

A Lifetime of Sorrow: Long-term Consequences of Childhood Abuse

Robert W. Block, MD, FAAP

Guest writer for the VIRTUS programs and professor, Department of Pediatrics, The University of Oklahoma Health Sciences Center, Tulsa Campus

Since the late 1990s, researchers have discovered an amazing fact: a great many of the diseases and conditions that create risk for early death in adults may be due to early adverse events in childhood. The adverse events are related to violence and trauma. The early and continuing work in the field has been conducted by two researchers, Vincent Felitti, MD, and Robert Anda, MD, who named their work, "The Adverse Childhood Experiences Study (ACE Study)." Details of the study beyond the scope of this introductory report can be found on the Internet at www.acestudy.org.



Doctors Felitti and Anda studied over 17,000 adult patients, finding that over 50% had experienced at least one childhood adverse event. The events discovered consisted of significant child abuse or neglect, domestic violence in a child's home, significant drug and/or alcohol abuse, a parent being incarcerated and other forms of chaotic, traumatic environments. The study also revealed that if a person has an ACE score of at least one, there is a high likelihood that the score will include more than one event.

The conditions attributable in part to adverse experiences are: smoking, severe obesity, physical inactivity, depression, suicide attempt, alcoholism, illicit drug use, injected drug use, having more than 50 sexual partners, or having one or more sexually transmitted infections. These conditions are the top ten risk factors for the major causes of early adult deaths in the United States.

Paralleling the ACE research have been a number of sophisticated studies looking at what might be happening within the developing brains of children exposed to extreme neglect and/or trauma from severe child abuse. At birth, a baby may have as many as 500 billion nerve cells in the brain. These cells, called neurons, connect with each other at synapses, points of contact between two or more cells. Shortly after birth, a baby's brain may have 1,000 trillion synapses. But later in life the synapse count reduces to about 500 trillion. The mechanism for this reduction is complicated, but centers around the strengthening or reinforcing of synapses that are used, and the "pruning" or obliteration of synapses that were formed but not used. If exposed to neglect and threats, a baby's brain develops strongly in the centers of the brain that alert and react to fear; and the centers for basic survival strengthen at the expense of centers that would have led to better cognitive and later social skills.

With a consistent exposure to neglect, abuse, violence, and other adverse factors, a baby's brain is bathed in stress hormones, particularly cortisol, a steroid hormone. Because of an exaggerated exposure to this hormone, certain centers related to empathic emotions and centers related to memory and composure fail to develop normally. In addition, it is quite likely that some neurological centers that facilitate communication between the two hemispheres of the brain fail to develop successfully if a baby is exposed to violence, abuse, or other domestic chaos. Recent research using advanced imaging techniques to "look inside" children's brains is confirming the most likely neurological explanation to the ACE studies findings. As a reaction to fear and distress, a child grows up viewing life as threatening. This view of his or her environment is forged not only from cognitive interpretation of what the child sees, hears, and feels; but also by brain cell dysfunction, as "fear and survival" synapses are reinforced while "wholesome development, trust, and response to nurture" synapses are obliterated. Boys (and some girls) may become overly aggressive, while girls (and some boys) may dissociate or pull away from the world. Through other mechanisms, centers of the brain may become over stimulated and worn out, affecting future memory, emotional control, and cognition.

The public health and safety implications of the new research in neurobiology, and the work reflected in the ACE studies are some of the most important health news issues of our day. Imagine the adult distress, disease, and deaths that could be prevented by simply insuring a safe and nurturing environment for children. Unfortunately, many adults who were victims of adverse childhood experiences become parents without any preparation or support. Consequently they often raise their children in an environment similar to the environment they experienced during their childhood - filled with chaos and trauma. As a result, trauma from abuse and neglect repeats itself, making maltreatment an intergenerational condition from which it is difficult to escape. It is important to underscore that the trauma referred to in this report may be any combination of physical, sexual, or emotional abuse, or exposure to violence, or significant neglect, in the environment that is meant to be nurturing and supportive – the baby and child’s home. A child warmly nurtured may be exposed to trauma, with resultant consequences that are usually amenable to treatment. In contrast, a child who must be hyper vigilant, and who lives with fear, stress and tension in his or her own home, is much more likely to have permanent consequences and a life of sorrow.

Warning Signs of Childhood Bullying

By Phillip Lazarus, Ph.D., N.C.S.P.
Consultant to the Virtus Programs

(Featured October 10, 2005 on VIRTUS Online™)

When a child becomes a victim of bullying, his or her first instinct is usually to try to handle the situation *alone*. A youngster may rightfully fear retaliation if they tell an adult, or may not want to be known as a “snitch” who cannot handle his or her own problems.

