

Abused Children and their Relationships as Adults

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Abstract

Intimate relationships are not just between lovers, but is also present in parenting as well as the individual's relationship with the larger family and kin. This article sheds light on those who underwent abuse and have consequently been marked for life and in many areas of their personhood, their ability to relate, and to intimately connect with others.

Key words: ACE, child abuse, parenting, romantic relations, sexual abuse, emotional abuse

Abused children and their relationship as adults

Adverse Childhood Experiences [ACE] and its effect on adult relationships

Ace happens, and in the past decade or so, we are poignantly aware of it, and its damaging consequences. One of the areas which is negatively affected by it, is the child's relationship, or attachment, with its caregiver. *Disorganized attachment*, has been described as the fourth category of infant attachment alongside avoidance, anxiety (resistance) and security (Main et al., 1990). Infants who were grouped in the disorganized category were shown to be fearful, conflicted, apprehensive and showed disoriented behaviors when coping with distress experienced during the separation and reunion to the mother. Disorganization has not only been observed in infancy, but also in childhood and adolescence. For example, some disorganized children behave punitively towards their parents with a goal of challenging or even humiliating those, while others undertake a "caregiving" stance in which the child adopts the role of the parent in order to comfort them. Some other forms of disorganized behavior include fear or difficulty while interacting with parents, negatively impacting parental intimacy, engaging in self-harm, and preferring strangers in comparison to caregivers. (Bureau et al., 2009; Rholes et al., 2016). Studies have found that disorganized children, as well as adolescents have behavioral consequences that are externalized through delinquency, hostility or aggression (Fearon, et al., 2010; Lecompte et al., 2014; Obsuth et al., 2014).

It is believed that fear-arousing behaviors, or confusing communication, demonstrated by the parents, are the primary cause of disorganization seen in infants (Lyons-Ruth et al., 2008). Disorganization is a result of frightening, confusing, or traumatic behaviors exhibited by attachment figures resulting in avoidance by the infant which discourages the infant from approaching attachment figures when frightened or distressed

(Rholes et al., 2016). Paetzold et al., (2015) argued that disorganization plays an important part in the adult attachment system and should be part of the adult working model of attachment. Experiencing fear of the attachment figure and confusion about relationships are argued to be the central features of disorganization seen in adulthood. Fear experienced in anxious adults' forefront's feelings such as their partner would leave them, or not assist in having their needs met. This fear allows the individual to pull their romantic partner closer in order to ensure their needs will be met. However, in avoidant individuals, the fear results in them distancing themselves from their romantic partner in order to prevent rejection. Disorganization results in an approach-avoidance conflict in the partner which includes the fearful confusion, disorientation, and other odd or conflicting behaviors which are seen in disorganized infants and children.

Rholes et al. (2016) expanded on the current literature and argued that early childhood trauma results in individuals externalizing behaviors while in romantic relationships due to disorganized attachment. These externalizer behaviors may include acquiescing to one's partner, but also displaying aggression, violence or anger when one's needs are being threatened, or distancing themselves from the partner who may be seeking closeness.

ACE & romantic relations

Child emotional maltreatment (CEM) which includes both abuse and neglect, is linked to later victimization in adult romantic relationships which aligns with the revictimization of those who were sexually abused (Crawford et al., 2007; Selby, et al., 2008). Not only does CEM affect relationships, it also negatively impacts one's self-concept, resulting in challenges with trust, safety, and control (Messman-Moore et al., 2003). Self-criticism, which may potentially mediate the link between CEM and romantic relationships, relates to the likelihood of one to become self-

stance when standards are not met (Blatt et al., 1992; Priel et al., 2000; Shahar et al., 2003; Shahar, et al., 2004). This behaviour negatively affects intimate relationships by generating both failure-related and interpersonal stressful events, and adversely affects close relationships (Blatt, 1995; Priel et al., 2000; Shahar et al., 2003) Recent research discusses the association between child maltreatment (CM) and self-criticism, and the idea that self-criticism is a mediator in the relationship between emotional/verbal abuse and psychopathology (Dunkley et al., 2010; Glassman, et al., 2007; Soffer, et al., 2008), as well as a mediator in emotional abuse and self-injurious behavior.

Lassri et al. (2012) investigated the connection that self-criticism and CEM have on relational problems and concluded that self-criticism was a mediator in the link between CEM and young adults' romantic relationships. This allows for strong evidence to suggest that self-criticism is a negative outcome in individuals who experienced CM, and in particular those who experienced CEM. CEM promotes the tendency for one to internalize critical thoughts about oneself which distorts the individual's personality and can ultimately sabotage both general relationships and romantic relationships (see also Dunkley et al., 2010; Sachs-Ericsson et al., 2006). Lassri et al. (2012) also highlight that childhood emotional trauma may increase the risk of emotional and cognitive challenges in adulthood as seen in negative personality factors resulting in increased fragility in intimate relationships. In addition, they demonstrated that PTSD severity is also a significant mediator in the association between CEM and commitment.

