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SOCIETAL PERCEPTIONS SURROUNDING CHILD MALTREATMENT AND MENTAL HEALTH

Olivia K. Smith
Southeastern University - Lakeland

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SOCIETAL PERCEPTIONS SURROUNDING CHILD
MALTREATMENT AND MENTAL HEALTH

by

Olivia Smith

Submitted to the School of Honors Committee

in partial fulfillment

of the requirements for University Honors Scholars

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Abstract

Child maltreatment, mental illness, and criminal behavior are all commonly known topics and a wide variety of research has been conducted to investigate the implications of all three concepts. Even though there is quality research on each of these topics, the awareness of important facts and theories in these areas may not be known to the general public. This study surveyed university students on their knowledge of the characteristics and risk factors of victims of child maltreatment, in addition to their perceptions of people with mental illness. Items included in the study were comprised of items from Taylor and Dear's CAMI Questionnaire (1981) and Price's Public Perceptions of Child Abuse and Neglect in a Midwestern Urban Community Questionnaire (2001). Majority of the responses regarding the participants' perceptions of child abusers and child victims were accurate, however, 57% of respondents thought that males were most likely to abuse a child, whereas preexisting data shows that children are more likely to be maltreated by a female. The items in the survey that asked about perceptions of mental health received a relatively acceptant response rate, as well. Fifty-eight participants strongly agreed that our mental hospitals seem more like prisons the mentally ill can be cared for and 53 people strongly agreed or agreed that mental illness is an illness like any other. These results propose the idea that the stigma surrounding mental illness is declining and awareness regarding child maltreatment is increasing. Surveying larger groups of people that span a wider age range would be an area of further research as well as surveying a greater amount of college students to see if their perceptions and stigmas could be dependent on their college major.

KEY WORDS: child abuse and neglect, mental illness stigma, crime and long-term effects of maltreatment

Dedication

This thesis is dedicated to my mom and dad—the greatest parents, mentors, and role models I could ever ask for. I love you with my whole heart and am honored that God chose me to be your daughter.

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Introduction

Governments, non-governmental organizations, volunteer groups, and individuals are in favor of eradicating child maltreatment, however, most people will experience at least one form of abuse or neglect at some point in their life (Pu-Yu, et al., 2018). Previous studies have followed the path between experiences with child abuse and their effects; child abuse can contribute to mental illnesses and engagement in criminal behavior. Data show that there are heightened recidivism rates in people who have experienced abuse, turned to substances as a coping mechanism, developed a substance abuse disorder, and then became a part of domestic violence disputes, driving under the influence, and other crimes (Machisa, et al., 2016). However, the topic becomes difficult because trauma and abuse affects each person differently and some people who endure it lead steady, healthy, productive lives as they age. It is important to be aware of the common characteristics that most people who are abuse survivors and people with mental illnesses possess in order to get them the help they need. People should not stigmatize those and always associate them with someone who will commit a crime in the future. Since maltreatment, mental health, and crime are all separate entities that sometimes co-occur with each other it can be difficult for one to know when to separate the three concepts. Questions remain regarding the ability of society to be proactive and stop future crime at the preceding maltreatment level. The relationships are complex and stigma is an issue. The study at hand investigates college-aged students' perceptions of a variety of topics relating to child maltreatment and mental illness as individual concepts as well as intertwined experiences. It further examines the assumptions college students make about abuse survivors and whether preexisting data support those assumptions. A goal of this study is to bring to light the risks and preventative factors of child maltreatment that often go unnoticed and unattended to. If society

was made more aware of the highs as well as the lows that come with being a child abuse survivor and/or a person who suffers from one or more mental illnesses, the stigma and preconceived notions about these two groups of people could decrease—especially since the participants of this study are of the upcoming generation and group of parents and will have an influence on the minds of the next group of children. As the field of psychology continues to gain knowledge on the wide range of effects abuse or neglect can have on a young brain, new data may raise awareness about maltreatment and redirect people from mistreating their children.