Peter Sheras, author of, *Your child: Bully or Victim—Understanding and Ending School Yard Tyranny* has listed a number of signs to look for if you suspect a child is being victimized. These warning signs may include:

- Acts reluctant to go to school.
- Complains of feeling sick; frequently visits the school nurse’s office.
- Arrives home hungry (because bullies have stolen his or her lunch money).
- Often arrives at home with possessions missing.
- Experiences frequent nightmares, bedwetting, or insomnia.
- Refuses to leave the house.
- Waits to get home to use the restroom.
- Acts nervous when certain children approach.
- Shows increased anger with no obvious cause.
- Shows a sudden drop in grades.
- Makes comments about feeling lonely.
- Has difficulty making friends.
- Acts reluctant to defend himself when teased or criticized by others.
- Has physical marks—such as bruises or cuts—which may have been inflicted by others.



If a child exhibits some of these signs, he or she needs your help. The best way you can provide the needed assistance is by figuring out exactly what is happening. The way to approach this problem is to ask the child's teachers, bus driver, neighbors, other adults, and children in the neighborhood if they have noticed any incidents involving the child. Ask the child's teachers if anyone has been disciplined for harassing your son or daughter. Try to determine if a child is being teased or taunted *on the way to school* or *on the school bus*. You may ask teachers or other school children if they see the child sitting alone in the lunchroom or playing alone during recess.

You need to be sensitive to the effects of your questioning on others. Use an information-gathering approach and avoid overreacting or blaming others as you sort through the details. Peter Sheras recommends that you keep the subject matter general when talking to a child's peers. For example, you may ask, "Does Roger seem to get along okay with other kids at school?" Also avoid naming any culprits who may hear about your questioning and retaliate against your child.

Another way to determine if a child is being bullied is to observe his or her interaction with other children. When in a social context (e.g., at soccer practice, at a scout meeting, playing on the street), observe if he or she behaves in a way that indicates vulnerability to bullying. When "picked on," some children don't know how to defend themselves—through their actions or words. Therefore, they are likely targets of bullies.

If you suspect that a child is being victimized, the best thing to do is to talk about it with him or her. Use specific questions to get to the truth. Your questions will depend on the age of your child. Here are a few questions that may be helpful:

- I noticed that you didn't want to go to school. When I was your age I felt that way too because other kids pushed me around or teased me. Has that ever happened to you?
- Do you ever get in fights at school?
- Are there some places on the school grounds that you do not want to go to because there are bullies there?
- Have other kids ever teased you or made fun of you? What do they say?
- Have you ever felt so mad that you wanted to hurt somebody at school?
- Have other kids at school ever called you bad names? If so, what do you do when this happens?

When discussing the issue of bullying with children, let them know that you are in their corner, and that you will help them find a way to handle a very troublesome situation. It is imperative that you just *listen* and not try to come up with all the answers. In order to maintain open lines of communication, it is most important not to become judgmental or critical. Knowing that a child is being bullied can bring up all kinds of painful feelings and, consequently, it is easy to get *too* emotional.

Prior to initiating a conversation with a child about this issue, remind yourself to "Listen, listen, listen." If you find yourself getting too upset or critical, or wanting to provide *the* solution during the conversation, again remind yourself to simply listen and provide support while reassuring the child that the two of you will get through this together.

In my practice I have counseled a number of children—both males and females—who have been bullied and tormented at school. Most often, school personnel are unaware that this is occurring. This is consistent with a recent study conducted by Dorothy Espelage in several Midwestern schools. She found that teachers were only able to identify 10 percent of bullying victims and that classmates were equally or less accurate than teachers in determining which children were victimized. Most often the energy of the staff—when they do notice and react—gets focused on the bully, and the victim suffers alone.

Because teachers are often not aware when a child is being bullied, it becomes the responsibility of other trusted adults to determine if a child is being victimized. If you suspect a child is being bullied, investigate the circumstances, and *listen* with an open and non-judgmental attitude. It may take time, patience, and persistence to get the child to open up to you.

If you discover that a child *is* being bullied, there is some good news. With appropriate interventions and training, a child can learn empowerment strategies and no longer be a victim.

Conference for VIRTUS Program Coordinators

Update

National Catholic Services, LLC, will host our *Third Annual Conference for VIRTUS Program Coordinators* on August 31 and September 1, 2006, located at the Embassy Suites Hotel, Downtown Lakefront in Chicago, just two blocks from the popular Navy Pier. This conference is a convenient way to meet other coordinators, discuss common problems and their solutions, learn the latest news regarding improvements to the program, and learn how to achieve the proper balance to ensure professional boundaries and prevent burnout and issue fatigue.



Our slate of conference topics will include:

- A presentation on how to maximize the continued use and value of the VIRTUS *Online*[™] system.
- An update on the outlook of the programs, including a preview of new resources.
- Plus, we'll discuss compliance with the *Charter and Norms*, the next round of USCCB audits, professional boundaries and burnout, and more.

Price:

There is no conference fee. All meals are included, as well as a dinner cruise. Participants are responsible for the cost of their hotel rooms and travel arrangements.

Reservations:

For reservations, please call the hotel at 1-800-362-2779 or book reservations online at www.chicagoembassy.com. The group code for our block of rooms is VIR.

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