non-sexual child maltreatment has been linked to a wide range of psychological disorders, drug use, suicide attempts, and risky sexual behavior into adulthood (Dye, 2018; Norman et al., 2012), whereas most adult survivors of child sexual abuse are more likely to experience mental disorders such as depression, eating disorders or addictions (Winley et al., 2016; Wilson, 2010). Half of the elderly depressed adults convey childhood abuse, and childhood maltreatment is linked to the formation of geriatric depression, and more often in early-onset depression (Yrondi et al., 2021). In addition, a powerful association between emotional abuse and neglect with ADHD phenotype has been established in previous research, indicating that these behaviors may contribute to complications in academic environments, with more neglected children being suspended and chastised than non-maltreated adolescents (Maguire et al., 2014). Therefore, treating mental health problems caused by child maltreatment, abuse, and neglect is essential to reduce the risk for long-term problems.

### Social Impacts of Childhood Maltreatment

Childhood maltreatment can negatively impact interpersonal relationships. Previous studies examining the social behavior and friendships of children experiencing emotional abuse and neglect determined that these children have difficulty making or developing friendships and possess poor social skills (Maguire et al., 2014). Moreover, child trauma has been associated with psychological Intimate Partner Violence (IPV); psychological IPV is defined as verbal and nonverbal emotional harm to control one's partner (Breiding et al., 2015; Dugal et al., 2021). Child trauma increases the risk of sustaining (Lilly et al., 2014) and committing (Brassard et al., 2014) psychological IPV into adulthood. Children who endure child trauma suffer additional victimization within relationships (Dugal et al., 2021; Finkelhor et al., 2007). Child maltreatment can influence adult survivors' pregnancy by complicating birth experiences and negatively impacting their attachment relationship with their newborn child (Seng et al., 2004; Taylor et al., 2016).

Additionally, a history of childhood maltreatment has been proved to impact parenting behaviors and parenting environment and is associated with a higher risk for future generations to experience maltreatment by a parent,

intimate partner, or family member (Fujiwara et al., 2012; Taylor et al., 2016). A longitudinal study of 6- to 12-year-old children revealed that emotional maltreatment was more predictive of peer rejection as the children developed and discovered that the physically neglected children displayed more significant concerns in social competence (Maguire et al., 2014). Young children rely solely on parents or caregivers for physical and emotional security; however, when trauma also impacts the parent or caregiver, the connection between that individual and the child may be negatively impacted (Peterson, 2018). Mothers with childhood trauma, post-traumatic stress disorder, and postpartum depression have a higher risk of bonding impairment in the first six months after birth (Muzik et al., 2013; Reuveni et al., 2020), thus creating long-term problems within the parent-child relationship. Children may not develop secure attachment if the mothers do not create the essential foundation for attachment early on in the relationship (Crosson-Tower, 2021). The absence of a secure and healthy attachment can be detrimental to both the adult survivor of childhood maltreatment and the newborn child because it can perpetuate the cycle of abuse.

### Clinical Implications

Under The Child Abuse Prevention and Treatment Act (CAPTA), child maltreatment is illegal in the United States; however, laws vary from state to state (Maguire et al., 2014; Taylor et al., 2016). Current and previous studies indicate the need for a legal and medical definition of child maltreatment to assess, prevent, treat, and introduce legislation that mandates healthcare providers to provide literature to new parents explaining maltreatment and providing resource information to deter child maltreatment. The challenges of implementing mandated literature in healthcare settings include administrative bureaucracy and the financial costs involved. However, this is a crucial social concern as the research included in the study, alongside other research, emphasizes that circumscribing child maltreatment fluctuates between households and cultures. Therefore, the American Academy of Pediatrics (AAP, 1998) urges pediatricians to apply a comprehensive approach with families to develop alternative methods to spanking as a means of discipline to deter the detrimental side effects of childhood maltreatment and ACEs. In addition to managing the child's symptoms, it is essential for medical professionals when assessing any child for possible ADHD to vigorously examine the chance of emotional abuse or neglect as a possible differential diagnosis; likewise, in those children in whom components are an indication of emotional abuse or neglect (Maguire et al., 2014). Childhood maltreatment causes negative outcomes; however, the earlier the abuse is stopped, the more favorable the prognosis; thus, a thorough physical examination and diligent notes can expose 'red flags' and dissuade further abuse (Brown et al., 2021). Pediatricians and researchers should consider this literature review as it provides a thought-provoking insight as a preliminary point that future research can build on.

A key implication of this paper is that more qualitative research needs to be conducted with children who have been maltreated and sexually abused. In the current literature review, we explored the long-term effects of child maltreatment and child sexual abuse and the impact on adult survivors' physical and mental health and relationships. Child maltreatment and childhood sexual abuse create trauma that can hinder development, increase the risk of mental health problems, lead to long-term negative health consequences, impact relationships, and are

linked to risky behavior, adult psychopathology, impairment, and suicide attempts (Carr et al., 2013; Copeland et al., 2018; Dugal et al., 2021; Easton, 2012; Gratz, Paulson, Jakupcak, & Tull, 2009; Green et al., 2010; Kessler et al., 2010; McLaughlin et al., 2010; Maguire et al., 2014; Scott et al., 2012). Family therapy is safe for survivors of trauma and PTSD to receive the proper assistance to aid with post-traumatic growth (Chappelle & Tadros 2020). Even late in life, socioemotional support may effectively boost mental health (Larkin, 2012).

