

Consequences of Physical Abuse in Childhood: Hypothesis

Keywords: Autism; Attention Deficit Hyperactivity Disorder; Obsessive-Compulsive Disorder; Alcoholism; Child Abuse

Abstract

The hypothesis is presented here that individuals with certain disorders or neuroses, autism spectrum and obsessive-compulsive in particular, were on average more often physically abused during their childhood than those with e.g. attention deficit hyperactivity or histrionic personality disorders. Both latter conditions are usually not mentioned in the literature among consequences of physical abuse. Furthermore, the maltreatment can modify manifestations of affective disorders. Children and adolescents regularly punished for hyperactivity or other behaviors, regarded by perpetrators to be undesirable, would discontinue these behaviors but start adaptive or maladaptive conduct that may be more or less compatible with autism spectrum and obsessive-compulsive disorders. Repetitive binge drinking can be compulsive. Besides, loitering with drinking companies is a way of escape from domestic violence. It is known that autistic persons tend to avoid socialization. However, in conditions of collectivism and a pressure to be "normal" like everyone, individuals with communication abnormalities would have strong motives to contact with peers to avoid stigmatization. Alcohol consumption and, in particular, binge drinking is a method to overcome communication barriers. In doing so, the individuals often forget that excessive alcohol consumption may cause health problems.

Introduction

Childhood maltreatment predisposes to a variety of psychiatric and related conditions, including mood, anxiety, eating disorders, deficient communicative skills, cigarette smoking and high-risk alcohol consumption [1-7]. The drinking and alcohol dependence was found to be 2-4 times more frequent in persons who had experienced childhood maltreatment than among those who had not [8,9]. Physically abused children tend to exhibit lower cognitive functioning, poor self-esteem, hopelessness and suicidality [10]. Behavioral indicators of abuse include reluctance to go home, flinch when touched, self-destructive or risk-taking behaviors. Victims may describe themselves as bad and feel that punishments are deserved [11]. Impulsivity and hyperactivity can appear as well, but decline if regularly punished [12]. Among others, child abuse is related to obsessive-compulsive disorder (OCD) [13]. A significant association was found between past trauma and compulsions, but not obsessions [14]. According to the current interpretation, obsessions are mental events (thoughts, images) that elicit distress; while compulsions are behaviors or mental acts effectuated to reduce distress from obsessions (counting, repetitive movements, binge eating) [15].

In the course of post-trauma processing, maladaptive cognitions centered on self-blame, shame or guilt may arise, sometimes intentionally reinforced by abusive surroundings. In particular, shame results when a person's body is treated like an object, also when a child is small and powerless [16]. An individual attempts to avoid negative thoughts, emotions and trauma reminders (so-called experiential avoidance) by performing compulsive acts, such as counting, or repeated cleaning [14]. Some compulsions e.g. counting aloud, swearing or outcries are used, consciously or unconsciously, as a "jamming" to drown out traumatizing and shameful memories.



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The same function may have repetitive movements, distracting from traumatic thoughts. Such compulsions are controllable, but the control requires efforts. An individual may suppress compulsive movements or vocalizations in public places but let them pass at home, where his or her housemates may be aware of the problem. In addition to those mentioned above, various compulsive behaviors are used for relief from shame and anxiety: overeating, binge drinking, maltreatment of children. The latter is a potential mechanism of trans-generational transmission of child abuse. According to some studies, the frequency of violent behavior and anger is increased in OCD [17-19]. The impulse-control disorder, characterized by aggression and lack of control, has been classified within the obsessive-compulsive spectrum [20]. In particular, family violence can be compulsive [21].

