Fleeting Resilience: Behavioral Divergencies from Child Abuse Hinder Quality of Life

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Child abuse is a grave issue that has been prevalent for centuries, affecting an immense number of children. According to the National Children’s Alliance, a long-standing institution intending to eradicate child abuse, “More than 600,000 children are abused in the U.S each year…” (NCA). The staggering prevalence of child abuse only outlines it as a source of intense trauma—“…psychological, life-threatening injury resulting from catastrophic…experiences, from which the individual…cannot escape, but to which the reaction is one of terror, helplessness, and a sense of being overwhelmed” (Rahill et. al 581). Despite this, in the past, many people—including children—have adapted to similarly extreme trauma. This phenomenon was demonstrated during the 2010 Haitian earthquake, where survivors were resilient after being subjected to long-term psychological and physical trauma that was only compounded by the earthquake’s occurrence, as evidenced by Guitele Rahill, Associate Professor in the College of Behavioral and Community Sciences at the University of South Florida, who stated, “…adverse responses to traumatic events can result in adaptive recovery/resilience…post-earthquake Haiti provides an ideal context in which to study resilience because as a nation, it has experienced cumulative trauma” (582). Rahill also states that survivors adapted to their circumstances with protective coping mechanisms—particularly, “many highlighted the need for positive emotions, stressing the importance of laughter, jokes, and sports events for the children as valuable ‘distractions’ in helping them to deal with the day-to-day stresses…” (598). Jennifer Foster, Assistant Professor of Counselor Education and Counseling Psychology at Western Michigan University, aligns with this sentiment with regard to the coping mechanisms of child abuse survivors, stating, “Children's narrative accounts of their abuse and recovery indicate an overwhelming sense of optimism, hope and readiness to move forward towards a positive future following adversity" (Foster 132).

Despite the damage caused by child abuse, it is undeniable that children are resistant to it, displaying resilience in the form of behavioral divergencies—changes considered abnormal in comparison to the general population—in order to withstand the harsh environments involved with such treatment. This raises the question: are the divergent behaviors exhibited by survivors of childhood abuse effective at helping them sustain a high quality of life even after abuse-related trauma is no longer prevalent in their lives? Surrounding this query, there are many diverse opinions on the impact of these behaviors on affected individuals’ long-term well-being, decision-making abilities, and social lives, all considered essential for individuals to maintain their capacity as functional members of society (Foster and Hagedorn 538-544). Despite the potential of children experiencing abuse to develop extreme resiliency, undergoing such treatment causes them to develop behavioral divergences that, in the long-term, cause a decline in their emotional well-being, stop them from accurately assessing risks, and prevent them from engaging in open communication. At this point in time, it is clear that even with the propensity of these behaviors to help children develop maximal resiliency against emotional trauma, their maladaptive nature is likely to make children experience a lower overall quality of life.

Prominently, behavioral divergencies exhibited by survivors of childhood abuse are ineffective at helping them maintain their life satisfaction because many cause a decline in their emotional well-being. According to the National Research Council, a group of private nonprofit institutions shaping policy formation to advance the pursuit of science, engineering, and medicine, “Psychological consequences range from chronic low self-esteem to severe dissociative states…” (NRC 15). These effects occur due to the behavioral divergences resulting from childhood abuse, as they are developed in an attempt to rationalize the abuse or otherwise preemptively halt its occurrence by any means necessary. Michal Tanzer, Postdoctoral Research Fellow in the University College London Department of Clinical, Education & Health Psychology, elaborates, “Empirical studies on cognitive coping have put forward a model of four maladaptive strategies—self-blame, other-blame, rumination, and catastrophizing…—that adolescents appear to use in response to stressful situations…the use of strategies such as catastrophizing, self- and other-blame may, in the short term, help regulate distress to a level that is familiar and tolerable, but the entrenched use of this strategy will lead to biased self-appraisals and reduced social functioning psychopathology” (Tanzer et. al 74-75). Accordingly, Marquis Norton, Licensed Therapist and Assistant Professor at Hampton University, notes that the “impacts of childhood trauma are often lasting, including increasing the likelihood of experiencing depression in adulthood” (Norton 80). Children are known for their curiosity, but also for their distinct lack of life experience. While subjected to child abuse, their curiosity pushes them to rationalize why the abuse is occurring—but their naivety often lets them conclude that they are at fault for the abuse, rather than the true perpetrators. In the short term, this helps victims gain insight regarding why their abuse is occurring and acceptance of their situation rather than uncertainty. But when childhood abuse is no longer an active part of their lives, this jump to self-blame causes a variety of detrimental psychological effects, such as chronically poor self-esteem and further self-blame, which perpetually ruins survivors’ capacity to feel enough life satisfaction to be content with their own characteristics.

