

Early Childhood Adversities and Maltreatment on Later Life Mental Health: Implications for Mental Health Promotion

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Abstract

This paper explores the relationship between early childhood adversity and maltreatment and later mental health outcomes. It reviews key definitions, prevalence rates, forms, and contributory factors associated with childhood adversity and maltreatment. The paper demonstrates how these experiences are linked to the onset of psychological disorders and their long-term effects across the lifespan. Evidence-based interventions, including group therapy, parent–child interaction therapy (PCIT), and trauma-focused cognitive behavioural therapy (TF-CBT), are examined as effective responses to the mental health needs of affected individuals. The paper further discusses implications for counselling practice and policy development, emphasising the need for trauma-informed approaches, continuous professional training, and multidisciplinary collaboration to ensure comprehensive care for individuals exposed to early childhood adversity and maltreatment.

Keywords: *Early childhood adversities, maltreatment, mental health outcomes, intervention strategies, programmes wellness*

Introduction

Early infancy adversities include a wide range of unpleasant experiences that young children may encounter as they start to develop. Adversities in the context of children refers to a number of trying or difficult circumstances that they could encounter in their immediate surroundings, such as their family, neighborhood, or greater social setting. The early developmental years, which typically span from birth to roughly age 5, are when the majority of the adversity that moulds early childhood development happens. The physical, cognitive, emotional, and social development of children may be negatively impacted by these challenges. While maltreatment happens when a parent, caretaker, or other important adult in a child's life treats the child in a purposeful or careless manner (Massullo et al., 2023). It involves deeds or omissions that might or might not jeopardise the safety of the child.

Bartlett & Smith (2019) Wade, Wright, & Finegold (2022) assert that early childhood difficulties and abuse are more widespread than a few isolated incidents. These types of abuse can co-occur or overlap, giving the child experiences that are complicated and intertwined and may include situations that are continuous or continuing and have the potential to harm a child's development and everyday functioning. Though some groups may be more vulnerable than others due to social injustice, poverty, or social isolation but regardless of socioeconomic level,

culture, or ethnicity, anybody can experience adversity and mistreatment. (Kumar et al., 2023). According to Wade, Wright, and Finegold (2022) early hardship and abuse can have effects that extend well into adolescence and adulthood. Among the areas where the influence might be felt include mental (people may experience a range of psychiatric diseases as a result, which can be either immediate or delayed), physical health, academic performance, interpersonal connections, and general well-being. They may also face emotional problems, behavioural issues, and decreased adaptive functioning. Maltreatment and childhood trauma are linked to a variety of negative consequences and co-occurring mental health conditions. This paper aims to examine the connection between early childhood issues and abuse and how these affects mental health in later life. The frequency and nature of adversities and mistreatment, their effects on mental health outcomes, therapies, and prevention strategies were discussed.

Types, Prevalence and Causes of Early Childhood Adversity and Maltreatment

Early childhood difficulties and mistreatment cover a wide range of unpleasant experiences that children could go through in their immediate surroundings. The first kind of childhood adversity and mistreatment is physical abuse, which is also the most common. Physical abuse entails the intentional use of physical force against children that harms them or has the potential to do so. A child may be subjected to acts like striking, punching, kicking, burning, or shaking (Kanak & Pekdoğan, 2023). Childhood neglect is another form of physical abuse, it is when parents or other adults fail to meet children's fundamental requirements or look out for their wellbeing. When a child's fundamental requirements for care, food, clothes, shelter, and cleanliness are not properly provided, it can emerge physically as neglect. Caretakers who fail to offer children the emotional support, consideration, or affection they need for a healthy growth cause emotional neglect

Sexual engagement or exposure is another form of adversity identified in literature (Chenube, 2023). It is forced onto a child by an adult or older person. Sexual abuse is any inappropriate touching, exposure to sexual content, or performing sexual actions on a young child. Non-contact sexual abuse is another form of adversity, and it can be extremely harmful to a child's wellbeing. Examples are exposure to porn or internet exploitation. Emotional maltreatment or abuse has also been identified in literature as another form of adversity in early childhood (Li, Luyten & Midgley, 2020). It covers actions that stunt a child's emotional growth and wellbeing. Caretakers and significant adults may subject the children to ongoing criticism, denigration, humiliation, rejection, or scapegoating. Emotional abuse impairs a child's sense of worth, emotional stability, and self-worth and frequently leaves psychological scars that last a lifetime (Parks, 2023).

