

TREATING THE LIFETIME HEALTH EFFECTS OF CHILDHOOD VICTIMIZATION

Second Edition

Kathleen Kendall-Tackett, Ph.D., IBLC, FAPA



Civic Research Institute

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*This book is dedicated to Cindy Castro, my awesome prayer warrior.
I could not have done it without you. You rock!*

To God be the glory!

“Adult disease prevention begins with reducing early toxic stress. . . . An increasing amount of research in neuroscience, social epidemiology, and the behavioral sciences suggests that a reduction in the number and severity of early adverse experiences will lead to a decrease in the prevalence of a wide range of health problems.”

— J. P. Shonkoff, W. T. Boyce, and B. S. McEwen.
(2009). Neuroscience, Molecular Biology,
and the Childhood Roots of Health Disparities:
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— K. K.-T.

About the Author

Kathleen Kendall-Tackett, Ph.D., IBCLC, FAPA, a health psychologist and an International Board Certified Lactation Consultant, is the owner and Editor-in-Chief of Praeclarus Press, a new small press specializing in women's health. Dr. Kendall-Tackett is a research associate at the Crimes Against Children Research Center at the University of New Hampshire, clinical associate professor of pediatrics at Texas Tech University School of Medicine in Amarillo, Texas, and a Fellow of the American Psychological Association in both the Divisions of Health and Trauma Psychology. She is a founding associate editor of the journal *Psychological Trauma* and currently Editor-in-Chief of *Clinical Lactation*. Dr. Kendall-Tackett is author of more than 310 journal articles, book chapters, and other publications and author or editor of 22 books in the fields of trauma, women's health, depression, and breastfeeding, including *Depression in New Mothers* (2nd ed.) (2010), and *The Psychoneuroimmunology of Chronic Disease* (2010). She is a founding officer of the American Psychological Association's Division of Trauma Psychology and is currently President-elect.

Dr. Kendall-Tackett received bachelor's and master's degrees in psychology from California State University, Chico, and a doctorate from Brandeis University in social and developmental psychology. She has won several awards, including the Outstanding Research Study Award from the American Professional Society on the Abuse of Children. She was named Distinguished Alumna, College of Behavioral and Social Sciences, California State University, Chico. In 2011, she received the John Kennell & Marshall Klaus Award for Excellence in Research from DONA International, and the Community Faculty Award from the Department of Pediatrics, Texas Tech University School of Medicine. Her web sites are *UppityScienceChick.com*, *BreastfeedingMadeSimple.com*, *KathleenKendall-Tackett.com*, and *Praeclarus Press.com*.

Foreword

Richard D. Krugman, M.D.

The year 2012 marked the 100th anniversary of the founding of the Children's Bureau and the 50th anniversary of C. Henry Kempe's article: "The Battered Child Syndrome" (Kempe, Silverman, Steele, Droegmeuller, & Silver, 1962). And a decade has passed since the first edition of this volume was published. There is a lot more going on with regard to research on the biological basis of abusive and neglectful behavior, but not much has happened in the real world to change either how we approach the problem of child abuse and neglect or how we effectively treat those who are victims of maltreatment. There is a more research on the neurobiology and neuroimmunology of abusive and neglectful behavior, but the child protection system in the United States deals with the hundreds of thousands of abused and neglected children and their families with not much more success than in previous decades.

Dr. Kendall-Tackett does a wonderful job updating the increasing research information on the significant health effects of childhood victimization. Many of us have pleaded for more attention from the National Institutes of Health (NIH) for logarithmic increases in funding of work similar to that described and documented in these pages. Sadly, a decade later, the amount of funding from this research engine has been stuck at 0.1% (\$30 million of a \$31 billion NIH budget) (see "Estimates of funding . . .," 2012). Given the magnitude of the morbidity and mortality attributable to the consequences of child maltreatment, more clearly needs to be done, although the fiscal predicament faced by the U.S. Congress as of 2013 suggests that the likelihood of changing this failure-to-thrive situation is not very likely.