But not all individuals would agree—many perpetrators of child abuse push the idea that they are justified in doing so, and that abuse is beneficial for victims. Dorothee Dietrich, Professor Emeritus of Psychology at Hamline University, states that abusers often believe “their behavior was justified if they thought the child had been defiant” and that ultimately, perpetrating child abuse would ‘toughen up’ the affected child(ren) (Dietrich et. al 337-339). Foster indicates that in some cases, this does appear to hold true, as “In the wake of child abuse and neglect…some child victims and adult survivors demonstrate positive coping, strength and resilience” (Foster 132). Nonetheless, this is the outlier, not the norm—most survivors do not develop such resilience. Rahill discusses the vulnerability of children when developing resilience to trauma, stating that although many of the Haitian survivors of the 2010 earthquake displayed surprisingly high levels of resilience, the child survivors were far more vulnerable to the massive trauma incited by the event (Rahill et. al 595-598). In fact, Foster also iterates that “…following victimization, about half of children experience severe distress…” (Foster 132). Rahill noted that the supportive social environment surrounding Haitian child survivors helped prevent them from succumbing to their trauma (Rahill et. al 597-598). Tracy Afifi, Full Professor in the Rady Faculty of Health Sciences, backed this claim, stating, “…family-level factors of stable family environment and supportive relationships appear to be consistently linked with resilience across studies” (Afifi et. al 266). Unfortunately for many child abuse survivors, many familial members who could be a source of protection against child abuse instead perpetrate it. Thus, the lack of protective factors often culminates in victims simply developing a further vulnerability to trauma, making them gain a more negative outlook on their lives.

But this vulnerability to trauma and the low emotional well-being of childhood abuse survivors do not just lead to additional detriment to their well-being, but also the inception of behavioral divergencies that drastically impact their decision-making capabilities. According to The Human Development Teaching & Learning Group of Portland State University, “Children with a history of maltreatment may also show…deficits in behavioral and emotional self-regulatory skills. Long-term, neurophysiological impairments can contribute to higher stress reactivity, emotional dysregulation…The stress systems that govern ‘fight-flight-or-freeze’ responses are complex, and involve…the brain areas that serve intentional self-regulation, decision-making, and planning…When children are chronically overwhelmed by stress, the healthy development of all of these neurobiological systems can be compromised…” (Human Development 157-158). Melissa Merrick, President and CEO of Prevent Child Abuse America, the nation’s oldest and largest nonprofit organization dedicated to the primary prevention of child abuse and neglect, agrees, asserting that survivors of child abuse may find themselves avoiding contemplating resilience-building situations, rushing through decision-making rather than processing the risks involved (Merrick 10-13), due to a fear of experiencing trauma similar to that of previous child abuse experiences. In fact, according to Md Jahirul Islam, Postdoctoral Research Fellow in the Griffith University Criminology Institute, “Children who have been exposed to abuse are also more likely to look to others for approval and reassurance, signaling a lack of autonomy” (Islam et. al ). This prevents survivors from experiencing further risky or traumatic resilience-building experiences, which are necessary for their development. The lack of long-term resilience and the ability to take healthy risks and make decisions later on in life is a severe detriment to survivors’ status as functional members of current society. If they do not possess these skills and are unable to make stable decisions later on in their lives, they will often be under high duress due to the necessities of living in a complex society. Later on in their lives, these poor decision-making skills can even cause them to perpetuate the same factors that led to them—as Islam says, “…the consequences of [childhood maltreatment] can extend into adulthood, including the intergenerational transmission of violence, re-victimization, high-risk behavior…” (Islam et. al).

