



Long-Term Health Impacts of Childhood Abuse: A Case Report from Primary Care

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Abstract

Childhood maltreatment is strongly associated with adverse health outcomes throughout life; despite this, there seems to be limited emphasis on intervention strategies in primary care, leading to under-documented cases and increasing numbers of preventable chronic conditions. This case explores the long-term impacts of childhood maltreatment on a 58-year-old patient. Through the patient's complex medical history, including COPD, type 2 diabetes, osteoarthritis, and erectile dysfunction, a view illustrating the interplay between long-term health and trauma is established, specifically psychologically, physiologically, sociologically and involving toxic stress. Additionally, this case underscores the significant role of primary care workers in identifying subtle signs of childhood maltreatment and implementing early intervention strategies.

Introduction

WHO defines maltreatment as 'the abuse and neglect that happens to children under the age of 18' and has profound, lasting effects on the children's health [1]. This case report will explore the long-term physiological, psychological, and sociological impacts of child maltreatment through a clinical case presentation. Child maltreatment is frequently under-recognised and under-reported in primary care. This report aims to illustrate strategies for early identification and intervention.

Case Presentation

A 58-year-old male described his childhood as living in an overcrowded family accommodation with passive smoking, irregular meals, and poor sleep with physical and sexual abuse throughout his childhood.

Some of their conditions include chronic obstructive pulmonary disease (COPD) with frequent chest infections, type 2 diabetes mellitus, osteoarthritis, erectile dysfunction, and partial sensorineural hearing loss. These conditions may reflect the physiological consequences of toxic stress and early maltreatment [7], though they can also be influenced by an array of other factors. Some psychosocial impacts include difficult forming stable relationships, occupational instability, alcohol dependence, and periods of homelessness. These poor health outcomes could be associated with the patient's adverse childhood experiences (ACEs).

His mental health history included two suicide attempts, resulting in the patient's initial engagement with psychiatric services. Following, a therapist helped the patient better understand his trauma and subsequent guilt in his 40s. Despite these challenges, he now is a volunteer with a mental health support organisation, he has healthier relationships and lives in stable housing. Overall, this case shows the broad impacts of ACEs and the importance of early intervention for disease prevention.

Discussion and Conclusion

Physiological impacts

Early trauma can leave lasting changes within the body and brain and are reflected in this patient's health history. For instance, passive smoking exposure from family and neighborhood during childhood can increase risk of developing COPD, supported by lower lung function results, such as FEV1 [2]. Inactivity and poor nutrition in early life could contribute to the patient's early onset arthritis by stressing growth plates and joints with excess weight or nutrient deficiencies [3]

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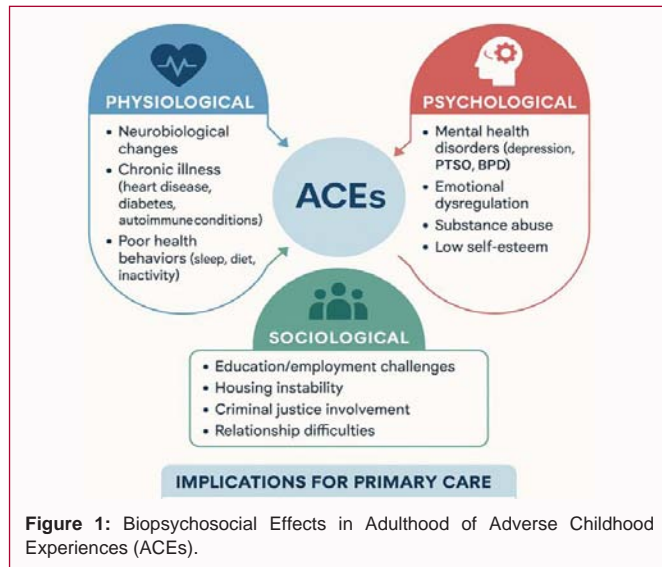


Figure 1: Biopsychosocial Effects in Adulthood of Adverse Childhood Experiences (ACEs).