ACE & adult intimate relations

Several theories have demonstrated a strong correlation between childhood maltreatment and impaired social functioning. The social learning theory argues that individuals learn how to interact with other individuals through observation and modelling the behaviors of their significant others. Similarly, developmental theories propose that individuals formulate expectations of self, others, and relationships on interactions between our primary caregivers. When looking at childhood maltreatment, these findings predict that abused and neglect children will form cognitions and behaviors that are damaging to their future interpersonal relationships (Crittenden & Ainsworth, 1989; Ornduff, 2000). Child maltreatment associated with poor social functioning in early and middle childhood exhibited by social stimuli seen as threatening which results in the adolescence to withdraw, or avoid social interactions (Haskett et al., 1991; Ornduff, 2000). Additionally, maltreated children have a difficult time interacting with peers, resulting in them being less socially popular, having increased conflict and less intimacy with close friends (Shields et al., 2001; Colman & Widom, 2004).

Research suggests that individuals who were maltreated in their childhood continue to experience difficulties within their relationships in adulthood. Women who experienced childhood sexual abuse encounter increased social isolation, are distrustful and/or fearful of others, and stay away from marital relations and report dissatisfaction if they are married (Davis & Petretic-Jackson, 2000; Harter et al., 1988; Finkelhor et al., 1989; Fleming et al., 1999). Adult males with a history of sexual and physical abuse in childhood have greater incidences of violence toward intimate partners and family members when compared to non-abused males (Bevans & Higgins, 2002; White & Widom, 2003). Likewise, women who were abused as children, are more likely to commit, or receive intimate partner violence when compared to non-abused women (Clarke et al., 1999; White & Widom, 2003; Ornduff et al., 2001).

Colman and Widom (2004) drew data from a prospective study of childhood maltreatment that was used to examine the intimate relationships between grown up individuals who were abused and neglected and controlled as children. They concluded that the intimate relationships of adults maltreated as children differ from other adults who were not abused

on the basis of stability and quality. Colman and Widom (2004) found that both male and female adults that were abused and/or neglected as children reported substantially higher rates of relationship disruption when compared to those with no history of abuse. Women who were abused and/or neglected were not as likely to perceive their current romantic partners as caring, empathic, or open to communicate with them, when compared to their controls and were less sexually faithful to their romantic partners. The researchers noted that the patterns of relation demonstrated were consistent across all maltreatment types and were not altered when family background variables were introduced.

The findings portray the negative long-term effects that child abuse and neglect have on both males' and females' intimate relationships in during adulthood. Although the incidence of abuse and neglect in disadvantaged backgrounds was increased when compared to controls, conclusions were made that family early childhood family disadvantage did not contribute significantly to their poor relationships in adulthood. Moreover, women had a greater risk of experiencing intimacy related difficulties such as dissatisfaction and infidelity within their on-going romantic relationships when abused and neglected males were not. Consequently, early childhood experiences of abuse and neglect may more heavily impact the female victims' expectations and social behavior compared to males.

In conclusion, early physical abuse, neglect and sexual abuse position individuals at a significantly higher risk of difficulties in their intimate relationship (Colman & Widom, 2004). Adults who were abused or neglected in childhood also manifested relationship problems. All three types of abuse experienced in abused women increased the risk of infidelity with multiple partners. Although child maltreatment affects adults' willingness to both form and maintain romantic partnerships, abused and neglected adults were at increased likelihood than the control to cohabit with their partners for over a year. This suggests that individuals who were abused or neglected as children may be more hesitant than others to enter the next step of marriage. This reluctance relates to their ability to stay in marriages as they are more likely to leave their intimate partners during marriage than the non-abused individuals.

ACE & Adult love relationships

An abundance of growing research demonstrates a strong correlation between adverse childhood experiences and poor psychosocial outcomes in adulthood. For example, negative parent-child relationships have been proven to poorly affect adult love relationships and parenting, and can cause a range of mental health and antisocial difficulties (Brown & Moran, 1994; Kessler & Magee, 1993; McCarthy & Taylor, 1999; McCarthy & Maughan, 2010). The ways that individuals interpret and process adverse childhood experiences may affect future psychosocial behavior. Attachment theory argues that young children will form cognitive-affective representations or internal working models of their experiences during attachment relationships which determines whether adverse effects of the negative experiences will persist (Bowlby, 1973, 1985; Rutter, 2002). Attachment is believed to affect our love relationships in adulthood.

A prospective longitudinal study of 80 Israeli young men found that having a secure state of mind, predicted levels of intimacy in both romantic and friendly relationships (Mayselless & Scharf, 2007). Roisman and colleagues (2002), found that at aged 20 and 21 securely attached individuals engaged in higher quality relationships compared to insecure individuals. Both of these studies shine light on the ways in which adverse childhood experiences are processed and how they affect the later patterns of psychosocial functioning.

McCarthy and Maughan's (2010) completed a study to test the ways in which negative childhood experiences are processed affects psychosocial functioning in adulthood. Out of the 34 women that were all subject to ACE, 50% reported a history of satisfaction in their romantic

relationships, and the other 50% had problematic past relationships. The researchers concluded that the majority of women with a satisfying adult love relationship demonstrated secure/autonomous attachment status. These women demonstrated the ability to accept the reality of bad past experiences, and came to terms with their attachment experiences despite going through adverse childhood experiences. The authors, thus, postulated that the ability to work through and accept adverse childhood experiences may be associated with one's ability to achieve positive functioning in close relationships later in life. Subsequently, there was a strong correlation noted between insecure attachment status and poor functioning in adulthood relationships. This insecure attachment status contributes to problems in initiating and maintaining close intimate relationships in adult life. The authors demonstrated a possible connection between the ability for one to think in a coherent and unified way about attachment-related experiences and the ability to alter negative cycles of psychosocial functioning.