According to evidence in the literature review, it is expected that college students will have a negative view of child abuse survivors and people with mental illnesses because they are under the assumption that these two groups' abilities are limited due to trauma and adverse brain functions. For the sake of this study, child maltreatment will be defined as "multiple traumatic experiences that typically begin at an early age and may be perceived as life-threatening" (Heide & Solomon, 2006, p. 221). Forms of child maltreatment within the following studies included "physical abuse, sexual abuse, emotional abuse...and neglect" (Goddard & Pooley, 2019, p. 215). The variables being measured are the perceptions of child abuse and mental illnesses by college-aged students. The aim of upcoming study is to examine the relationship between mental illnesses, criminality, and a history of child maltreatment and evaluate how much society actually knows about the connection between these topics.

Review of Literature

Maltreatment, Self-Loathing Behavior, and Mental Illnesses

"Adverse childhood experiences (ACEs) are traumatic childhood events occurring within one's family (intrafamilial) before the age of 18, which can include physical, sexual and

emotional abuse, emotional and physical neglect, and dysfunctional household conditions (separation/divorce, witnessing violent treatment of mother, household substance abuse, household mental illnesses, incarcerated household member)” (Kovacs-Toth, et al., 2021, p.12).

Research on ACEs is extensive, as people have been enduring various types of adverse experiences for as long as humans have existed, and the effects include lifelong physical and mental difficulties. Multiple studies have come to the same conclusion that the presence of an adverse childhood experience increases one’s risk of developing one or more mental illnesses and heightens one’s likelihood of engaging in suicidal behavior (Subramaniam, 2020).

In a study evaluating ninth and eleventh grade students, their level of adversity in the household, and their engagement in non-suicidal self-injury, suicidal ideation, and suicide attempts, the group of students who were surrounded by parental dysfunction and maltreatment were at much higher risk of engaging in suicidal behavior according to their survey responses. The Minnesota Student Survey assessed over seventy-four thousand students and looked at each student’s engagement in the three components of suicidal behavior, familial adversity, teacher and peer support, levels of depression, poverty status, age, gender, ethnicity, family composition, and school location. After examining the data, compared to the minimal to no adversity group, eleventh graders who had a history of parental dysfunction and high maltreatment were four times more likely to attempt suicide and were three times more likely to engage in non-suicidal self-injury (Forster, et al., 2020). The researchers of this study also mention in their results that the rates of suicidality and self-injury tended to be lower than recent studies from the 2018 Youth Risk Behavior Survey which reported 10-25% of adolescents actively engage in some non-suicidal self-injurious behavior, 13-18% have contemplated suicide, and 6-8% of adolescents attempt suicide annually.

Suicidality, as well as major depressive disorder, obsessive-compulsive disorder, and bipolar disorder, is likely to present itself in a population that has experienced one to two ACEs. When three or more ACEs have been experienced, generalized anxiety disorder and alcohol abuse are added to the list of psychological disorders that one becomes increasingly susceptible to (Subramaniam, 2020). Emotional abuse has a high association score with depression, trauma, anxiety, and externalizing behavior while physical and sexual abuse were only associated with depression, trauma, and externalizing behavior (Negriff, 2019). All of the ACEs play a role in toxic stress, which contributes to the onset of physical effects and chronic health conditions. The overwhelming amount of stress can interfere with brain functions that involve memory, social and emotional processes and self-regulation. Some of the top ten most common causes of death, such as diabetes, emphysema, and suicide are frequently seen in people who have experienced an ACE at a young age (Crouch, et al., 2020). Distinct relationships have been made between ACEs and obesity, bronchial asthma, heart disease, and cancer, as well (Kovacs-Toth, et al., 2021).

Poverty and emotional maltreatment tend to be the most commonly experienced ACEs according to many studies (Crouch, et al., 2020; Negriff, 2019) and both have the potential to contribute to the aforementioned physical and mental impacts in one's life. With the intent to identify a difference in the effects of child maltreatment and household dysfunction as adverse childhood experiences, a study conducted by Sonya Negriff found that maltreatment is more responsible for the onset of mental illnesses when it comes to experiencing an ACE (2019). For poverty and low socioeconomic status, however, it has been found that it is not the poverty itself that causes the health outcomes, it is more of the "parental stress, access to health insurance, educational attainment, food insecurity, and nutrition" (Crouch, et al., 2020, p. 5) that presents problems in the future or plays a role in their development.

