



# The Impact and Intervention of Childhood Abuse

Ziyan Wang<sup>(✉)</sup>

Art and Science, University College, University of Toronto St. George, Toronto, ON M5S 3G3,  
Canada

niannian.wang@mail.utoronto.ca

**Abstract.** Childhood abuse is a serious problem in every country, leaving children with impaired social functioning and an increased risk of concurrent and subsequent psychopathology. Through a literature review approach, this paper discusses childhood abuse in the family and school and assesses the impact of the abuse on children. In addition, the review explores how to effectively intervene in the occurrence of abuse in advance and how to quickly resolve the abuse that has already occurred, as well as what treatments or therapy can help abused children. The findings revealed that children who are bullied have more common and frequent physical and mental problems, such as sleep problems and depression. In the longer term, abuse makes children more likely to become addicted to drugs in adulthood and to develop social adaptations problem. Cognitive behavior therapy and trauma-focused cognitive behavioural therapy are found to be good treatments for mental disorders following abuse, although social support is also crucial. Focusing on abuse against children can improve children's healthy development.

**Keywords:** Child Abuse · School abuse · Family abuse · Intervention

## 1 Introduction

Childhood abuse refers to all kinds forms of abuse of children in responsibility, trust, or power relations. It includes physical and emotional abuse, neglect, and more. These actions may impair a child's development, health, and other areas. Physical abuse is defined as a responsible adult inflicting harm on a kid that is not unintentional. The failure of a caregiver or responsible adult to provide the bare minimum of care in order to meet a child's bodily needs (food, clothing, shelter, hygiene, and medical/dental treatment) is known as physical neglect or failure. Physical neglect is the failure of a caregiver or other responsible adult to take reasonable measures to ensure the child's safety both within and outside the house. This covers sufficient oversight, a secure setting, and adequate alternative care. When a caregiver severely or continuously interferes with a child's basic emotional needs, it is considered emotional abuse. Age-appropriate autonomy, acceptance, and self-esteem, as well as psychological safety and security [1]. Additionally, many research papers determined that childhood abuse often occurs in schools, at home, and on Internet platforms [2].

© The Author(s) 2023

J. Sun et al. (Eds.): SSESD 2022, ASSEHR 684, pp. 443–448, 2023.

[https://doi.org/10.2991/978-2-494069-13-8\\_53](https://doi.org/10.2991/978-2-494069-13-8_53)

Younger children are more susceptible to abuse and are more likely to perish as a result of it [1], but there is a lot of child abuse that goes undocumented. Childhood abuse rates in the U.S. as a developed country are sad, and it's not hard to imagine other developing and poor countries with even more alarming rates of child abuse. In cases of severe abuse, children are usually placed in foster care. As an abused group, they face particularly high negative mental health consequences [1].

Many countries have consistently urged individuals to pay greater attention to child abuse and recommended increasing the scientific evidence foundation for the magnitude, preventability, and range of child abuse problems [3].

This review mainly focuses on school abuse and family abuse because those abuses are more common in the world society, and also will systematically summarize some existing intervention methods and treatments.

## 2 The Impact of Abuse

### 2.1 School Abuse

School abuse is systematic abuse of power. It is defined as repeated violations or intentional injuries among peers, which often involve physical abuse and the imbalance of gain power. In school life, many parents and teachers ignore abuse. Abuse on campus may be regarded as a slapstick caused by children's immature minds, thus ignoring the harm it brings. However, according to numerous studies, bullying on campus may have a great impact on the current physical and mental health [4]. In a Meta-analysis study, researchers conducted three random effect meta-analyses on three groups of 7–16-year-old students, they are divided into victims, bullies, and bully-victims. Bullying victims, bullies, and victims all have a considerably greater chance of developing psychosomatic issues than unaffected peers do [5]. Therefore, in school, no matter their role in bullying activities, their mental and physical health problems may be affected. Especially, children who are bullied also will have more common physical problems. These victims frequently developed internalizing issues, anxiety disorders, and depressive disorders, also having higher and more frequent psychosomatic symptoms such as headaches, stomachaches, and sleep issues [6]. At the same time, they are more likely to become addicted to drugs in adulthood [2].