Furthermore, the patient’s history of sexual abuse may have led to neuroendocrine disruption, possibly causing erectile dysfunction, through psychological distress [4]. The patient also experienced depression and PTSD which are both well-documented outcomes of untreated childhood trauma [5]. Although, ACEs may not be the sole contributor to the patient’s conditions, they do increase the risk of them. Therefore, this patient’s presentation highlights how adverse and severe the physical impacts of untreated childhood trauma are.

Sociological implications

Childhood trauma alters patients’ future lifestyles, relationships and willingness to trust or seek help. In this case, the patient underwent challenges to maintain healthy relationships and alcoholism as a maladaptive coping mechanism. Additionally, the patient had difficulties with stress-management, job stability, both of which contributed to a subsequent period of homelessness. Limited social support and reluctance for help-seeking prolonged the episode of homelessness, which further compromised their physical health. Notably, this patient engaged with mental health services post suicide attempt in their forties. Hence, it is essential to acknowledge that the impacts of ACEs extend across multiple psychosocial domains, and early recognition by primary care can enhance social well-being.

Toxic stress

In this patient, toxic stress likely affected their physical and psychological health. Toxic stress happens in response to child maltreatment, which includes physical and emotional abuse. Toxic stress detrimentally affects brain development by disrupting neuroendocrine, immune and metabolic regulation leading to preventable illnesses in later stages of life [6,7]. For example, this patient’s toxic stress could have dysregulated the hypothalamic-pituitary-adrenal (HPA) axis, resulting in insulin resistance, which contributes to the risk of Type 2 diabetes mellitus [8]. Other examples of neurobiological changes include persistent inflammation and immune system dysregulation, both of which increase susceptibility to comorbidity. Therefore, it is of significance for primary care workers to identify signs of toxic stress to prevent any permanent neurobiological effects and other illnesses

Role of primary care

Primary care workers are in a crucial position to mitigate the

Table 1: Examples of signs of child maltreatment.

Signs of Child Maltreatment	
Physical	- Poor hygiene
	- Malnutrition
	- Unexplained injuries
Behavioural	- Fearfulness
	- Withdrawal
	- Aggression
Medical	- Frequent hospital visits
	- Delayed care seeking
	- Inconsistent explanations from caregivers

consequences of ACEs before they exacerbate. This is because they see patients regularly from a young age enabling them to spot patterns and changes in behavior. The three types of signs primary care workers should look out for are physical, behavioral and medical, examples of which are displayed in Table 1.

The recognition of the impacts of ACEs can help improve the quality-of-life decades after trauma because it helps clinicians deliver patients trauma-informed care. Some of the long-term impacts to look out for in adults are summarized in Figure 1.

Adverse childhood experiences (ACEs)

This infographic portrays some examples of the physiological, psychological and sociological impacts associated with ACEs and can be used as an aid for clinicians to identify child maltreatment that has gone unnoticed.

Practice recommendations

In this case, our patient’s living environment was a significant contributor to their negative health outcomes. A consistent physician home-visiting regimen alongside follow-up telephone calls, could have provided an early opportunity for intervention and potentially halted a cascade of health problems [7].

The recent COVID-19 pandemic exacerbated specific stressors leading to an increased risk of violence towards children [9]. To help reduce cases of missed intervention primary care workers can screen patient details for factors, such as social isolation, poverty and unemployment. After screening clinicians should consider implementing the Think Family mindset to consider how social risk factors can affect families as a whole and attempt to de-escalate potential forms of neglect or abuse with this method of preventative patient-centred care [10]. Alongside this proactive approach implementing routine home visits and increased networking with child safety services, like social services and schools, might further the efficacy of early intervention

Conclusion

This case reveals the extent that ACEs can impact people throughout life on a physiological, psychological and sociological level. Clinicians in primary care are the first point of contact for many patients and can pick up on subtle early indicators of trauma. An awareness of ACEs should be a core component of routine holistic care to improve lifelong health and reduce preventable illness.

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