Moreover, considering early childhood adversities mold cognitive schemas (defense mechanisms) and subsequent behaviors, health professionals, especially in addiction services, must be trained in trauma-informed techniques to manage the lasting effects of ACEs on behavioral, emotional, and cognitive functioning (Fernandes et al., 2021). An effective intervention model that can help adult victims of childhood abuse and prevent child maltreatment from occurring is the Nurse-Family Partnership. The Nurse-Family Partnership (Olds et al., 2007) has trained nurses to provide intensive visitation to young or first-time mothers during pregnancy and the first two years after birth (Taylor et al., 2016). This method can be a valuable way to help ease stress while helping provide support and guidance to new mothers to ensure that mothers with a history of childhood maltreatment can acquire healthy parental skills.

The information provided has implications for educators who incorporate a curriculum that fosters social development and relationship skills to support neglected children produce more practical friendships with their peers, which may help them to acclimate into their academic environment and could consequently influence contributing to peer relationships and increase their capacity for academic and life success (Easton, 2012; Maguire et al., 2014). In addition, early intervention can help prevent abuse (Child Welfare Information Gateway, 2008; Maguire et al., 2014; Shonkoff, 2010; Taylor et al., 2016) and reduce adverse outcomes when abuse has already transpired (Bick et al., 2015; Taylor et al., 2016). Another effective intervention is Child-Parent Psychotherapy (CPP) (Lieberman et al. 2015) is a relationship-based dyadic intervention appropriate for children from birth through age five, centering on the emotional and behavioral concerns of children who experienced early trauma (Vanderzee et al., 2019). CPP has been shown to enhance attachment quality (Lieberman 1991; Toth et al. 2006; Vanderzee et al., 2019), cognitive development in children (Cicchetti et al. 2000; Dye, 2018), child post-traumatic stress symptoms, somatic complaints, depressive symptoms, anxiety, and behavior problems (Cicchetti et al. 2011; Dye, 2018; Ghosh Ippen et al. 2011; Maguire et al., 2014; Vanderzee et al., 2019), affect regulation (Dye, 2018) physiological regulation (Lieberman et al. 2005; Vanderzee et al., 2019), and depressive and post-traumatic stress symptoms for caregivers (Ghosh Ippen et al. 2011). In addition to benefiting the abused or traumatized child, CPP also serves the caregiver, thus enriching the caregiver and child's relationship to generate long-term success for maltreated children.

Another possible, evidence-based treatment for children with post-traumatic stress symptoms resulting from experiencing or witnessing trauma is Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) (Cohen et al., 2017; Vanderzee et al., 2019). TF-CBT can efficiently support children overcoming trauma while decreasing the risks for adverse consequences into adulthood. Child maltreatment can have long-term adversarial consequences for individuals (Carr et al., 2013; Copeland et al., 2018; Dugal et al., 2021; Easton, 2012; Gratz, Paulson, Jakupcak, & Tull,

2009; Green et al., 2010; Kessler et al., 2010; McLaughlin et al., 2010; Maguire et al., 2014; Scott et al., 2012). Therefore, intervention is essential in reducing the long-term outcomes of abuse and traumatic experiences on physical health, mental health, and social attachments.

## FUTURE DIRECTIONS

However, future studies should investigate possible associations between the short-term effects of child maltreatment and the impact on adolescent survivors within this context. In addition, research on child maltreatment needs to involve exploring the extensive range of psychological responses to reduce child maltreatment and poly-victimization to decrease detrimental health risks (Dugal et al., 2021; Easton, 2012; Finkelhor et al., 2007). Medical professionals aiding or assessing children with emotional abuse or neglect should know the real consequences of reporting abuse to sufficiently strategize how to best support maltreated children (Maguire et al., 2014; Soldatou et al., 2020). Future work should approach implementing mental health screening and intensive visitation as interventions during and post-pregnancy to prevent child maltreatment and increase the likelihood of successful mother-child bonding, which can be impaired by mental health issues or postpartum depression (Muzik et al. 2013; Reuveni et al., 2020; Taylor et al., 2016).

Future research should use diverse socioeconomic samples when assessing childhood maltreatment and childhood sexual abuse in families impacted by these socially taboo subjects. A discreet and knowledgeable conversation with children suspected of being neglected may disclose the home circumstances and encounters they are experiencing; therefore, it is essential for educators and medical professionals to vigorously consider emotional abuse or neglect as a potential reason for their complications regardless of their social circumstances or backgrounds (Soldatou et al., 2020). Additionally, studies should investigate links between the social impacts of child maltreatment and children's behaviors applying evidence-based assessments methods in conjunction with coping intervention methods to determine additional ways to discover successful interventions that reduce the long-term health complications stemming from child maltreatment and child sexual abuse.

## CONCLUSIONS AND RECOMMENDATIONS

Child maltreatment can be detrimental and create complications for adult survivors' physical and mental health and negatively impact relationships, especially if left untreated. Prevention and intervention are fundamental in alleviating the long-term effects of childhood maltreatment. Educators are positioned to identify and assist children with emotional abuse or neglect manifesting social, behavioral, and academic consequences. The current study also explored the impact of sexual abuse on a child's psychological wellbeing to pinpoint the various factors that determine how a child responds to sexual abuse. The research concluded that a child's response, behavior, and willingness to report their assault is dependent on several intersecting variables, and the child's reaction is dependent on those variables. Because the topic of pedophilia and child sexual abuse is taboo, this study is significant in identifying methods used by child sex perpetrators. Individuals struggling with pedophilic feelings may benefit from

resource information on pedophilia in public settings such as hospitals, schools, libraries, and physicians' offices to reach individuals at risk currently engaged in the sexual abuse of children. In the future, psychologists can work with the public to prevent further child maltreatment and sexual abuse by providing early sex education for children to teach them to identify abuse. Approaching child sexual assault from a psychological perspective helps psychologists recognize communication styles within families and determine how beliefs and attitudes influence child maltreatment and sexual abuse to prevent children from being harmed.

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