Across cultures and nations, varied levels of early childhood adversity and abuse are prevalent (Massullo et al., 2023). Due to underreporting, inconsistent definitions, and disparities in data collection techniques, it might be difficult to calculate the precise prevalence estimates. It is even more difficult in developing nations where data bank on issues like this are not given serious priority. However, according to Stoltenborgh, Bakermans-Kranenburg and Van Ijzendoorn (2013), prevalent rates of physical abuse ranged from 3% to 46%, depending on the sample size and technique. These rates could vary between cultures, social classes, and geographical areas. With percentages ranging from 9% to 36%. Literature (Font & Maguire-Jack, 2020.) indicates that childhood neglect is the most common type of abuse. Sexual abuse prevalence range greatly, with estimates ranging from 5% to 25% (Gorey & Leslie, 1997;

Jones, 2012). Physical neglect is typically more frequently reported than emotional neglect and it is crucial to understand that sexual abuse is frequently underreported and that the true prevalence may be higher than statistics indicate (Font & Maguire-Jack, 2020.). Although, it might be hard to quantify, research indicates that emotional abuse is a common type of maltreatment (Dye, 2020). Depending on the population and measurement parameters, estimates show that emotional abuse affects anywhere from 4% to 36% of children (Assink et al., 2019).

The occurrence of early childhood adversities and abuse is influenced by several factors which can be separated into individual, family, and social levels (Lopez et al., 2021; Scattolin, Resegue & Rosário, 2022). A child's caregiver, parents or other significant adults are more likely to perpetrate abuse or indignities if they have certain personal traits (Chenube, 2024) This could be due to their inexperience, a lack of information, mental health concerns (such as depression or substance addiction), a history of abuse in their own childhood, or poor parenting ability. Children may also have some distinguishing characteristics that make them more prone to maltreatment (WHO, 2021). Financial hardship, marital strife, or the caregiver's own mental health concerns can all increase the likelihood of adversity and mistreatment within the family (Hunt et al., 2017). A lack of warmth and caring, inconsistent, or harsh discipline methods, and poor parent-child connections all contribute to adversity and maltreatment. Family conflicts, domestic violence, or substance misuse can make the risk even higher (White-Wolfe, 2023). Poverty, unemployment, substandard housing, and restricted access to resources can raise stress levels inside the home and increase the likelihood of adversity and mistreatment. Parenting styles and attitudes regarding child discipline can be influenced by cultural variables. (Chenube, 2024). Physical abuse may be more likely in cultures that endorse or allow harsh punishment or control. This is because of structural issues including poverty, discrimination, and restricted access to social and medical services, marginalized or disadvantaged communities may be more susceptible to hardships or mistreatment. Early detection and response may be hampered by a lack of public understanding of the symptoms, effects, and prevention of adversities and maltreatment. Maltreatment can also occur when there are insufficient social support networks in place, such as friends, family, or local resources (Thompson, 2022). It may continue if there are not enough support systems available, such as parenting classes, mental health clinics, or child welfare organizations.

