Personality development after physical abuse

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SUMMARY Personality development after child abuse was studied in 39 children who had, on average, been admitted to hospital five and a half years previously. In contrast to a control group, the abused children had fewer friends, lower ambitions, and lower self esteem. They were more serious, shy, and subdued on a personality assessment and were more likely than the control children to have behaviour disturbances recorded on a questionnaire for teachers. Their mothers also noted a higher incidence of behaviour disorders than mothers of control children. Child abuse has long term effects on the personality development of children. A long term, child centred approach is needed for abused children to try to prevent some of the sequelae.

Personalities of abused children at the time of presentation suggest that they are apathetic and withdrawn.¹ This apathetic behaviour, combined with visual alertness has been graphically described as 'frozen watchfulness'.² Assessment of the children soon after abuse shows that they have impaired self concept, a failure to develop 'basic trust', and an overall impairment of ego functioning.³

Studies of the behaviour of abused children show that they are more aggressive and less socially interactive than control children. Reidy⁴ compared 20 abused and 20 non-abused children and found that the abused group were more aggressive in play and on psychological testing. George and Main⁵ showed that in a nursery school a group of 10 abused children, matched with a control group from families experiencing stress, more often assaulted the other children, were verbally aggressive to the staff, and were less likely to approach staff in response to friendly overtures. Jacobsen and Straker⁶ found that abused children, while not being more hostile than the controls, were less socially interactive.

Most follow up studies of abused children do not compare these with a control group and show that adverse effects persist. Elmer and Gregg⁷ reviewed 20 children after five years and showed that 40% were emotionally disturbed. Morse *et al*⁸ found that of 25 children reviewed after three years, 6 were emotionally disturbed and 15 were regarded as problems by their parents. Martin and Beezley⁹ followed 50 children for a mean of four and a half years and found that 60% had an impaired capacity to enjoy life, and 62% had behavioural problems and low self esteem. Control studies of the development of abused children are few and the results are

conflicting. Kinard¹⁰ found that 30 abused children, followed for one to 9 years, had lower self concept and were more aggressive than controls. In contrast, Elmer's study¹¹ of 17 matched pairs where abuse had occurred 8 years previously failed to show a difference between the two groups in self concept and behaviour. To clarify some of these issues the personality development of a group of abused children was compared with that of a group of matched control children.

Methods

Thirty nine of 56 children who had been admitted to hospital on average five and a half years previously were reviewed. Each child in the study group was matched with a child of the same age, sex, and ethnic group who attended the same school and whose parents were of the same social class. To determine whether the 17 families unable to be traced differed from the 39 families reviewed, known demographic characteristics (age and sex of child, ethnic group, and social class) of these families were compared with those of the reviewed families. Each child participated in a short, structured interview and underwent the following psychological tests: the Piers-Harris self concept scale,¹² the Children's personality questionnaire¹³ and the Vineland social maturity scale.¹⁴ The psychologist administering these tests did not know which were study or control children. Each child's school teacher, who was not aware of the reason for the study, was asked to complete a personality questionnaire for the child,¹⁵ and each mother was then asked to complete the same questionnaire.

Results

The mean ages of the abused children and the control group at review were 8.9 and 9.0 years, respectively. The study group consisted of 24 boys and 15 girls. Thirty six of the 39 children were living with their natural parents at the time of the study, the other three having been placed in care. Eight of the study group families were in social class C on a four point scale¹⁶ and 31 were from class D. The major presenting features when the children originally came to hospital were bruising (16 cases), skull fracture (five cases), fractures of other bones (6 cases), head injury without skull fracture (three cases), burns (three cases), and one case each of cuts and attempted drowning. Four of the children had not been physically injured but there had been severe neglect and they were considered to be at major risk of physical abuse. One child in the series was moderately retarded and was unable to be assessed on the tests used.

The year of birth, sex, ethnic group, and social class of the 39 children reviewed were compared with the 17 lost to follow up, but there was no significant difference between the groups for any of these variables.

Child interview. The children were asked which person in their family they felt closest to, how they described themselves in relation to other children of their age, about membership of clubs or organisations, and about the number of friends they had. They were also asked about whether they thought they would work in the same sort of job as their parents when they grew up and about their child rearing attitudes.

There was no significant difference between the study or control groups in who they described themselves being closest to in their families or in how they described themselves in relation to other children. Most of the abused (67%) and control children (57%) described themselves as being more friendly and outgoing than other children. There was no significant difference between the two groups in the number of clubs and organisations they belonged to and no difference in the number who claimed to enjoy school. There was a difference, however, in the number of friends the abused children said they had compared with the number claimed by the control group. Sixteen (37%) abused children who answered this question said that they did not have many friends, compared with four (11%) of the comparison children.

This result was confirmed when the children answered a question about how often they played with or went out with friends. Fourteen of the 37

abused children answering this question said they played with friends less than once each week compared with 6 of 37 control children. While 20 (54%) control children played with friends daily, this was so for only 7 (19%) of the abused children.