In Bandura's social learning theory, children learn social behaviors by observing and imitating others [7]. Thus, students have a chance to imitate violent behaviors that happened in school, and turn the victim or bystander into the bullies, leading to more campus violence. This may bring about a negative loop, leading to the campus violence has been unable to stop [7]. Fortunately, a variety of circumstances can influence whether students mimic violent conduct, but it's important to remember that it's simpler for students to imitate violent behavior when they're lost [8].

Many consistent studies have shown that peer victimization can predict the internalization symptoms of children and adolescents but must need to pay attention to whether it will also form a negative impact on sustainable development, which extend to adulthood [9]. Evidence suggests that the early experience of violence will impact the social adaptability of adults, including the formation of a lasting relationships between people, the normal integration into work, and the maintenance of the economy [1]. In addition,

researchers found that when students were bullied in primary school, they could not only predict their adolescent borderline personality symptoms but also predict their adolescent psychiatric probability in advance, such as hallucinations or delusions [10]. Another study also claimed that being directly physically bullied by other peers in school, such as beating or slapping another peer in the sixth grade, can predict physical violence in dating in the higher grade, and at the same time, we must know that adolescent dating violence hurts health and well-being throughout the life [11]. All that evidence suggests that school violence has a long-term impact, so it is necessary to reduce the early campus violence.

## 2.2 Family Abuse

Children's family abuse often involves parents' physical neglect/failure, physical neglect/lack of supervision, and physical abuse of children. As mentioned above, neglect can be defined as an isolated event, which also includes the long-term failure of parents or other family members to provide children with the help they need in the fields of education, health, nutrition, and living environment [2]. It is important to note that parents of neglected children may not necessarily live in poverty, but families in countries with low socioeconomic status are more prone to neglect.

As reported by the famous experiment of Bruce Alexander, a Canadian psychology professor, called "Rat Park", it could be boldly inferred that child who receives neglect and lack family environmental resources are more likely to become addicted to drugs [12].

Rat Park was the study focused on drug abuse and environmental factors. During the study, scientists explored the addiction of rats to morphine. In certain conditions, researchers used small, separate metal empty cages to feed the rats [12]. In the cage, they prepared two water bottles for the rats to choose from, one was regular water, and one added the drug to the water. In this case, they found that rats preferred water with drugs. Alexander hypothesized that these lonely, isolated, and boring situations might be the cause of the lack of self-management. Alexander and his colleagues constructed a park for those rats that are a paradise for rats to test this theory. Hermaphrodite rats share a home with delicious food, enjoyable playthings, and spacious space for mating [12]. The experimental results support his hypothesis, that living conditions could affect morphine water consumption and rats in Rat Park did not show addiction [12]. For gender differences, Alexander concluded that isolated cages caused more consumption of morphine in females compared to males [12].

Child abuse increases the likelihood that they will be addicted to drugs later in life, children who live in such an empty, isolated, and neglected environment will be more likely addicted to drugs like these isolated rats [13].

Bonding with the drug will give them some sense of relief, but drug addiction can have extremely serious consequences for children.

The second category, which often occurs in the family environment is physical abuse of children. It is described as the deliberate infliction of physical harm on children, including beating, beating, kicking, poisoning, and suffocation, which will have an irreparable and serious impact on children's physical and mental health [2]. These physical abuses

will conduct great stress on children which plays a role as a risk factor both psychologically and biologically. Moreover, researchers launch that many traumatic-related stresses disorder also happens after childhood physical abuse commonly.