Adversities and Abuse Experienced in Childhood and its Influence on Mental Health in Later Life

Maltreatment and adversity in childhood can have a major and prolonged effect on adult mental health outcomes (Rogers, Power, and Pereira, 2021). People who have faced adversity are more likely to suffer psychological diseases like as Post-Traumatic Stress Disorder (PTSD), hypervigilance, flashbacks, intrusive thoughts, and avoidance behaviours (Watts et al., 2021). Early childhood hardship and abuse are connected to an increased risk of acquiring anxiety and depression disorders as adults. People may have enduring depressive, hopeless, and worthless feelings, as well as excessive worry, fear, and panic attacks. A greater chance of participating in substance misuse and having substance use disorders later in life is associated with early childhood adversity and maltreatment (Leza et al., 2021). Substance abuse can be used as a coping strategy to dull emotional suffering or to forget upsetting memories (Obermaie et al., 2023).

Early childhood adversities or/and maltreatment can cause the emergence of Borderline Personality Disorder (BPD) which is characterised by impulsivity, emotional deregulation, intense and unstable relationships, and a disordered self-image and are significantly correlated. (Moorman, 2020). Early childhood adversities and maltreatment can disrupt normal developmental trajectories and have long-lasting effects on children (Malave, van Dijk, & Anacker, 2022). Children who experience maltreatment or adversities are more likely to display disruptive behaviour disorders, such as conduct disorder or oppositional defiant disorder, which are characterized by aggression, rule violations, and defiance (Suárez & Espina, 2022). Cognitive and intellectual impairment may be among these long-term effects, children who are exposed to hardship or abuse may display cognitive and academic deficiencies, including lowered IQ, learning challenges, subpar academic performance, and impaired executive functioning. (Omumu et al. 2012) The growth of wholesome social abilities and connections might be hampered by hardships or mistreatment. People may have trouble trusting others, have trouble making secure attachments, encounter interpersonal problems, and show social reticence or hostility. Early adversity or maltreatment might obstruct the growth of emotion regulation abilities, creating problems with managing and expressing emotions appropriately. This may show itself as emotional instability, extreme irritation or anger, and problems with emotional self-regulation. Early childhood abuse and adversity are linked to a higher chance of physical health issues in adulthood, such as chronic pain, cardiovascular disease, autoimmune disorders, and other stress-related illnesses (Smith & Pollak 2020). People who have endured early hardships or mistreatment are more likely to face revictimization and further exposure to interpersonal violence in later life, which keeps the cycle of abuse going.

Early childhood adversities or /and mistreatment and later results in terms of mental health are related in a complicated way that can be impacted by several mediating and moderating factors (Su et al., 2022). These elements determine why some victims of adversity or abuse experience mental health issues while others do not, or why different people's results vary in severity. The group of resilient and protective factors is one of the mediating and moderating factors. Resilience, which is the capacity to cope with hardship and bounce back, is essential in reducing the damaging effects of early adversity and mistreatment on mental health (Benner et al., 2023). Relationships of support are protective elements that foster resilience. Close and loving connections with carers, peers, or other supporting figures can provide emotional support, validation, and a sense of stability, which can help people cope with and overcome the effects of hardships/maltreatment. Good self-esteem and self-efficacy can also promote resilience and protect against the onset of mental health difficulties by promoting a sense of self-worth, confidence in one's abilities, and belief in one's ability to overcome obstacles (Liu et al., 2021). Another protective element is effective coping mechanisms, which can lessen the harmful effects of hardships and mistreatment and foster adaptive psychological functioning (Hays-Grudo et al., 2021).

Early childhood traumas or mistreatment and subsequent outcomes in terms of mental health might be influenced by biological variables (Scattolin et al., 2022). These include hereditary tendencies and the interaction of inherited traits with environmental influences. An individual's susceptibility to the consequences of adversities or /mistreatment may grow because of gene-environment interactions (Gaysina, 2022). Epigenetic modifications—which alter gene expression patterns without changing the DNA sequence—can be brought on by adversities or

mistreatment (Ochi and Dwivedi 2023) Changes like this can have an impact on stress response mechanisms and increase the likelihood of developing mental health difficulties later on in life. Access to timely and appropriate mental health services, such as therapeutic interventions, counselling, or trauma-focused therapies, can aid in the recovery process of traumatic experiences, the development of coping strategies, and the resolution of mental health difficulties. It has been shown that the availability of resources and support can significantly influence the relationship between early childhood adversities or maltreatment and later life mental health outcomes (Wade, Wright & Finegold, 2022). For children who have endured hardships or maltreatment, having access to a high-quality education and supportive learning environments can foster resilience and offer extra sources of support. Strong community networks, organizations, and programmes that deal with child welfare, offer parenting assistance, or raise awareness of mental health can help to lessen the detrimental effects of early adversities or maltreatment on mental health (WHO, 2021).