Just over 50% of the study and control groups thought that they would probably have a different job from their fathers or mothers. When asked about the sort of job they would like to have, the abused children had lower job ambitions, with regard to the social standing of the job they selected, than the controls. While 17 of 37 control children nominated jobs that were in social classes A or B, only 7 of 37 children from the abuse group nominated occupations in these social classes ($P<0.05$).

When asked their opinions about having and bringing up children, no significant differences were found in the number of children who thought they would marry, the number who thought they would have children, or in the degree of strictness they would use compared with that used by their own parents. Most thought that they would bring up their children the way that they had been brought up.

Self concept. The Piers-Harris self concept scale was administered to 37 abused and control children. The controls scored significantly higher than the study group; higher scores indicating higher self concept. The raw score for the study group (mean (SD), 51.4 (13.2)) fell toward the lower end of the normal range while that of the control group (mean (SD), 60.9, (9.2)) was just above the normal range. ($F=12.9$, $P<0.001$).

Children's personality questionnaire. This is designed for children aged between 8 and 12 years. Fourteen abused children were of appropriate age for this test. The only significant difference between the abused and comparison children was on factor F. Children with low scores on this factor are described as being serious, cautious, and subdued compared with those scoring at the higher end of the scale who are said to be light hearted.¹³ The abused children had a score of mean (SD), 3.5 (1.9), which was significantly lower than the comparison children, whose score of mean (SD), 5.2 (2.1) was in the middle of the normal range ($F=5.7$, $P<0.03$).

When the broader, second order factors were calculated, a significant difference emerged on the extraversion factor. Lower scores on this factor are associated with the child being shy and inhibited in interpersonal contacts, whereas children with high scores are socially outgoing. The abused children had a score of mean (SD), 4.5 (0.95), which was significantly lower than the control children whose

score was mean (SD), 5.6 (0.79) ($F=10.5$, $P<0.004$).

Social maturity. Thirty eight abused and control children were assessed on the Vineland social maturity scale. No significant differences were found between the abused and comparison children, the abused children having a mean social maturity quotient of 103 compared with 105 for the controls.

Behaviour questionnaire. The questionnaire used was designed to be completed by the child's teacher. When scored it divides children into a normal and an abnormal group with the abnormal group being further divided into a predominantly neurotic or antisocial group.¹⁵ Teachers completed the questionnaire on 38 study and 38 control children. Twenty one (55%) of the abused children received an abnormal score, compared with 7 (18%) of the controls ($\chi^2=9.6$, $df=1$, $P<0.001$). Of the 21 abnormal scores in the study group, 13 were predominantly antisocial, 6 neurotic, and two undifferentiated.

The mothers were then asked to complete the same questionnaire on their child to see if their perceptions were similar to those of the teachers. Both the study and comparison mothers perceived

their children as having more deviant behaviour than the teachers, with 30 out of 37 abuse group mothers (81%) and 13 of 38 control mothers (34%) completing the questionnaire in a way that gave their child an abnormal score ($\chi^2=16.84$ $df=1$, $P<0.005$). These results are summarised in the Table.

Discussion

These results suggest that children who have been abused are different from control children of similar social class, with regard to their personality development. They see themselves as having fewer friends, they play with friends less often, and according to the Children's personality questionnaire are more subdued and inhibited. This suggests that the apathetic, withdrawn behaviour noted in these children at the time of presentation¹ and their inability to develop 'basic trust'³ persists long after the initial incident.

No other studies using the Children's personality questionnaire on abused children could be found for comparison. The finding that the abused children are more serious and cautious may reflect the high expectations that their parents have for them. It may also be a result of the increased responsibility placed upon them in the role reversal situation where the parents look to the child, in a quite unrealistic way, to have their own emotional needs met.¹⁷

The lower job ambitions held by the abused children are an indication of their lower self esteem, perhaps resulting from their inability to meet high parental expectations. Thus the high expectations parents have for these children become counter-productive with the children becoming oriented to failure and lacking in self esteem and ambition.

The results of the Piers-Harris self concept scale, while falling at either end of the fairly wide normal range for this test, were significantly lower in the abused children. This differs from Elmer's study where no differences were found using this scale.¹¹ Elmer's paper gives the impression that her subjects, and therefore her matched controls were from a very deprived section of society. Lynch,¹⁸ in a discussion of problems associated with control groups, pointed out that Elmer's study, which attempted to match for all factors apart from confirmed conflicted injuries, may simply have obtained a control group of children who were abused but not actually identified as such. The results of the self concept scale in the present study agree with Kinard's findings¹⁰ that abused children do have a more negative self concept than other children.