McCarthy and Maughan's (2010) demonstrate that although 40% of women had a history of satisfying adult relationships, negative internal working models of attachment were still present. This suggests that individuals' internal working models of attachment greatly influences the quality of romantic and marital relationships (Cowan et al., 2009; Creasey, 2002). Evidence is also present to show that having a secure partner provides a buffering system against negative relationship outcomes (Paley et al., 2002).

Overall, the findings demonstrated from McCarthy and Maughan's (2010) study indicate that despite negative parent-child experiences, some women are able to clearly about attachment, and that internal models are strongly associated with the quality of adulthood relationships.

Long term effects of abuse on relationships

Child maltreatment is defined by Wells et al. (2016) as the abuse and neglect of children under age 18 resulting in harm to the child's health, development, dignity, and survival in a relational context involving responsibility, trust, and power" (p. 22).

An astounding one-third of partners in couples therapy have a history of childhood maltreatment (Anderson & Miller, 2006; Wells et al., 2016). Although adult survivors of childhood abuse may deny that the interpersonal effects that abuse has on them impact their adult relationships, it common that these effects greatly impact their intimate relationships in adulthood (Lindauer, 2012; Millwood, 2011). When an individual's perception of safety is distorted at an early age, it can result in them feeling unsafe, and lacking trust in their adult relationships (Brown et al., 2012; Kochka & Carolan, 2002; Nelson & Wampler, 2002). Survivors may demonstrate problems with regulating their emotions which results in displaying anger, or fear of intimacy which then negatively affects their sexual lives (Liang et al., 2006; MacIntosh & Johnson, 2008). In a study by Chauncey (1994), husbands of women who had suffered childhood sexual abuse reported feeling uncertain in how to treat their wives appropriately. The rage still present that these women held against their perpetrator(s) caused disparities within their relationships resulting in both parties feeling disoriented. This demonstrates the great influence that one partner's negative history can have on the romantic relationships by not only negatively impacting them, but also their partner (Wiersma, 2003).

Wells et al. (2016) examined the significance that power balances have within relationships. They argued that power within the relationship influences how each partner may influence the other to fulfill their needs (Wells et al., 2016; Knudson-Martin, 2015). When we see power inequality in relationships the couple it alters their connection since one partner undertakes a role of carrying the excess burden of maintaining order within the relationship. Power difference may be gender-based and covert which can result in the other partner being taken for granted as a

result of cultural and societal discourses which impact the give – and – take balance between the partners (Lips, 1991; Knudson-Martin, 2013, 2015). These can often be tied to childhood abuse. No matter the gender of the individual, childhood abuse and maltreatment can cause the disempowered victim to seek power and control within their adult intimate relationships (Henry et al., 2011; Hill & Alexander, 1993; Liem et al., 1996). In some situations, the need for power over their loved one can be attributed to fear of abandonment (Reyome, 2010). The same power disparities that were embedded in the child during childhood may carry over to their loving relationships externalized in their inability to trust their intimate partner, and foster suspicion and hostility (Wright et al., 2007). Both men and women face power discrepancies in adult intimate relationships when trying to uphold the typical cultural masculine and feminine norms. The cultural message of masculinity dictates that men need to be independent, autonomous, and invulnerable however they may feel powerless within their relationship (Bergman, 1995; Mejia, 2005). Similarly, adult women survivors seeking power may not uphold the cultural beliefs of femininity which are the vulnerable, self – sacrificing image of women in successful, romantic relationships (Aronson & Buccholz, 2001; Miller, 1976).

Insecurity with power in a relationship can be attributed to adult survivors perceiving their partners as unfair or untrustworthy (Silverstein et al., 2009). This may lead to the suppression of the other partners needs within the relationship. In instances such as this, when an individual feels threatened, the brain's amygdala generates a fight or flight response within our body that may ultimately impact the interpersonal communication between the couple (Wells et al., 2016). These negative interactions may cause detrimental complications for individuals in these relationships such as emotional distancing, conflict or having a constant (Fishbane, 2007, 2013; Fishbane & Wells, 2015).

The effect of neglect on romantic relationships

Interparental relationships significantly influences their offspring's future romantic relationships, communication skills, conflict resolution styles, and ability to form trust in others (Crockett & Randall, 2006; Maleck & Papp, 2015; Weigel, 2007). When looking in the homes of neglected children, they commonly witness interpersonal conflict, infidelity, poor communication, and detachment. As a result of what was witnessed growing up, these often are insecurely attached, find it difficult to trust and create bonds with others, which negatively impacts their romantic relationships (Hazan & Shaver, 1987; Maleck & Papp, 2015). Various adult attachment styles can impact the relationship between childhood neglect/abuse and adult depression and anxiety (Bifulco et al., 2006). In particular, children who experienced neglect significantly related to adult attachment insecurity resulting in difficulties with adulthood relationships (Sciarrino et al., 2018). Maleck and Papp's (2015) study found that during times of conflict with their romantic partners males displayed ineffective communication strategies whereas females did not. These differences could be due to the differing skills and opportunities that men and women acquire and undergo throughout their lives. Since females engage in more self-disclosure and intimacy among relationships with their friends they are always perfecting and improving upon communication skills. Comparatively, males are less likely to engage in deep communication since their friendships are often characterized by shared activity, which leaves less room for them to improve their communication skills (Underwood & Rosen, 2009).