The attachment theory mentioned that different parental education styles will lead to different attachment styles [14]. The irritable caring including domestic physical abuse on the child will result in an insecure-avoidant (type A) child [13], and these are developed in the disapproval and punishment of parents. Those children usually like to separate their emotions from their thoughts and behaviors, so they often have a calm appearance, but with plenty of suppressed pain that cannot be solved, which weakens their ability to deal with the inevitable adversity in life [14].

### **3 Intervention in Child Abuse**

#### **3.1 Intervention for School Abuse**

As mentioned above, the effects of child abuse are severe and cannot be ignored, therefore, intervention is particularly necessary. Even only providing education and organized activities for children can help prevent school violence. Schools and the education system can regularly hold lectures on violence/abuse intervention to encourage parents and children to participate. At the same time, based on the World Health Organization data, participating in organized activities can reduce the possibility of children being involved in aggressive behavior or violence. It is not difficult to imagine that on many campuses' violence occurs without the teachers or during free activities time. If violence has occurred in a class, the teachers can change the free activities into the activities and sports led by the teachers. Moreover, schools can improve childcare that causes harm to children's health and education. For example, the school could hold some lectures for parents to emphasize that school abuse is not a manifestation of children's immaturity, but a very serious behaviour that needs attention.

#### **3.2 Intervention for Family Abuse**

Intervention in domestic abuse is an eternal topic. The focus should be on preventing the violence of family members rather than educating children not to make mistakes. Many communities offer free family education lectures to learn how to get along with children correctly and how to guide and educate children when they make mistakes. However, much domestic violence does not come from the parents' kind but wrong education, but from the unilateral need for parents to vent their emotions. For example, people often see in movies and TV dramas that parents who are substance abused beat, isolate, and ignore their children for no reason. In this case, the child protection law can protect children to a certain extent, but children may not know how to use the law to protect themselves. So, it can post some posters about domestic violence in children's tone in schools, public places, or on the way for children. The contents can include what is domestic violence, how to deal with it when encountering violence, and what hotlines to call.

### 3.3 Treatment of Mental Illness Caused by Violence

When children have mental illness due to family abuse or school abuse, the children's social support can take some professional psychological measures to help them alleviate their pain. For example, cognitive behaviour therapy (CBT), is a short-term counting or long-term psychotherapy. It is one of the psychological treatments with the best scientific backing for a range of psychiatric problems, including depression, anxiety, and substance use disorders. These uses have recently expanded to include psychiatric disorders, behavioural medicine, stressful living conditions, and many other clinical conditions [15].

Additionally, using other types of therapy, such as process therapy can also assist abused children in changing unhelpful emotional, behavioural, and mental patterns into helpful ones. If the condition is very serious, a psychologist prescribes drugs for treatment must be considered.

## 4 Conclusion

Childhood bullying and abuse have serious health implications and take a huge toll on individuals, their families, and society. Abuse and bullying occur in settings where the individual has no voice, such as a regular school classroom or a home in a harsh environment. In school, these aggressive bullies/abusers will try to find emotional children, e.g., cry, run away, get frustrated, and bully those children who have no or very few people come forward to support. In families, parental neglect is a form of abuse, but this abuse is often overlooked because there is no physical trauma. As discussed above, both physical abuse and neglect can have a dramatic impact on children's physical and mental health, such as depression. Many kids only occasionally or never tell their parents about it, and even fewer kids never tell their instructors about violence and abuse.

Numerous studies have shown that CBT is a safe, tolerable, and acceptable treatment for mental problems arising from abuse such as anxiety and post traumatic stress disorder. Society had better find the cause of abuse and provide social support accordingly. Especially when a person is facing abuse in their life and trying to escape it, they need support to help deal with the stress.

Of additional concern is the cyberbullying of children on the worldwide Internet, which, as a platform for free speech and anonymity, is difficult to control. On that point, very little literature and research conduct on the children's cyberbullying area, so more research on online violence should be done.