The lack of difference between the two groups in

Table Summary of findings of personality characteristics in 39 abused and control children

Characteristics of children	Abused group	Control group	Significance
Number of friends child claims to have:*			
A lot	17	26	{ $P<0.01$
Average number	4	7	
Not many	16	4	
Number of children who play with friends:*			
Daily	7	20	{ $P<0.02$
Every three days	6	6	
Weekly	10	5	
Less than weekly	14	6	
Number of children who hope to have a job in social class A or B	7	17	$P<0.05$
Number of children with abnormal score on behaviour questionnaire			
Questionnaire completed by class teacher	21	7	$P<0.001$
Questionnaire completed by mother	30	13	$P<0.005$
Piers-Harris self-concept scale raw score	51.4	60.9	$P<0.001$
Vineland social maturity quotient	103	105	NS
Children's personality questionnaire, extraversion factor (low scores related to being serious, cautious and subdued)	3.5	5.2	$P<0.03$

*Only 37 children answered these questions precisely enough for analysis.

social maturity was not surprising when it became apparent during the interviews that the abused child often had to, of necessity, develop certain social skills. Because they were often left to fend for themselves they became adept at some of the skills which the social maturity scale measured. For example, in administering the scale, one mother was asked whether her 8 year old daughter could do certain household tasks. Her reply was, 'she . . . has to! I'm not . . . doing it!'.

The highly significant difference between the study and control children on the behaviour questionnaire means that the way these children present themselves and behave at school is likely to counteract whatever beneficial features schooling may have for them. The much higher proportion of abnormalities seen by the mothers is consistent with evidence that abusive parents do perceive these children differently. In a series of 30 abused children compared with their non-abused siblings Lynch¹⁹ found that many parents claimed that their abused child was different and more difficult to rear than their other children. Herrenkohl and Herrenkohl²⁰ studied parental attitudes to 295 abused children using 284 of their siblings as controls. They found that compared with their siblings, the abused children were seen more negatively by their parents and were described by them in derogatory terms.

This study is longer than many follow up studies and one of the few that have attempted to match for social class to ensure that factors common to a particular social class could not wrongly be said to be typical of abusive families. It shows that children who have been abused are different from control children in some aspects of their personality development. What is of concern is that these aspects of their personality may inhibit their future successful development of interpersonal relations. This has eventual implications for their own child rearing abilities and their ability to seek and benefit from supportive resources in the community, should they require this help.

These sequelae are less likely to be a result of the original incident of physical abuse than of the continuation of the disturbed environment in which the child remains. Trowell and Castle²¹ have pointed out that in many cases, even though the abuse stops, the emotional disturbances in the family remain, to the detriment of the child's development. Taitz's review²² of 47 'at risk' children, showing that the children who were making the least satisfactory progress were those whose family environment had not been able to be improved or changed, supports this finding.

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References

- Galdston R. Observations on children who have been physically abused and their parents. *Am J Psychiatry* 1965;122:440-3.
- Ounsted C, Oppenheimer R, Lindsay J. Aspects of bonding failure. *Dev Med Child Neurol* 1974;16:447-56.
- Green AH. Psychopathology of abused children. *J Am Acad Child Psychiatry* 1978;17:92-103.
- Reidy TJ. The aggressive characteristics of abused and neglected children. *J Clin Psychol* 1977;33:1140-5.
- George C, Main M. Social interactions of young, abused children; approach, avoidance and aggression. *Child Dev* 1979; 50:306-18.
- Jacobson RS, Straker G. Peer group interactions of physically abused children. *Child Abuse and Neglect* 1982;6:321-7.
- Elmer E, Gregg GS. Developmental characteristics of abused children. *Pediatrics* 1967;40:596-602.
- Morse CW, Sahler OJ, Friedman SB. A three year follow-up study of abused and neglected children. *Am J Dis Child* 1970;120:439-46.
- Martin HP, Beezley P. Behavioral observations of abused children. *Dev Med Child Neurol* 1977;19:373-87.
- Kinard EM. Emotional development in physically abused children. *Am J Orthopsychiatry* 1980;50:686-96.
- Elmer E. A follow-up study of traumatized children. *Pediatrics* 1977;59:273-9.
- Piers EV. *The Piers-Harris children's self-concept scale*. Nashville, Tennessee: Counselor recordings and tests, 1976.
- Porter RB, Cattell RB. *Handbook of the children's personality questionnaire*. Champaign, Illinois: Insitute for Personality and Ability Testing, 1979.
- Doll EA. *Vineland social maturity scale*. Circle Pines, Minnesota: American Guidance Services Inc, 1965.
- Rutter M. A child's behaviour questionnaire for completion by teachers. *J Child Psychol Psychiatry* 1967;8:1-11.
- Congalton AA. *Social standing of occupations in Australia*. Studies in sociology no 3. Sydney: The University of New South Wales, 1963.
- Helfer RE. Developmental deficits which limit interpersonal skills. In: Kempe CH, Helfer RE, eds. *The battered child* 3rd ed. Chicago: University of Chicago Press, 1980:36-48.
- Lynch M, Roberts J. *Consequences of child abuse*. London: Academic Press, 1982:1-10.
- Lynch M. Risk factors in the child: a study of abused children and their siblings. In: Martin HP, ed. *The abused child*. Cambridge, Mass: Ballinger, 1976:43-54.
- Herrenkohl EC, Herrenkohl RC. A comparison of abused children and their nonabused siblings. *J Am Acad Child Psychiatry* 1979;18:260-9.
- Trowell J, Castle RL. Treating abused children. *Child Abuse and Neglect* 1981;5:187-92.
- Taitz LS. Follow-up of children 'at risk' of child abuse: effect of support on emotional and intellectual development. *Child Abuse and Neglect* 1981;5:231-240.

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