“The effects of neglect permeate multiple facets of development, hindering social, emotional, physical, and attachment development throughout the lifespan. Children who were reared in neglectful families exhibit language deficits, interpersonal deficits, cognitive deficits, psychological issues, and attachment insecurity. Specifically, neglect can disrupt and impede the development of attachment security between an infant and his caregiver due to the lack of interaction between the

caregiver and child, necessary modeling of appropriate emotion regulation skills, and trust that the caregiver will meet the infant's needs" (Sciarrino et al., 2018; p. 24).

Insufficient parenting, as seen through ineffective parental behaviors, negatively affects the children and result in them developing both, inappropriate ways of coping, such as impulsive behaviors, and ineffective interpersonal styles of relating to others (Kim & Cicchetti, 2010; Maheu et al., 2010; Widom, 2000). Neglected children aged 6-12 experience difficulties in regulating their emotions which are externalized by aggressive behaviors, resulting in negative relationships with peers which attributed to the way they were neglected and rejected at home by their parents (Chapple et al., 2005; Kim & Cicchetti, 2010). In a retrospective report, childhood neglect (i.e., physical and emotional neglect) was negatively correlated with perceived family and friend support (Powers et al., 2009). Children who experienced neglect demonstrated lower levels of perceived support in adulthood may be associated with deficient interpersonal skills when compared to non-maltreated controls (Sperry & Widom, 2013). As neglected children grow up, they may experience lower levels of support which reinforces their attachment insecurity. Perceived support in adulthood in women is negatively correlated with depression, however it is not in men (Powers et al., 2009). Sperry and Widom (2013) believed that childhood lack of support due to the stresses present in the household may destroy later relationships overtime.

Unsuccessful familial environments demonstrate high levels of conflict and control, and low levels of cohesion and independence (Gold, 2000; Gold et al., 2004). Therefore, it is not surprising that both neglected and abused children most commonly do not disclose to others their interactions at home, resulting in social withdrawal, lower instances of marriage and higher rates of divorce (Powers et al., 2009; Widom, 2000). Even though neglected children have higher rates of marital difficulties when they age, developing a healthy relationship, romantic or not, may buffer the effects of ineffective parenting (Sperry & Widom, 2013). Emotional regulation difficulties which can contribute to the development of psychopathology can be due to chronic neglect (Glaser, 2000; Pechtel & Pizzagalli, 2011).

Maheu et al., (2010) concluded that individuals that experienced caregiver deprivation and emotional neglect presented problems in identifying emotional expressions, which partially is attributed to adverse neurological development associated with neglect. In particular, neglected or abused children could not identify and process positive emotions, which can be a result of not having experienced them in childhood (Bogdan et al., 2012; Kim & Cicchetti, 2010; Young & Widom, 2014). Additionally, lack of adequate emotion regulation as a result of parental neglect may also be related to the higher rate of eating disorders seen in adulthood (Pignatelli et al., 2017).

ACE & interpersonal relations in adulthood

Various studies completed have concluded that childhood trauma is related to the onset, symptom severity, and course of depression and anxiety disorders. Evidence suggests that poor social function before treatment is associated with earlier age of onset, higher levels of depressive symptoms, and lower remission rates after psychotherapy (Huh et al., 2014). Additionally, recurrent episodes and chronicity of depression and suicidality were a result of childhood trauma (Jaworska et al., 2014; Moskvina et al., 2007; Tunnard et al., 2014). Therefore Huh et al. (2014) investigated the relationship between various childhood traumatic experiences and adult interpersonal and social functioning in a large clinical sample. They concluded that depressive symptoms, state-trait anxiety, and anxiety sensitivity are related to various types of childhood trauma, conclusions that are the same as other research (Hankin, 2005; Rademaker et al., 2008).