If progress is to be made to address this gap, something will need to unstick the status quo in how our country addresses the problem of child maltreatment. Given the addictive nature of how the current revenue flows in well-worn ways—the vast majority of resources going to the child protective services systems that are housed in public child welfare and human services agencies are supporting efforts to identify victims but rarely support treatment, and only in those cases in which the abuse or neglect is intrafamilial. When abuse occurs outside the family (as it does more often than not for boys who are sexually abused), there is practically no treatment available. And, in spite of all the data on the long-term consequences of maltreatment, the child protection system is episodic, and unavailable for the long haul of support needed by these children and families.

One can only hope that this situation will change before the next edition of this compendium. In the meanwhile, health and mental health professionals need to understand what is in these pages, and national child advocacy organizations need to come

together to ensure that there is an expansion of the resources available for research similar to that within these pages.

— Richard D. Krugman, M.D.
Distinguished Professor of Pediatrics
Vice Chancellor for Health Affairs
Dean, University of Colorado School of Medicine
January 28, 2013

References

- "Estimates of funding for various research, condition, and disease categories (RCDC)" [Table]. *National Institutes of Health Reporter*, Feb. 13, 2012. Available online at: http://report.nih.gov/categorical_spending.aspx.
- Kempe, C. H., Silverman, F. N., Steele, B. F., Droegmueller, W., & Silver, H. K. (1962). The battered child syndrome. *Journal of the American Medical Association*, 18(1), 17–24.

Preface

I vividly remember when I first learned about the connection between childhood abuse and health. I was attending grand rounds at our local hospital, back in the mid-1990s. The speaker was talking about various aspects of the mind-body connection. She mentioned a study that linked irritable bowel syndrome to child sexual abuse. I was stunned. I had been around the child sexual abuse literature *for years*, and I had never heard this before. Little did I know that that brief sentence, said almost in passing, was to lead to some of the most fascinating work of my career. It started that day, and it is ongoing. Since writing the first edition of this book (published in 2003), I have since edited five books covering various aspects of victimization, trauma, and physical health (Banyard, Edwards, & Kendall-Tackett, 2009; Kendall-Tackett, 2004, 2005, 2010; Kendall-Tackett & Klest, 2010). I also have had the privilege of being a founding officer in the American Psychological Association's Division of Trauma Psychology and serving as an associate editor on their new journal, *Psychological Trauma*. I have watched the topic of trauma and health really come of age. There have been many exciting developments in this field.

My initial interest in this topic coincided with my own medical odyssey. At that time I heard that lecture, I was going through a lengthy medical process that eventually culminated in a diagnosis of systemic lupus erythematosus. I've often joked that it was my crash course in American medical practice, as I bounced between various specialists trying to figure out what was wrong. I learned firsthand what it was like to have a chronic pain condition. I also learned what it was like to have vague, but debilitating, symptoms without an obvious cause. During that process, I had some great—and not-so-great—health care providers, and a few who doubted whether I was really sick (a frequent problem for people with autoimmunity).

My experience also provided many opportunities to talk with my fellow patients. Because I was “one of them,” these men and women would tell me things they would never say to their health care providers. Seventeen years later, I still find this to be true. I also found that patients, upon learning that I was a family-violence researcher, would tell me about their past experiences of abuse and neglect, and they were quite interested in learning about the connection between these experiences and their current health problems. To this day, my experiences as a patient do inform my views. When talking about patients, it is never “them” for me; it is always “us.”