Enduring any form of maltreatment or any type of adverse childhood experience automatically makes someone a part of the high-risk population when it comes to developing negative mental and physical health outcomes.

While it is ultimately most important to decrease the frequency at which ACEs take place, it is also important to create safe places for survivors to cope in a healthy way with any trauma they have experienced and provide them with resources and opportunities to help them overcome their past. If society is willing and eager to facilitate the growth of the people in this at-risk and high-risk group, harsher effects like suicidality and possibly engagement in criminal behavior may be reduced.

Maltreatment and Criminality

People with a criminal record most often have a history of experiencing abuse. Pu-Yu et al. (2018) state “that 90% of juvenile offenders have been exposed to at least one form of childhood trauma...and over half (60%) of young offenders have reported experiencing child abuse or neglect” (p. 468). Addressing a correlation between maltreatment and criminality may help us reduce the frequency at which revictimization takes place. Finding a strong correlation between child maltreatment and criminal behavior may make the legal punishment for child abuse more severe in effort to stop people from maltreating children. Additionally, it would present another at risk group that society can more heavily address and provide resources and educational help to. How strong is the evidence that being a survivor of child abuse has a positive correlation with later engagement in criminal activity?

The formal definition of crime is ever changing depending on the time and place at which it is being addressed (Chrichton, 2008, p. 660). Yet, for the purpose of the analysis, crimes were

sorted into five typologies: property crime (theft, trespassing, etc.), violent crime (murder, robbery, etc.), intelligence crime (cybertheft, etc.), custom crime (rape, assault, etc.), and destroying crime (arson, vandalism, etc.) (Wang et al. 2011, p. 1555). Many categories were assessed in many of the following studies in an attempt to identify any correlation between a particular maltreatment type and crime typology.

Many of the analyzed studies supported a strong correlation between early childhood abuse and early adulthood criminality. Hosser et al., found that the risk of violently revictimizing doubles in individuals who have been maltreated at an early age (2007). As expected, when multiple forms of maltreatment are endured by a singular person there is a more significant association “with murderous ideation and behaviors, including murderous ideation, plans, preparation, and attempts” (Pu-Yu, et al., 2018, p. 469). Simultaneously, emotional and physical abuse and various forms of neglect can affect the brain to strengthen homicidal impulses and take them to extremes that only one form of maltreatment may not spark. Further, while numerous forms of abuse were studied, the effects of physical abuse were most prominent yet contradicting. In the study performed by Wang et al. (2012) strong correlations between physical abuse survivors and the frequency at which they commit violent crimes compared to other crime typologies were detected. Perpetrators of violent offenses were often once the victims of physical abuse, according to van der Put, et al. (2015).

On the other hand, Forsman and Langstrom (2012) found the exact opposite: “Childhood maltreatment was found to be a weak causal risk factor for adult violent offending” (p. 1977). In an experiment that compared the risk factors associated with homelessness at an early age to the risk factors of child maltreatment, “participants who experienced homelessness by age 26 were 1.6 times more likely to commit violent crime in adulthood and almost 30% more likely to commit

property crime. Those who were victims of child maltreatment were 15 times more likely to commit property crime, but no more likely to commit violent crime” (Cronley, et al., 2015, p. 196). Meanwhile, as the data from physical abuse survivors supplies significant evidence to claim that abuse can contribute to criminal activity, it was commonly found that survivors of sexual abuse experienced the opposite. Interestingly, “higher levels of sexual abuse are associated with a lower likelihood of being incarcerated for a violent offense” (Wang, et al., 2012, p. 1557). Wang, et al. suggested this could be due to the shame and guilt that most sexual abuse survivors live with. Therefore, they choose not to take their frustration and anger out on others in the same way they experienced or in another abusive manner. However, sexual crimes are often committed by individuals who were maltreated early in life. Moreover, rape and crimes driven by lust are most often perpetrated by early physical abuse victims (Marono, et al., 2020). This conclusion reaffirms Wang et al. and van der Put et al.’s claims that sexual abuse survivors are not at the highest risk of revictimizing compared to physical abuse survivors. Van der Put, et al. went as far as to suggest that sexual abuse victims committed fewer offenses than people who are never maltreated in their childhood (2015). Referring back to the sample theme of gender, incarcerated boys tended to report being exposed to sexual abuse more than their girl counterparts. (Wang, et al., 2012). In all other categories of abuse (i.e. physical, emotional, etc.), females reported more frequent experiences.