Adversity or mistreatment experiences' timing, length, and severity can also have an impact on how they affect later mental health outcomes (Schilling et al., 2008; Lussier et al., 2023). The developmental stage at which adversity or maltreatment take place can have an effect on how stress response systems are organised and how the brain develops, potentially having an impact on long-term mental health. Results in terms of mental health are impacted cumulatively by repeated and ongoing adversity and abuse experiences (Tzouvara et al., 2023). The likelihood of developing mental health issues increases with the quantity and severity of hardships and mistreatment

Adversities and abuse inflicted on young children can have a significant impact on neurobiological and physiological functioning, which helps explain the link between early life events and later mental health implications. Early adversity and maltreatment can disrupt the normal operation of the hypothalamic-pituitary-adrenal (HPA) axis and the release of stress hormones like cortisol, which are important components of the stress response system (Makris et al., 2023). Stress, when experienced repeatedly or severely, can cause the HPA axis to become deregulated, changing cortisol levels and reducing the body's ability to respond to stress. This imbalance may make patients more vulnerable to mental health problems such as anxiety, depression, and PTSD (James, 2023).

Early traumas or abuse can impede a child's brain's normal development, especially in areas necessary for emotional control, cognitive function, and stress response. Deficits in emotional processing, impulse control, memory, and executive skills can result from adverse events that alter the anatomy and function of brain areas like the prefrontal cortex, amygdala, hippocampus, and corpus callosum. Later-life appearance of mental health issues may be influenced by these changes in brain development. Adversities or mistreatment can cause epigenetic alterations, which are shifts in gene expression without affecting the underlying DNA sequence (Bekdash, 2023). Genes linked in the stress response, brain development, and emotion regulation can be affected by early experiences. Epigenetic alterations can endure over time and affect a person's vulnerability to mental health issues and stress tolerance (Ingelfinger, 2023). Chronic inflammation and immune system deregulation can be brought on by adversities or mistreatment. Individuals who had early adversities/mistreatment have been shown to have prolonged immune response activation and higher levels of pro-inflammatory markers (Kulhman et al., 2022). Numerous mental health illnesses, such as anxiety, depression,

and neurodevelopmental abnormalities, have been linked to the pathophysiology of inflammation and immunological deregulation. Early difficulties or mistreatment might impede the development of strong relationships and weaken social ties (Su et al., 2022). The development of the brain, emotional control, and social interaction are all significantly shaped by secure bonds. When these attachments are disturbed or unstable, it may be difficult to establish and sustain healthy relationships, which may in turn lead to mental health issues as an adult.

Adversities and mistreatment can lead to the development of cognitive biases in people, including negative thought patterns, pessimistic attributions, and biases towards danger or rejection (McDowell, Gökdağ & Kızıltepe, 2023). These prejudices can promote negative attitudes about oneself, other people, and the world, leading to the establishment of mental health problems such as depression, anxiety, and post-traumatic stress disorder (PTSD). It can also hinder information processing, resulting in problems with focus, memory, and problem-solving. Impaired cognitive processes can influence situation perception and appraisal, which can worsen emotional distress and contribute to the onset of mental health problems (Muzaffar, 2023).