All these experiences were molding my thinking on the impact of abuse on health. It was clear from reading the research that people who experienced childhood abuse had higher rates of illness. Even the first small study I conducted with Ken Ness and Roberta Marshall demonstrated this. One of our initial findings was on the occurrence of diabetes in people who had been physically or sexually abused (Kendall-Tackett & Marshall, 1999). To understand our findings, we put them in the context of abuse as a chronic stressor, and suddenly the pieces seemed to fit. The much larger Adverse Childhood Experiences (ACE) study had similar findings, not only for diabetes but for illnesses ranging from cancer to skeletal fractures. All these were more likely in abuse survivors (Felitti et al., 1998). The emerging field of psychoneuroimmunology has also been important in understanding these effects.

Chronic pain in abuse survivors seems to be a particularly robust finding, and it has shown up repeatedly as an effect of past abuse. Neuroscience research has demonstrated that traumatic events can actually alter the brain and body, and the body becomes more sensitive to sensations. There is even evidence that suggests that abuse survivors have lower pain thresholds. Although we still don't know the exact mechanism for this effect, some highly intriguing possibilities have been raised.

Inflammation is proving to be an absolutely essential part of understanding the mechanisms that influence the health of abuse survivors. That literature has grown substantially since the first edition of this book, and you will see it woven throughout the chapters. The psychoneuroimmunology research has demonstrated not only that inflammation has a causal role in chronic diseases, such as cardiovascular disease and diabetes, but that psychological processes can actually cause inflammation. Understanding this process is also key to thinking about prevention of health problems in abuse survivors (Kendall-Tackett, 2009, 2010).

WHY DOES CHILD ABUSE MAKE PEOPLE SICK?

Recent studies have established that child abuse makes people sick. The next logical question to ask is "why." A health psychology and psychoneuroimmunology framework can help us answer that question and reveals many possible mechanisms by which abuse could influence health. Some are obvious, but most are fairly subtle. Any given survivor could have several of these operating at once. In fact, in all likelihood, not only would there be several at work, but they would be synergistic and would influence each other for an even more harmful effect.

The framework I use came about by combining research from child maltreatment and health psychology/behavioral medicine fields. Combining those two large literatures proved to be a mammoth task. But it led to some interesting findings. For example, an interest in religiosity led me to variables such as hope, forgiveness, and finding meaning in suffering. The relational difficulties of adult survivors led me to rejection sensitivity, unmitigated agency and communion, the internal working model, and the health effects of mistrust and hostility. A look at homelessness led me to socioeconomic status, learning disabilities, and problems in school. I often characterized this project as working on a giant jigsaw puzzle. But instead of cardboard puzzle pieces, I was assembling components of the human psyche. The final picture was as complex and fascinating as human beings themselves. In the end, I grouped these possible influences into five pathways. Each of these can have a negative impact on health alone and can interact with the others. The five pathways are as follows:

- *Physiological Pathways.* Trauma changes the body. The sympathetic nervous system becomes more reactive. Levels of stress hormones and inflammatory cytokines become dysregulated. Pain thresholds are lower. Children are especially vulnerable to these changes, and the changes are more likely to occur when trauma is severe.
- *Behavioral Pathways.* Abuse survivors are more likely to engage in harmful behaviors, especially substance abuse and high-risk sexual activity. This pathway has the most empirical support of all the ones I considered.

A relatively new line of research considers the flip side of harmful behaviors: health-enhancing ones. Although only a few studies have been conducted, these results suggest that adult survivors are less likely to participate in health-promoting behaviors as well.

- *Cognitive Pathways.* Abuse survivors are more likely to have negative beliefs about themselves and others. These studies are some of the most interesting in this book, and they can explain some of the difficulties that otherwise high-functioning survivors face. Negative beliefs can undermine health and may also lead to harmful behaviors and harmful relationships. Yet, we often don't take these beliefs as seriously as we should because they are not as dramatic as harmful behaviors. Nevertheless, the detrimental effects are very real.
- *Social Pathways.* Adult survivors often have difficulties in their adult relationships. One of the more extreme manifestations of this is revictimization. But there were many more subtle manifestations including divorce, marital disruptions and social isolation. Adult survivors are more likely to be poor, to have a hard time in school, and to be homeless than are their non-abused counterparts. Even behavior that we might label as "codependent" can be the result of childhood abuse. Moreover, all these social difficulties can have a negative impact on health.
- *Emotional Pathways.* Depression and posttraumatic stress disorder (PTSD) are common sequelae of past abuse. We have known for many years that depression suppresses the immune system and causes myriad health problems. It can even increase the risk of heart attacks. Recent research has revealed similar negative health consequences for PTSD. We are used to thinking about PTSD and depression as outcomes, but we also need to think of them as mechanisms that can lead to poor health.