Huh et al.'s (2014) research demonstrates that individuals with a history of childhood trauma experience higher depression and anxiety severity than those who were not abused in childhood. Not only is childhood trauma been shown to impact depression and anxiety, it has also been associated with other types of psychopathology such as dissociation, affecting age of onset, chronicity, and recurrence of anxiety/depressive disorder (Kilic et al., 2014; Sar et al., 2013). They concluded that although sensitivity to anxiety was significantly associated with childhood physical neglect, it was not with childhood emotional neglect. In addition, depressive symptoms and state-trait anxiety were not significantly associated with childhood physical neglect however it is significantly associated with anxiety sensitivity. This may suggest, argued Huh et al. (2014), that the various types of childhood trauma impact a different component of anxiety and depression. Huh et al. (2014) also found that child abuse, and in particular emotional abuse, emotional neglect, and sexual abuse, is expressed via adult interpersonal problems and distress when compared to those without history of such. In patients with a history of childhood physical abuse we see significantly higher levels of dominant/controlling and intrusive/needy interpersonal patterns. However that is not observed with interpersonal difficulty, when compared to patients that did not go through physical abuse in childhood. Evidence indicates the strong impact that child abuse has on intimate relationships later in life, and one's ability to form a secure attachment to others (Davis et al., 2001; Hankin, 2005; Withers et al., 2013). Factors such as earlier age of onset, chronicity, and more recurrent episodes of trauma-related depression might impacts one's ability to form strong interpersonal relationships (Jaworska et al., 2014). Individuals that were subject to trauma in childhood are at risk for abusive or traumatic relationships in adulthood. Huh et al. (2014) argued that individuals with a history of abuse may attempt to resolve the emotional turmoil (which is present as a result of the abuse) by exhibiting control in their interpersonal relationships through initiating potentially traumatic interactions with their intimate partner (see also Freud, 1958a, 1958b). In addition, Huh et al. (2014) emphasized that childhood sexual abuse is greatly associated with diverse interpersonal problems in adulthood when compared to other forms of abuse/trauma. The patients who were sexually abused in childhood suffered from domineering/controlling, overly accommodating, self-sacrificing, and intrusive/needy interpersonal traits. Consequently, childhood sexual abuse has divergent interpersonal patterns through dominant and submissive attitude expression simultaneously. Huh et al. (2014) supported that finding by suggesting that sexually abused victims tend to fluctuate by seeking closeness to others in order to get help but they also keep their distance in order to protect themselves from being hurt (see also Drapeau & Perry, 2004). Huh et al. (2014) also found that patients who were emotionally neglected during childhood also exhibited a wide range of interpersonal problems. In addition to domineering/controlling and intrusive/needy problems mainly in the interpersonal domain, they also displayed nonassertive, overly accommodating, and self-sacrificing interpersonal issues. There was no correlation found between childhood physical neglect and adult interpersonal relationship problems.

ACE & adult intimate relationships of women

The effects of ACE

Unfortunately, the effects of childhood abuse and neglect do not stop in childhood, but are experienced long-term into adulthood (Schutze et al. 2020). Results of childhood maltreatment include poorer psychological and physical wellbeing, resulting in an increase of mental health disorders including substance abuse, depression and anxiety (Hughes et al., 2017; Norman et al., 2012; Reiser et al., 2014). ACE can modify central regulatory processes and impair the activity of major neuroregulatory systems (Anda et al., 2006). For example, the negative impact on the hypothalamic-pituitary adrenal axis and the sympathetic nervous system

may lead to an increased response to stressors (Bremner, 1999; Ladd et al., 1996). ACE may also impact the endocrine and immune system resulting in impairments of cognition, behavior, emotional regulation, and health (Hughes et al., 2017). In addition, a positive correlation between ACE and different diseases was found such as cardiovascular diseases, type 2 diabetes, cancer, neurological and musculoskeletal problems, endometriosis, frequent headaches and migraines, sleep disturbances, and chronic pain (Anda et al., 2010; Chapman et al., 2011; Davis et al., 2005; Elfgen, et al., 2017; Leeners et al., 2016; Leeners, et al., 2013; Liebermann et al., 2018). Finally, since ACE increases risky behaviors, individuals may have a higher chance of contracting STDs (Norman et al., 2012).

Long term consequences of ACE

Various studies investigated the impact that ACE has on interpersonal relationships since partnership greatly affects one's health and overall quality of life (Davis et al., 2000; Davis et al., 2001; Poole et al., 2018). Supportive social relationships are health enhancing as they serve as a buffer system for stress (Chao, 2011; Finch et al., 1999), and negative social relationships may lead to psychological distress and depression (Shahar et al., 2004). Schutze et al. (2020) argued that in women who were abused as children, and now experience negative social relationships it may contribute to impaired health (Monnat & Chandler, 2015; Anda et al., 2006; Felitti et al., 1998; Hughes et al., 2017; Reiser et al., 2014). Additionally, conflicts in their social relationships, in which these women may be involved in, increase the incidence of abuse and neglect towards children raised in such households (Stith et al., 2009). Since ACE may contribute to emotional dysregulation in individuals, they may cause interpersonal difficulties resulting in fear of intimacy, forming trusting relationships in child- and adulthood, and sexual dysfunction (Davis et al., 2001; Maniglio, 2009; Poole et al., 2018). It is evident that women who underwent abuse in childhood tend to be more sensitive to criticism, have an impaired self-esteem, and deploy emotional avoidance to cope with their past trauma, which all negatively impact their adult relationships (Davis et al., 2001; Maniglio, 2009; Poole et al., 2018). Consequently, women with a history of ACE display less interest in serious relationships, have lower marriage rates, higher divorce rates (Davis et al., 2000; Poole et al., 2018), and are often unsatisfied with the quality of their relationships. Schutze et al. (2020) compared women who underwent ACE, to those who did not, in order to investigate the impact that ACE has on the quality of adulthood relationships. The researchers investigated the impact that the four measures of abuse, namely, emotional abuse, emotional neglect, physical abuse/neglect and sexual abuse as well as household dysfunction have on intimate relationships. Schutze et al. (2020) found that women who had a history of abuse as a child had lower partnership quality, with a history of emotional and sexual abuse in childhood showing the strongest association with lower partnership quality. They rate their partnership happiness lower and have a greater number of relational conflicts when compared to those without ACE. However, the duration of their intimate relationships was found to be equal in both groups. This demonstrates that regardless of ACE, women still commit to, and maintain, long-term relationships. Previous research that looked at the different forms of ACE indicated strong associations between emotional abuse and consequences of traumatic experiences (Liebermann et al., 2018; Poole et al., 2018). Schutze et al. (2020) found that an abundance of participants who suffered ACE reported lower partnership quality in regard to factors such as good argumentative behavior, affection, solidarity, and communication. These women disclosed lower levels of happiness in their relationships, and were contemplating separation (see also Poole et al., 2018).