The growth of efficient emotional regulation skills might be hampered by hardships or mistreatment. Intense emotional reactivity, impulsivity, self-destructive behaviours, and problems establishing and sustaining interpersonal connections are all symptoms of emotional deregulation (Rokach & Clayton, 2023). Emotional avoidance is a common coping strategy used by those who have suffered hardships or maltreatment. They could try to repress or avoid feeling their feelings, which can cause emotional problems in the long run and help mental health conditions develop. Adversities and maltreatment can make people more sensitive to emotional stimuli, which makes them more reactive to stressors and more likely to experience emotional distress. People may be more susceptible to experiencing intense negative emotions and have a lower threshold for emotional stimulation (Lumley et al., 2011).

Maltreatment and adversity can shape negative self-perceptions and beliefs. People can develop negative self-schemas in which they believe they are unworthy, unlovable, or incapable of achieving their goals. These negative self-perceptions lead to low self-esteem, self-blame, and a higher susceptibility to mental health difficulties (Chen et al., 2023). People who have been subjected to adversity or mistreatment may develop inappropriate coping techniques to cope with their emotional anguish, such as avoidance, self-harm, substance abuse, or disordered eating. These coping methods may provide temporary relief, but they can also result in new problems and the growth of mental health issues (Garcia & Godshall, 2023). Trauma-related concepts include schemas, such as emotions of fear, helplessness, and a warped sense of safety, might develop as a result of traumatic experiences. These schemas may affect how danger is perceived, cause flashbacks or bothersome recollections, and play a role in the emergence of PTSD and other related disorders (McHugh & Egan, 2023).

Interventions and Preventions of Early Childhood Adversity and Maltreatment

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), a widely accepted and evidence-based psychotherapy is one of the interventions identified in previous studies (D'Amico et al., 2022) It integrates trauma-focused aspects with cognitive-behavioural strategies to help people process traumatic events, manage uncomfortable emotions, correct cognitive distortions, and develop healthy coping mechanisms (Syros et al., 2022). Parent-Child Interaction Therapy

(PCIT) is another evidence-based intervention that tries to enhance the link between parents and children while treating behavioural issues in young children who have experienced abuse or hardship. Parents participate in live coaching sessions where they are given particular skills for improving their interactions with their children, encouraging emotional control, and dealing with problematic behaviours. The goals of PCIT are to strengthen the link between parents and children, raise the child's sense of security, and lessen behavioral issues. Interventions based on attachment place a strong emphasis on rebuilding and preserving attachment bonds in people who have experienced early hardships or mistreatment. With the help of supportive and secure interactions between parents and children, these interventions hope to improve the quality of attachment.

Mindfulness-based therapies, such as Mindfulness-Based Cognitive Therapy (MBCT) and Mindfulness-Based Stress Reduction (MBSR), have also been discussed in the literature (Hofmann & Gómez, 2017). These therapies have been shown to have positive results for decreasing stress, improving emotional control, and improving overall well-being (Dialectical Behaviour Therapy (DBT) is an evidence-based technique that was developed initially to aid persons with borderline personality disorder, but it has now been adjusted to help those who have experienced early trauma or mistreatment . DBT integrates cognitive-behavioural therapy elements with mindfulness, emotion management, and interpersonal skills training.

The goal of narrative therapy is to help people heal and become more resilient by investigating and rewriting their own unique narratives and tales. Emphasising strengths, resources, and good experiences in the face of difficulties or mistreatment, it encourages people to rewrite the tales of their lives. A cohesive and empowering narrative of one's life can be developed with the aid of narrative therapy, which can also help patients feel more in control and make sense of their experiences. People can share their experiences, get peer support, and learn coping mechanisms in group therapy and support groups because they offer a safe and validating atmosphere. These interventions provide chances for social interaction, experience normalisation, and cooperative learning.