Compulsions are observed in various conditions, including substance abuse and autism spectrum disorder (ASD) [22]. In contrast to pure ASD, patients with comorbid attention deficit hyperactivity disorder (ADHD) were found to have an increased risk of excessive alcohol consumption [23]. Autistic individuals are at risk of victimization and physical abuse, which is associated with shame, anxiety, conduct problems, aggression or suicidal behavior [12,24]. Some ASD cases are caused by intrinsic factors while others may be induced or reinforced by environmental impact such as physical abuse. Behaviors more or less compatible with ASD develop after a childhood head trauma [25,26]. Symptoms of OCD were also reported in pediatric head-injured populations[27]. Early childhood head injuries are not always recognized [28]; remembrances can come later in the victim's life being sometimes confirmed by witnesses. Family discord, depression and migration are associated with the risk of autism [29].

Both children and adults respond to distress depending on their personality type and existing disorders, if any. Psychiatrists not always think in terms of illness when they encounter variations in conduct that may be troublesome to surrounding people [30]. ADHD children react by being moody, naughty and restless [31]. The same is probably true for conduct disorder, which is often comorbid with ADHD [27]. Such children can be disciplined if firm and consistent

[31]. Under impact of punishments, their behavior would change but not necessarily become ordinary. Regular physical punishments would induce adaptive or maladaptive conduct aimed at avoidance of the trauma and/or alleviation of shame associated with the maltreatment and insult. Many symptoms observed in physically abused children are compatible with ASD: difficulties maintaining relationships, poorly integrated communication, hyper-reactivity to sensory input due to increased vigilance to threat [32]. Autistic traits such as abnormalities of eye contact, reduced sharing with parents of emotions and interests can be also caused by physical abuse. As mentioned above, autistic individuals are at an increased risk of victimization. The battering would reinforce their symptoms, which, in turn, would enhance the risk of physical abuse and bullying.

It has been hypothesized that individuals with certain disorders or neuroses, OCD and ASD in particular, were on average more often physically maltreated during their childhood than those with ADHD or e.g. histrionic personality disorder (HPD) [12]. Both latter conditions are usually not mentioned in the literature among consequences of physical abuse. It was suggested that HPD may reflect a history of child neglect and/or sexual abuse. According to a recent study, sexual abuse was the strongest predictor of HPD [33]. Children and adolescents regularly punished for hyperactivity, hysterical fits, pseudo-seizures, tantrums or other conduct, regarded by abusers to be annoying or inappropriate, might discontinue such behaviors but start adaptive, maladaptive and/or compulsive conduct. Repetitive behaviors seen in ASD can be described as obsessive-compulsive or catatonic [34-36]. Among others, autism is associated with the OCD spectrum on the basis of higher rates among first-degree relatives, serotonergic abnormalities and responsiveness to selective serotonin reuptake inhibitors [34]. Further research may lead to a better understanding of common pathways of OCD and ASD [37].

The frequent comorbidity of bipolar disorders with ADHD and OCD [36,38] should be briefly commented here. In the former Soviet Union (SU), the manic-depressive disorder was often misdiagnosed and treated as schizophrenia [39]. The latter concept has been broader in the former SU, which led to stigma and overtreatment [40]. On the other hand, manifestations of affective disorders would be modified by regular physical abuse, adding autistic/compulsive/catatonic symptoms especially to the manic phase or hypomania, which is probably more often punished than depression. This hypothesis is scarcely substantiated and should be tested. In some cases, hypomania or hyperthymia is consensual with high level of functioning, creativity and inspiration [41]. The abusive environment may punish adolescents in such condition, transforming an aspiring child to an odd individual, spreading at the same time misinformation about the victim's mental abnormality.

ASD, ADHD and OCD have partly overlapped symptoms. These conditions have been discussed within the framework of obsessive-compulsive spectrum [20,34,42]. Moreover, there is evidence that ADHD, bipolar and alcohol use disorders are interconnected with each other, both in psychopathological and neurobiological terms [38]. As discussed above, differences may be partly caused by external factors: in an environment tolerating annoying behavior, a child would preserve ADHD or hysterical features, or evolve in more typical way. In conditions of domestic violence, maladaptive

behaviors would come to the fore, being potentially compatible with autistic and/or obsessive-compulsive patterns [1,43-45]. Finally, some children with ADHD exposed to trauma develop borderline personality disorder [46]. Apparently, the latter development is more probable in disorganized conditions with haphazard traumas, "abuse in combination with the atmosphere of general chaos and neglect" [27], rather than under impact of regular and targeted physical punishments.