Abuse is most commonly inflicted on children by individuals who are closest to them, who should be in charge of their safety and wellbeing. However, since these individuals are doing the opposite of what they

should be, the children learn that no one is trustworthy, which negatively impacts their future relationships. These children then commonly display emotional dysregulation, fear of intimacy, emotional argumentative behavior and bad communication, which are all detrimental in intimate relationships.

When Schutze et al. (2020) examine the effects that specific forms of abuse have on adulthood intimate behavior, they found ACE of a sexual and emotional nature to have a significant association with impaired partnership quality, to a larger extent than the other types of ACE had. The researchers stated that it may be possible for women to succeed in preventing consequences of physical abuse more easily due to physical abuse usually being limited to specific situations, while emotional abuse is mostly omnipresent. Since emotional and sexual abuse demonstrated a strong association with psychological disorders such as depression or anxiety in their participants, this shines light on the difficulties that the women encounter in their intimate relationships. In addition, conflicts around sexuality were reported by women who were sexually abused in childhood which showed that the level of sexual activity of women with ACE was found to be either less or more than women who were not abused as children. Similar to the findings of Wegman and Stetler (2009), Schutze et al. (2020) found higher prevalence of chronic pain and sleep disorders in association with ACE.

ACE & relating to family in adulthood

Childhood maltreatment and adverse events that occur early in life can have a significant influence on the quality of intimate, social and familial relationships over one's life course (Gregory et al., 2006; Schafer et al., 2011; Underwood et al., 2011). Individuals in their adult life, who were abused in their childhood demonstrate social and psychological difficulties including detached relationships with parents (Davey et al., 2007), interpersonal difficulties (Johnson et al., 2002; Wilson et al., 2006), marital problems (Whisman, 2006), and impaired emotional regulation (Repetti et al., 2002). Studies demonstrate that emotional support obtained from family members moderates, and mediates the effects of severe physical abuse on one's physical and mental health (Pitzer & Fingerman, 2010; Shaw & Krause, 2002). A study conducted, with older adults being the focus, found that negative relationships with parents in addition to childhood adversities, interfered with the development of strong social skills in adulthood, which resulted in reduced social or close relationships and feeling emotionally isolated (Wilson et al., 2006). Due to the importance that strong familial relationships have for the general wellbeing and positive physical, mental, and social functioning in old age, the connection between childhood abuse and familial relationships in later life is an important area of research. Researchers who study attachment argue that individuals who underwent ACE exhibit an insecure attachment style, which promotes cognitive vulnerabilities that are sustained by one feeling negatively about their self-worth, and getting support from others (Bowlby, 1982; Wright et al., 2009). Consequently, relationships in later life that incorporate feelings of trust, intimacy and security may be harmed (Elder, 1974). The influence of perceived control, which is one's belief that they influence their life outcomes, has been the most common psychosocial resource explored within the literature. Perceived control significantly impacts one's wellbeing, health and life satisfaction (Lachman & Prenda, 2004; Neupert et al., 2009; Pitzer & Fingerman, 2010). Ryff and Singer (1996) argued that self-acceptance, which is reflective of self-actualization, maturity and a sense of integrity, is another factor that is crucial for positive psychological functioning.

There is little research on the effects that childhood abuse has on relationships with kin in later years, therefore Savla et al. (2013) were determined to explore this topic. Their participants included 1266 middle aged and 1,219 older adults who reported emotional abuse, physical abuse and childhood adversities. Their research brought to light the impact that

childhood physical abuse, emotional abuse and adversities have on middle-aged adults and older adults. The researchers found no correlation between childhood physical abuse and family closeness in older adults. They believed that part of the difference between the two age groups could partially be the way the cohorts were raised. In older adults, though not in younger ones, strict parenting might have been interpreted as acceptable (Forehand & McKinney, 1993). Consistent with attachment theory, it demonstrates that childhood emotional abuse had a negative impact on both cohorts' feelings of closeness to family, and negatively impacted their relationships in their later years (Savla et al., 2013). Childhood adversities were not found to be associated with emotional closeness to family (Savla et al., 2013). In addition, personal control was proven to be an important psychosocial resource for middle-aged adults however there was no relationship for the older adults. Savla et al. (2013) researched a component, which was not featured within previous research, is the relationship between childhood family abuse and family closeness later in life. In particular, it was concluded that self-acceptance was positively correlated with family closeness and acted as a buffer to the negative effects that childhood emotional and physical abuse had on maintaining family closeness among the middle-aged cohort yet not the older adults. The differences seen could be a result of the inherent values that each cohort has. The older adults came out of a time of war and economic hardship, they were able to preserve and build lives out of minimal resources (Elder & Conger, 2002). In comparison, the middle-aged participants were part of the baby boomers which allowed them to have higher education, fought for equal rights for women, and embraced civil rights which resulted in them finding self-fulfillment and self-respect (Savla et al., 2013).