Even for survivors of childhood abuse who are able to, over time, ‘toughen up’ and become far more resilient to the trauma of their abusive experiences, there is no escaping the effects caused by the behavioral divergencies incited by childhood abuse, particularly with regard to survivors’ social ability. In fact, these effects are even more detrimental for those that become so resilient that they are able to withstand child abuse. According to Patricia Mrazek and David Mrazek of the National Jewish Center for Immunology and Respiratory Medicine, often, after survivors of child maltreatment are able to remove themselves from the circumstances that led to their abuse, the personal characteristics they developed to become resilient turn maladaptive, since they were overused in order to cope. (Mrazek and Mrazek 357). Many of the personal characteristics that turn maladaptive also affect survivors’ social behaviors, influencing them to avoid criticism in detrimental ways. As referenced by Tomas Chamorro-Premuzic, Director of the MSc in Industrial-Organizational and Business Psychology at the University College London, and Derek Lusk, Professor of Organizational Psychology at The Chicago School of Professional Psychology, “…too much resilience can get in the way of leadership effectiveness and, by extension, team and organizational effectiveness…In the face of seemingly hopeless circumstances, some people resemble a superhero cartoon character that runs through a brick wall: unemotional, fearless, and hyper-phlegmatic. To protect against psychological harm, they deploy quite aggressive coping mechanisms that artificially inflate their egos” (Chamorro-Premuzic and Lusk). This behavior can lead to tremendous issues, especially when taking into consideration the poor risk management of many survivors of child abuse. As Joshua Weller, Assistant Professor at the University of Leeds Center for Decision Research, and Philip Fisher, Professor of Psychology at the University of Oregon, mentioned, “…maltreated children took excessive risks and were insensitive to changes in expected value…were primarily associated with insensitivity to changes in outcome magnitude for the risky option…” (Weller and Fisher 184). When child abuse survivors take positions as leaders, but simultaneously have poor risk management and are unwilling to take constructive criticism, they gain the tendency to make rash decisions while not fully thinking or refusing to think about the potential implications. Even more importantly, however, is that this quality presents itself in further situations as well; it is not simply brought about by a survivor obtaining a leadership position. The National Research Council outlines this issue, stating, “Behaviorally, the consequences of abuse range from poor peer relations all the way to extraordinarily violent behaviors” (NRC 15). As a result, many survivors of childhood abuse are simply unwilling to take feedback from others, leading to extremely poor communication, which becomes exceedingly evident as survivors grow but continue to lack deep, intimate connections with others. Over time, this can prevent them from forming meaningful relationships and from building new connections to help them truly overcome the detrimental social behaviors learned during their experiences of child abuse, ultimately halting their full development as functional, content members of society.

With the continued prevalence of child abuse despite its known propensity to cause immense trauma, it becomes increasingly important to understand the psychological impacts of these divergent behaviors on survivors, particularly in terms of their own perceptions of the overall quality of life they experience as a result of behaving in these divergent ways. Although the behavioral divergencies associated with experiences of child abuse are known to help survivors cope with the deep psychological trauma generated by similarly traumatic experiences, it is clear that such behaviors, when not necessary in situations presented to survivors, become maladaptive, causing survivors to blame themselves for unfortunate situations, leading to low self-esteem and poor mental health characteristics. Despite the intentions of many perpetrators of child abuse to ‘toughen up’ their children, this causes many survivors to face further vulnerability to trauma, which, in turn, makes survivors try to circumvent the threat of new trauma by avoiding necessary risk management, leading to poor decision-making. Even in the cases where survivors develop heightened resilience, it detrimentally impacts their capacity to connect socially with other people, and thus, regardless, the divergent behaviors associated with survivors of child abuse always hinder their future quality of life.

References

Afifi, Tracie O., and Harriet L. MacMillan. “Resilience Following Child Maltreatment: A Review of Protective Factors.” *The Canadian Journal of Psychiatry*, vol. 56, no. 5, 2011, pp. 266–272., https://doi.org/10.1177/070674371105600505.