## References

1. Zeanah, C. H., & Humphreys, K. L. (2018). Child abuse and neglect. *Journal of the American Academy of Child and Adolescent Psychiatry*, 57(9), 637–644. <https://doi.org/10.1016/j.jaac.2018.06.007>
2. Norman, R. E., Byambaa, M., De, R., Butchart, A., Scott, J., & Vos, T. (2012). The long-term health consequences of child physical abuse, emotional abuse, and neglect: A systematic review and meta-analysis. *PLoS Medicine*, 9(11), e1001349. <https://doi.org/10.1371/journal.pmed.1001349>

3. Li, Y., Jia, T., & Song, Z. Y. (2020). Progress in comprehensive research on child abuse and neglect. *Journal of Shaanxi Preschool Teachers College*, 09, 36–42.
4. Wolke, D., & Lereya, S. T. (2015). Long-term effects of bullying. *Archives of Disease in Childhood*, 100(9), 879–885. <https://doi.org/10.1136/archdischild-2014-306667>
5. Gini, G., & Pozzoli, T. (2009). Association between bullying and psychosomatic problems: A meta-analysis. *Pediatrics*, 123(3), 1059–1065. <https://doi.org/10.1542/peds.2008-1215>
6. Zwierzyńska, K., Wolke, D., & Lereya, T. S. (2013). Peer victimization in childhood and internalizing problems in adolescence: A prospective longitudinal study. *Journal of Abnormal Child Psychology*, 41, 309–323. <https://doi.org/10.1007/s10802-012-9678-8>
7. Bandura, A., & Walters, R. H. (1977). *Social learning theory*. Prentice Hall.
8. Gui, N., & Li, J. (2016). Research on children's imitation behaviour. *Education and Teaching Forum*, 33, 254–265.
9. Leadbeater, B. J., Thompson, K., & Sukhawathanakul, P. (2014). It gets better or does it? Peer victimization and internalizing problems in the transition to young adulthood. *Development and Psychopathology*, 26(3), 675–688. <https://doi.org/10.1017/S0954579414000315>
10. Schreier, A., Wolke, D., Thomas, K., et al. (2009). Prospective study of peer victimization in childhood and psychotic symptoms in a nonclinical population at age 12 years. *Archives of General Psychiatry*, 66(5), 527–536. <https://doi.org/10.1001/archgenpsychiatry.2009.23>
11. Foshee, V. A., et al. (2014). Bullying as a longitudinal predictor of adolescent dating violence. *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine*, 55(3), 439–444. <https://doi.org/10.1016/j.jadohealth.2014.03.004>
12. Alexander, B. K., Beyerstein, B. L., Hadaway, P. F., & Coombs, R. B. (1981). Effect of early and later colony housing on oral ingestion of morphine in rats. *Pharmacology Biochemistry and Behavior*, 15(4), 571–576. [https://doi.org/10.1016/0091-3057\(81\)90211-2](https://doi.org/10.1016/0091-3057(81)90211-2)
13. Elwyn, L., & Smith, C. (2013). Child maltreatment and adult substance abuse: The role of memory. *Journal of Social Work Practice in the Addictions*, 13(3), 269–294. <https://doi.org/10.1080/1533256X.2013.814483>
14. Dai, L. (2021). A casework practice study on improving negative sibling relationships in two-child families from the perspective of attachment theory. *Xihua University*. <https://doi.org/10.27411/d.cnki.gscgc.2021.000623>
15. Fan, Q. J., Gao, Q., & Wang, J. H. (2021). Clinical application value of interpersonal relationship-social rhythm and cognitive behavioral therapy in patients with depression. *China Medicine Herald*, 11, 121–124.

**Open Access** This chapter is licensed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits any noncommercial use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license and indicate if changes were made.

The images or other third party material in this chapter are included in the chapter's Creative Commons license, unless indicated otherwise in a credit line to the material. If material is not included in the chapter's Creative Commons license and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder.