ACE and sexual victimization in adulthood

Children and adolescents who are exposed to early trauma (abuse and neglect) are at increased risk for experiencing violence during their lifetime, along with an increased risk for poorer health and social outcomes (Wilkins et al., 2014). Approximately 19.3% of women and 1.7% of men in the United States (U.S.) have been raped in their lifetime and an estimated 43.9% of women and 23.4% of men have experienced other forms of sexual violence, such as for example sexual coercion, unwanted sexual contact or sexual experiences (Breiding et al., 2014). Since sexual violence is a significant problem, Ports et al.'s (2016) researched the relationship between adverse childhood experiences, including childhood sexual abuse (CSA), and sexual victimization (SV) in adulthood. In the U.S., 6% of children and youth experienced a sexual offense and 1.4% experienced a sexual assault within the last year. Incidence rates were highest for 14–17-year-old girls, however both male and female rates of lifetime sexual assault in this age group were 6% and 14.3% respectively (Finkelhor et al., 2015).

The impact that CSA has on an individual are significant and long lasting. CSA is linked to poor psychological, social, and physiological outcomes across one's life, including an increased risk of mental health challenges such as depression, dissociation and suicide attempts as well as engagement in unsafe sexual behaviors (Dube et al., 2005; Kendler et al., 2000; Tyler, 2002; Weiss, et al., 1999; Steel & Herlitz, 2005; Van Dorn et al., 2005). Trickett et al.'s, (2011) 23-year longitudinal study of sexually abused women found these women had an earlier onset of puberty, various cognitive deficits, hypothalamic–pituitary–adrenal attenuation, higher rates of obesity, more major illnesses and healthcare utilization than non-abused females, self-mutilation, and physical and sexual re-victimization.

Parenting after ACE

ACE & emotional inhibition

Emotional regulation (ER) development is a key task that should be obtained in childhood through various interactions with their primary

caregivers (Eisenberg & Morris, 2002). However, childhood maltreatment is thought to interfere with the development of ER due to the disruption in the relationship between the children and the caregiver, resulting in the child not acquiring skills that are essential for self-regulation which can impact their adult life (Cabechina-Alati et al., 2020; Langevin et al., 2015). When non-abused adults were compared to those who were abused as children, we see deficits in emotional processing and greater emotional dysregulation in those who were abused (Burns et al., 2010; Young & Widom, 2014). The collective effects of various types of adverse childhood experiences include increased occurrence of mental health problems and interpersonal difficulties in adulthood (Hughes et al., 2017; Poole et al., 2018). Emotional dysregulation appears to mediate the relationship between cumulative childhood adversities and negative psychosocial outcomes (Abravanel et al., 2015). Various research confirms the impact that various forms of victimization in childhood have on ER difficulties and interpersonal problems in adulthood (Barnes et al., 2016; Cloitre et al., 2009).

Parenting after ER

ER is a difficult process in which parents are required to regulate their own emotions, while at the same time attempting to provide support to their child (Cabechina-Alati et al., 2020). Smith et al.'s (2014) research concluded that parents, in particular mothers with a history of child maltreatment, who display negative affect and experience problems in regulating emotions such as anger, increase the risk for abusive parenting. For example, McCullough et al. (2014) found that mothers who were abused as children exhibited negative parenting behaviors such as psychological control of the child, hostility, and unavailability. This was particularly important in mothers who had trouble with their ER, resulting in possibly compromising their children's emotional development (Plant et al., 2018).

Parental emotion socialization

Parental emotion socialization (ES) is a very important parental behavior in children developing ER. Morris et al. (2007) proposed that a child's ER is impacted by three types of ES: (a) observation and modelling, (b) parenting practices and behaviors, and (c) the emotional climate of the family. Of the three types of ES, the most influential are the behaviors that parents display when children express their emotions. This is due to parental responses being a significant indication for a direct method of socialization since the children are provided with explicit feedback after expressing their feelings (Eisenberg et al., 1998; Thompson & Meyer, 2007). Morris et al. (2007) also believed that parental characteristics, and in particular their ER skills, may influence children's ER through parental ES practices. For example, in mothers who have difficulties with their ER, they often respond to their child's distress by punishing or by showing minimizing responses, which then cause the children's ER difficulties (Briscoe et al., 2019).

Regulatory styles greatly impact one's ability to exercise ER. For example, for individuals that utilize adaptive regulatory styles, they are able to take advantage of a wide range of ER strategies and can access them dependent on the situation at hand (Bonnanno & Burton, 2013). On the other hand, individuals may exhibit over-resilience on a single strategy, which is considered a maladaptive regulatory style. For example, when individuals opt to suppress their emotions, they experience greater negative emotionality and interpersonal problems when compared to those who do not use this approach consistently (Gross & John, 2003). When individuals rely on suppressing their emotions, they have been proven to have an increased risk of trauma-related social anxiety, depressive disorder, and psychopathology (D'Avanzato et al., 2013; Moore et al., 2008). When parental figures demonstrate unsupportive behaviors towards their children, it increases the risk of the children inhibiting their emotions throughout their life course (Gunzenhauser et