Programmes for early diagnosis and prevention that are holistic and aimed at populations at risk must consider all the requirements, abilities, and risk factors of each individual. A full evaluation can be carried out with the help of professionals from a variety of fields, including psychologists, social workers, educators, pediatricians, and mental health specialists. This multidimensional assessment helps people recognise the various obstacles they may face and drives the creation of interventions geared especially at improving their physical, emotional, cognitive, and social well-being.. Multidisciplinary collaboration promotes efficient care coordination (McClain et al., 2022). To create integrated treatment programmes that cover multiple facets of an individual's life, professionals from several disciplines might work together. For instance, by collaborating closely with teachers, mental health specialists can develop supportive learning environments and carry out specific interventions. Collaboration among professionals makes it possible to share knowledge, skills, and best practices and very field contributes distinctive viewpoints, research findings, and evidence-based interventions to the discussion. This collaborative learning environment encourages creativity, ongoing development, and the adoption of successful early detection, prevention, and intervention measures (Sato & Loewen, 2022).

Early intervention and prevention programmes that target at-risk populations can be implemented more easily because to multidisciplinary teamwork. Professionals who work together can create and administer comprehensive interventions that target risk factors, foster resilience, and lessen the adverse effects on mental health outcomes. Integrated support networks for people impacted by early childhood adversities/mistreatment can be created through professional collaboration. To provide a well-organized network of support, these systems combine many industries, such as healthcare, education, social services, and community organizations.

Implications for Mental Health Promotion

The discussion in this paper underscores the urgent need for mental health promotion strategies in Nigeria and similar African contexts that are responsive to the pervasive impact of early childhood adversity and maltreatment. Given the high prevalence of poverty, displacement, family instability, and exposure to violence, mental health promotion must prioritise prevention, early intervention, and resilience-building across the lifespan. Strengthening protective factors such as emotional competence, family cohesion, community support, and culturally grounded coping mechanisms is essential for mitigating the long-term psychological effects of childhood adversity.

Trauma-informed and culturally sensitive approaches should be integrated into schools, primary healthcare settings, and community-based structures, where children and families are most accessible. Counsellors, educators, and community health workers require continuous training to recognise trauma-related symptoms and to deliver evidence-based interventions within culturally acceptable frameworks. School-based mental health programmes, parenting education, and faith- and community-led initiatives offer viable platforms for promoting psychological well-being in resource-constrained settings.

At the policy level, mental health promotion must be embedded within national child welfare, education, and public health policies. Increased investment in mental health infrastructure, workforce development, and intersectoral collaboration is critical to closing existing service gaps. Adopting contextually relevant, preventive, and evidence-informed strategies, Nigeria and other African nations can promote positive developmental outcomes and reduce the intergenerational transmission of psychological distress associated with early childhood adversity.

Conclusion

This discourse focused on the strong link between adverse experiences and abuse in early childhood and subsequent mental health effects. Various types of early childhood challenges and maltreatment, such as physical abuse, neglect, sexual abuse, and emotional abuse were discussed. Early identification and preventive initiatives are crucial because of the developmental trajectories and long-term effects that early childhood trauma and abuse have. The association between early childhood adversities/mistreatment and later life mental health was discussed, and mediating and moderating factors were mentioned. These included resilience, social support, and access to mental health resources. To reduce the negative effects of early childhood adversities and abuse on mental health outcomes, early identification and preventive initiatives that target at-risk populations are crucial. Finally, it is impossible to overestimate the value of interdisciplinary methods and professional teamwork. Professionals

from different disciplines can collaborate to improve the efficacy of interventions and support systems by integrating knowledge, coordinating care, and pushing for legislative reforms.

Recommendations

The following suggestions are given based on the discussion in this paper:

Counsellors and educators should participate in specialised training and professional development programmes to improve their knowledge and abilities in recognising and addressing the mental health needs of people affected by early childhood adversities or/and mistreatment.

Therapists and educators should use trauma-informed strategies in their work. To do this, they must establish trust, provide secure and encouraging environments, and use trauma-sensitive techniques when interacting with effected people

People who have experienced early childhood adversities or mistreatment, as well as their families, should get psycho education from counsellors and educators. This entails assisting them in comprehending potential mental health repercussions, coping mechanisms, and relevant services.

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