Another "maladaptive coping behavior" of battered adolescents is the repetitive binge drinking, whereas compulsion may be the underlying mechanism [8]. The rational basis is conceivable as well. The prolonged pastime with alcohol-consuming peers is an opportunity to stay away from maltreatment at home. It is known that autistic persons tend to avoid socialization. However, in cultures with prevailing collectivism and a pressure to be "normal" like everybody, such avoidance is disadvantageous, as it leads to suspicions and stigma. Under such conditions, alcohol consumption is often used by individuals with communication difficulties in order to establish relationships with peers. In doing so, the individuals often forget that alcoholism in the long run may cause a range of somatic and mental disorders [47].

Detection of domestic violence often depends on information from the victim. Different methods are used by perpetrators to conceal the abuse: allegations of slander or fantasizing by the victim, threats and intimidation, appeals to preserve honor of a family or ethnic/confessional community. A majority of studies on child maltreatment were performed in high-income countries [48]; while in less open societies it is persisting. Child abuse has been rarely discussed in Russia. There were several publications in the period 1990-2016 but today the topic is largely avoided; details and references are in [12]. Discussing physical abuse, the accent is often on visible injuries: bruises, burns and fractures. Of note, an abuse can continue for years with cerebral concussions, burns of oral, esophageal mucosa and the genital area, unnecessary surgeries and invasive manipulations [49]. As mentioned above, the signs of childhood head injury are not always visible.

According to an estimate, the prevalence of family violence in Russia during last decades has been 45-70 times higher than e.g. in France and England [50]. So far, there is neither uniformly agreed attitude nor consequent policy by authorities. In 2017 Vladimir Putin has signed into law an amendment that decriminalizes some forms of domestic violence [51,52]. Apropos, physical abuse was described in his biographies [53-56]. It has been hypothesized that Putin is re-enacting his traumas in conditions of an intergenerational traumatic chain [55,57,58]. Apparently, it was not so much the Russian population who perceived external threats at the beginning of the conflict, as it did their leader, re-enacting his puerile fears. There is a "danger of blundering into a nuclear war" thanks to that case of child maltreatment [57]. Blaming others is one of the ways to defend self-esteem. Putin's saying "If a fight is [perceived as] inevitable, you must strike first" may originate from reminiscences of bullying [55]. In regard to the ongoing demolition of the Ukrainian infrastructure, Putin may be in grip of the idea that his delusional goal of "denazification" can be achieved through devastation; otherwise "the Phoenix could rise from the ashes" [59]. Of note, defensive

behaviors in certain individuals include attacking weaker persons and submitting to dominant ones[60]. The latter seems to be reflected by Putin's relationships with Ramzan Kadyrov, head of the Chechen Republic, who appears as a dominant personality. There has been a stereotype of "chechenophobia" in Russia[61]. The most important topic in this connection is the inter-ethnic difference in birth rate and migrations[62], which is avoided by Russian media and officials today. In November 2022, Putin awarded the Soviet-era medal for "mother heroines" to Kadyrov's wife, who has fourteen children. The North Caucasus receives considerable federal funding.

Conclusion

The hypothesis is presented here that individuals with certain disorders or neuroses, ASD and OCD in particular, were on average more often physically abused during their childhood than those with ADHD or HPD. Both latter conditions are usually not mentioned in the literature among consequences of physical abuse. Furthermore, physical maltreatment may modify manifestations of affective, cyclothymic disorders and hypomania. Prolonged maltreatment can induce psychiatric or related abnormalities also in initially healthy individuals. Children and adolescents regularly punished for hyperactivity or other behaviors, regarded by perpetrators as undesirable, might discontinue these behaviors but start adaptive, maladaptive or compulsive conduct, more or less compatible with ASD and/or OCD.

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