al., 2014). Cabechinha-Alati et al (2020) researched the relationship between polyvictimization in childhood and parental ER and ES in adulthood. Their findings indicate that individuals that had a history of polyvictimization and experienced problems with ER may in adulthood utilize unsupportive contingencies, resulting in their children's reliance on emotional inhibition. In addition, the researchers found that parents with higher levels of polyvictimization, demonstrated lower levels of ER skills for anger, sadness, and anxiety meaning that parents who underwent multiple types of maltreatment in childhood utilized unsupportive responses to these emotions (see also Berthelot et al., 2014; Hopfinger et al., 2016). However, parental ER skills and ES practices were highly correlated across all three emotions. These findings line up with previous studies that have found that parental emotion dysregulation is a predictor of unsupportive ES (Briscoe et al., 2019; Morelen et al., 2016). Furthermore, Cabechinha-Alati et al. (2020) found that in populations with psychopathologies (for example depression and psychosis), inconsistencies with emotion-specific ER may be more apparent. Research done on ES in maltreating parents found that maltreating parents have a higher probability of invalidating their children's negative emotions (Shipman et al., 2007) or responding to them in a neglectful, or disciplinary manner (Shipman et al., 2005). Additionally, children raised by maltreating parents had an increased probability of having parental models who engage in unsupportive ES practices, which may be them replicating the behavioral models from their own childhood, which demonstrates the concept of social learning (McCullough et al., 2014).

Navigating parenthood following CSA

CSA is defined as "experiencing at least one contact (e.g., intercourse, genital contact) or noncontact (e.g. sexual invitations, exhibitionism) episode by either a family or nonfamily member before the age of 18" (Schuetze & Eiden, 2005, p. 649). In the case of CSA, the perpetrator is most often a person that the child trusts, which enhances the long-lasting effects it has on the child. Although some children, who were subject to CSA, exhibit immediate psychological, and interpersonal effects in childhood (Cohen et al., 2004), the negative effects are often extended into adulthood, affecting not only the victim but also their social, familial (children) and intimate relationships (Dube et al., 2005; Testa et al., 2011). Previous research suggests that parenting styles of survivors of CSA may have difficulties around healthy emotional expression, positive coping skills, strong internal locus of control, and the ability to healthily parent their children (Wright et al., 2012). This may be attributed to women who are CSA survivors experiencing depression (Wilson & Scarpa, 2015), intimate partner violence (Schuetze & Eiden, 2005), low confidence and discomfort with physical contact (Douglass, 2000). Haiyososo and Trepal (2019) set out to explore how CSA impacted women's parenting styles in adulthood. Consequently, the authors utilized narratology, which allowed them to gather information about their topic, through the personal stories of the participants (Hays & Singh, 2012).

Effects of CSA

Felitti et al.'s (1998) seminal research found that adverse childhood experiences (ACE) can lead to a variety of life-threatening illnesses in adults such as skeletal fractures, emphysema, hepatitis, heart disease, and cancer. Although the study focused on ACE, it was determined that CSA was the second most prevalent type of ACE, and the findings determine that CSA affects adult physical health. In addition to the impact that CSA has on physical health, Maniglio's (2012) research outlines the psychological toll that CSA adult survivors have. This includes anxiety (Mangilio, 2012), symptoms of posttraumatic stress (see also Ullman, 2007) as well as depression (Wilson & Scarpa, 2015). Wilson and Scarpa (2015) argued that depression mediates the relationship between CSA and interpersonal difficulties, which may be externalized as aggression, ambivalence, sensitivity, or need for approval (Wilson & Scarpa, 2015). Previous research indicates that some survivors of CSA have difficulties

around trust, intimacy, control, and insecurity for years following their abuse which negatively impacts their future relationships (Nelson & Wampler, 2000; Tummala-Narra et al., 2012).

Impact of CSA on parenting

Typical stressors of being a parent accompanied by psychological and interpersonal struggles associated with a history of CSA negatively interfere with survivors' parenting (DiLillo & Damashek 2003; Wright et al., 2012). Adult women who are survivors of CSA may become proficient at avoiding emotions, which may in turn appear as them being less alert to threats that their children may be facing (Leonard & Follette, 2002). In addition, these mothers often struggle with enforcing appropriate levels of discipline for their children, which is externalized as being permissive towards their children (Ruscio, 2001; Testa et al., 2011).

Haiyososo and Trepal's (2019) study determined the impact that CSA survivors' problems have on parenting experiences by utilizing a relational-cultural lens. It was found that mothers tried to prevent their children from experiencing CSA by educating them about ways to be safe, and the steps to take if anything like CSA happened to them. The participants exhibited difficulties in letting go, or losing sight of their children due to not trusting those involved in their children's lives. Haiyososo and Trepal (2019) observed that their participants understood the overwhelming, life-long impact of surviving CSA and having negative parental/close figures therefore they insisted on different relational images for their children by protecting their children not only from CSA but from any inappropriate parental response. Parents were found to enact relational resilience in which was displayed in their aim to create new relational templates for their children. Additionally, multiple participants used faith, or spirituality, for guidance and support, which is supported by other research (Singh et al., 2013). Participants also experienced disconnection during important developmental stages of interaction with their children such as diaper changes, and physical intimacy. They believed that this way of parenting was different from the "normal" way which may fuel feelings of vulnerability in their parenting styles.

To summarize, it is clear from this brief review that child abuse has significant, sometime severe, and life-long effects on its victims. These effects may be experienced emotionally, physically, behaviorally, spiritually, or socially. That is to say, we as a society need to do all we can to prevent child abuse, and if ACE does occur, it should be treated with a long-term view and not just addressing the victimized child's immediate needs and pain. Since ACE may be transmitted across generations, a reduction of ACE on today's children will result in healthier future generations.

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