Chamorro-Premuzic, Tomas, and Derek Lusk. “The Dark Side of Resilience.” *Harvard Business Review*, Harvard Business School Publishing, 17 Sept. 2021, https://hbr.org/2017/08/the-dark-side-of-resilience.

“Consequences of Child Abuse and Neglect.” *Understanding Child Abuse and Neglect*, 1993, pp. 208–252., https://doi.org/10.17226/2117.

Dietrich, Dorothee, et al. “Some Factors Influencing Abusers' Justification of Their Child Abuse.” *Child Abuse & Neglect*, vol. 14, no. 3, 1990, pp. 337–345., https://doi.org/10.1016/0145-2134(90)90005-e.

Foster, Jennifer M. “It Happened to Me: A Qualitative Analysis of Boys’ Narratives About Child Sexual Abuse.” *Journal of Child Sexual Abuse*, vol. 26, no. 7, 2017, pp. 853–873., https://doi.org/10.1080/10538712.2017.1360426.

Foster, Jennifer M. “Resiliency, Positive Coping and Posttraumatic Growth in Survivors of Child Abuse and Neglect.” *Character Strength Development: Perspectives from Positive Psychology*, 2018, pp. 132–150., https://doi.org/10.4135/9789353287641.n7.

Foster, Jennifer M., and W. Bryce Hagedorn. “Through the Eyes of the Wounded: A Narrative Analysis of Children’s Sexual Abuse Experiences and Recovery Process.” *Journal of Child Sexual Abuse*, vol. 23, no. 5, 2014, pp. 538–557., https://doi.org/10.1080/10538712.2014.918072.

The Human Development Teaching & Learning Group. *Human Development*. PDXScholar, 2021, *Portland State University Pressbooks*, https://pdx.pressbooks.pub/humandevelopment/.

Islam, Md Jahirul, et al. “Childhood Maltreatment and Decision-Making Autonomy in Adulthood: The Mediating Roles of Self-Esteem and Social Support.” *Child Abuse & Neglect*, vol. 129, 2022, p. 105665., https://doi.org/10.1016/j.chiabu.2022.105665.

Merrick, Melissa T., et al. “Unpacking the Impact of Adverse Childhood Experiences on Adult Mental Health.” *Child Abuse & Neglect*, vol. 69, 2017, pp. 10–19., https://doi.org/10.1016/j.chiabu.2017.03.016.

Mrazek, Patricia J., and David A. Mrazek. “Resilience in Child Maltreatment Victims: A Conceptual Exploration.” *Child Abuse & Neglect*, vol. 11, no. 3, 1987, pp. 357–366., https://doi.org/10.1016/0145-2134(87)90009-3.

“National Child Abuse Statistics from NCA.” *National Children's Alliance*, National Children's Alliance, 20 Jan. 2023, https://www.nationalchildrensalliance.org/media-room/national-statistics-on-child-abuse/.

Norton, Marquis A. “Exploring the Relationship between Depression and Resilience in Survivors of Childhood Trauma.” *Old Dominion University*, ODU Digital Commons, 2017, pp. 1–167.

Rahill, Guitele J., et al. “In Their Own Words: Resilience among Haitian Survivors of the 2010 Earthquake.” *Journal of Health Care for the Poor and Underserved*, vol. 27, no. 2, 2016, pp. 580–603., https://doi.org/10.1353/hpu.2016.0100.

Tanzer, Michal, et al. “Self-Blame Mediates the Link between Childhood Neglect Experiences and Internalizing Symptoms in Low-Risk Adolescents.” *Journal of Child & Adolescent Trauma*, vol. 14, no. 1, 2020, pp. 73–83., https://doi.org/10.1007/s40653-020-00307-z.

Weller, Joshua A., and Philip A. Fisher. “Decision-Making Deficits among Maltreated Children.” *Child Maltreatment*, vol. 18, no. 3, 2012, pp. 184–194., https://doi.org/10.1177/1077559512467846.