

Editorial: Maltreatment and trauma - the impact on development and implications for child mental health services

There is now a broad consensus that maltreatment in childhood is one of the strongest predictors of poor mental health across the lifespan. Whether physical, emotional or sexual abuse, emotional or physical neglect, early experiences of maltreatment have been demonstrated to impact on a wide range of domains, including attachment relationships, academic achievement, physical development and key areas of neurobiological development. To give just one example, a study by McCrory et al. (2011), using functional MRI scans to investigate the impact of physical abuse and domestic violence on children, found changes in brain structure and functioning comparable to soldiers with post-traumatic stress disorder exposed to combat. It is no surprise, then, that a high proportion of both children and adults accessing mental health services have histories of maltreatment and trauma, although for young people this access is sometimes limited by the fact that children with histories of maltreatment do not always fit easily into existing psychiatric diagnostic systems (deJong, 2010).

Despite the importance of understanding the impact of maltreatment and trauma, and of developing more effective models of prevention and treatment, there are still major gaps in our knowledge. The nine articles in this virtual issue all offer responses to some of those identified gaps, whether in relation to understanding the impact of maltreatment, challenges concerning definitions and measurement, or regarding the development of effective interventions.

To set the stage, Fisher (2015) offers a valuable overview of the needs of looked after and adopted children, a group of children who often have histories of maltreatment and trauma, and whose long-term outcomes are generally much poorer than the general population. Fisher carefully reviews the impact of maltreatment on different domains of children's well-being, whilst also recognising the importance of not seeing these children as a homogenous group. He identifies some important gaps in our knowledge, such as the relative lack of data on the long-term outcomes for adopted and fostered children; and he points out that many of the children in care show remarkable resilience in the face of adversity, reminding us that it is essential for us to understand what contributes to such resilience.

Other papers in this virtual issue focus on specific aspects of maltreatment, or consider its impact on particular aspects of children's development. For instance, Mothes et al. (2015) take a close look at the impact of different forms of childhood maltreatment on executive functioning in adolescence, demonstrating the consequences of such experiences for domains such as cognitive flexibility and verbal processing speed; whilst Al-Krenawi and Graham (2012) focus specifically on the impact of political violence on the psychosocial development of adolescents. Their study, examining young people in the West Bank and Gaza Strip, documents the associations between exposure to high levels of political violence and a range of poor outcomes, including mental health problems (such as depression and PTSD), levels of aggression and social functioning. They also identify some of the features that appear to protect adolescents against this impact, including economic status and parental education levels.

Whilst developmental studies of this sort are crucial, many are hampered by issues related to assessment and measurement. The study by Leigh, Yule and Smith (2016) provides a careful review of the various measurement tools for assessing PTSD in children and young people, balancing psychometric properties with clinical utility. They highlight the important role of assessing trauma

exposure across child mental health services, and identify specific self-report measures, which are easy to use, and have good psychometric properties. However they also make the case for the value of semi-structured interviews as part of the process of diagnosis and treatment planning, even if such instruments can be time-consuming to use; and recognise the risk that assessment and diagnosis may vary significantly depending on how maltreatment is investigated. Woolgar and Baldock (2015) compare community and expert assessments of attachment disorders in looked after and adopted children, and argue that there is a significant risk of over-diagnosis of attachment disorders in community services, leading to a heightened risk that more common disorders, such as conduct disorder and neurodevelopmental disorders, may go un-diagnosed, and hence un-treated. Likewise, Pinto and Maia (2014), compare two sources of childhood adversity - official records and self-report - and explore degrees of discrepancy between these different sources of knowledge, as well as examining each of them as predictors of psychopathology in youths aged 14-23. Interestingly, despite the clear limitations of self-report, data from that source was strongly associated with psychopathology, with self-reported childhood sexual abuse having an independent association with increased risk for later depression.

These issues related to measurement, assessment and diagnosis ultimately matter because they are likely to have implications for preventative and treatment services. Fisher's (2015) review paper notes that rigorous research about interventions specifically targeted at looked after and adopted children is limited, making the need for research in this field even more of a priority. Saxe et al. (2012) outline preliminary evidence for a systems-oriented treatment model called Trauma Systems Therapy (TST) for young people with traumatized children. They highlight the importance of family engagement, given the high levels of premature treatment dropout from child mental health treatments in general, but in particular from those focused on the impact of trauma. Likewise, Toth and Gravener (2012) provide a valuable review of relational interventions for maltreated children, with a particular focus on Child-Parent Psychotherapy (CPP), a model of working informed by attachment theory that has been found to be efficacious. Like Saxe et al., Toth and Gravener highlight that one of the greatest challenges is translating treatments from university-based laboratory settings to community settings. This gap is documented in the study by Czincz and Romano (2013), in which the majority of psychologists working in community-based services reported that they had never received any training in specific evidence-based treatment approaches for children and adolescents who had experienced childhood sexual abuse, such as trauma-focused cognitive behaviour therapy (TF-CBT). Whilst this study underlines the need for on-going training and education for those working in community services, Toth and Gravener (2012) highlight the importance of enduring commitment across systems if interventions with a laboratory-based evidence-base are going to be meaningfully translated into clinical practice.

Taken together, the papers in this virtual issue highlight many of the challenges faced by those trying to understand the impact of early maltreatment and trauma on the lives of children, as well as the difficulties facing those who are involved with assessment and diagnosis. But they also highlight the important progress made in this field, as academics and clinicians work together to both increase our understanding, but more importantly intervene effectively to improve the outcomes of those lives effected by the impact of early maltreatment and trauma.

References (besides those included in the virtual issue)

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