FORMAT OF THE BOOK

Throughout this book, I have followed a simple formula. For each variable, I first show how it pertains to abuse survivors and then how it is related to health. On some topics, such as substance abuse or high-risk sexual behavior, there are dozens of studies. I have listed them all for completeness, but even skimming these longer sections is enough to get the picture. On other topics, the literature is somewhat limited but suggestive of future studies.

In the final section, I have provided clinical guidelines for working with this population in health care settings. I focused on health care rather than traditional mental health settings since health problems are more likely to surface there. However, I have written these clinical chapters in such a way that I hope mental health professionals will find them useful as well. There is a schism in our country between mental and physical health. It has improved somewhat. But there is still more to do. My goal is to promote a more collaborative and holistic approach to treating the concerns of abuse survivors. The first chapter in this section focuses on general issues that arise in treating adult survivors. The next three chapters are on the clinical management of

the three most common conditions that adult survivors manifest—depression, PTSD, and chronic pain.

WHY THIS WORK IS IMPORTANT

When reviewing these research studies, I encourage you to remember the real people behind the numbers—the people whose lives have been shattered by childhood abuse. The health problems of this population can sometimes seem overwhelming. You might be tempted to give up hope. But there is much you can do to help.

Early in my training, I attended a weeklong seminar on the treatment of child sexual abuse at the Institute for the Community as an Extended Family (now the Giarretto Institute). At that time, it was the only facility in the country that offered training on treating incest. Many of the clients seen there were highly symptomatic. Yet, one of the trainers said something I have never forgotten. She told us that we must communicate our belief in our clients' capacity for wellness—that it is indeed possible to recover from past abuse, and to have a life that becomes strong in the broken places. We must communicate this hope to the patients who seek our care. Although many have complex medical conditions, they can be well. Even with chronic and disabling conditions, it is possible to manage symptoms and function better. This is the message that we must bring. My desire is to support you in that task.

— Kathleen Kendall-Tackett, Ph.D., IBCLC, FAPA
Amarillo, Texas
June 17, 2012

References

- Banyard, V. L., Edwards, V. J., & Kendall-Tackett, K. A. (Eds.). (2009). *Trauma and physical health: Understanding the effects of extreme stress and of psychological harm*. London, UK: Routledge.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245–258.
- Kendall-Tackett, K. A. (Ed.). (2004). *Health consequences of abuse in the family: A clinical guide for evidence-based practice*. Washington, DC: American Psychological Association.
- Kendall-Tackett, K. A. (Ed.). (2005). *Handbook of women, stress and trauma*. New York: Brunner-Routledge.
- Kendall-Tackett, K. A. (2009). Psychological trauma and physical health: A psychoneuro-immunology approach to etiology of negative health effects and possible interventions. *Psychological Trauma*, 1(1), 35–48.
- Kendall-Tackett, K. A. (Ed.). (2010). *The psychoneuroimmunology of chronic disease*. Washington, DC: American Psychological Association.
- Kendall-Tackett, K. A., & Klest, B. (Eds.). (2010). *Trauma, dissociation and health*. London, UK: Routledge.
- Kendall-Tackett, K. A., & Marshall, R. (1999). Victimization and diabetes: An exploratory study. *Child Abuse and Neglect*, 23, 593–596.

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