There is substantial evidence that suggests that experiencing abuse as a child does increase the likelihood of committing a criminal offense. For instance, “jail inmates [across the United States] who had a mental health problem (24%) were three times as likely as jail inmates without (8%) to report being physically or sexually abused in the past” (James & Glaze, 2006). Most adolescents in jails and prisons have a history of enduring at least one form of child maltreatment - this is applicable to many parts of the world. Child maltreatment often influences the onset of

various mental illnesses (i.e. major depressive disorder, anxiety disorders, etc.), some of which, like conduct disorder, are commonly found in those who commit serious crimes (Greger, et al., 2015). Finding a link or relationship between maltreatment and criminal behavior gives society another reason to work to lower child abuse and neglect rates. Specifically knowing the physical abuse survivors are at the highest risk, child abuse and domestic violence prevention programs should try to address those cases with high importance. Further research could address the available help that targets domestic violence and child maltreatment and whether it is effective and/or accessible to adolescents.

Limited literature exists that addresses the perceptions college students have of abuse survivors, their stories, and the severity of what abuse is. In an experiment conducted by Harter et al., in which college students were told to evaluate a person after he had told them that he was a victim of childhood sexual abuse and further evaluate two other people who had experienced the passing of a parent and the passing of a pet, the participants evaluated the childhood sexual abuse survivor more negatively, and consequently creating a heavier stigma than the person who allegedly lost his parent. In the instance with the person who lost his pet, the survivor was still evaluated negatively but it was not as significant of a difference.

Moreover, twenty-one percent of college students in Panchkula, India were under the impression that child abuse victims can only be female, as of 2020, and seventy-five percent of the college students felt that children from “reputable families” (Chopra, et al., 2020, p. 31) are not able to be victims of child abuse. Eighteen percent of the participants had experienced childhood sexual abuse in their own lives and yet still felt this way about maltreatment. Due to the previously mentioned limited research, there is not much data available that represents an American college student’s typical perception of child maltreatment.

Conclusion

The impacts of child maltreatment can be detrimental to one's physical and mental health in a variety of ways. It also has an effect on how survivors interact with other people and whether they become perpetrators of abuse or other types of crimes later in life. Research is constantly being conducted and the evidence that reveals the negative effects of child maltreatment and adverse childhood experiences is abundant (e.g. Crichton, J., 2018; Hosser, D., et al., 2007; Goddard, T. & Pooley, J. A., 2019, etc.). Existing research and literature describing the positive actions of survivors despite their unfortunate circumstances is limited and consequently leaves a gap in the research. Now, this study will shed light on the potential that childhood abuse survivors and people with mental illnesses have as well as what college students expect out of these groups of people, whether their assumptions are accurate or not based on preexisting data.

Methodology

The study at hand is an exploratory survey addressing diverse areas. It was used to create a descriptive picture of what is occurring concerning mental illness and child abuse and neglect perceptions within Southeastern University's student population. Further, the study seeks to answer the questions, (1) What characteristics do people think people who maltreat children have? and (2) How acceptant or tolerant is our current society in regard to people with mental illness? While not a key research question, an additional goal of the study was to examine if participants realized how interconnected child maltreatment, mental illness, and criminal behavior can be.

The survey consisted of 76 items, so a robust number of perceptions from college-aged students were gathered. The first set of questions were retrieved from Price et al.'s questionnaire that was first published in the article, *Public perceptions of child abuse and neglect in a midwestern urban community* (2001). The items in this part of the survey asked participants their perceptions of people who abuse children (i.e. their gender, race, socioeconomic status, number of children, presence of an alcohol addiction, education level, etc.) as well as perceptions of a child who is abused (i.e. gender, race, socioeconomic status, temperament, etc.).

The second set of items were obtained from Taylor and Dear's Community Attitudes Toward the Mentally Ill Questionnaire which was originally published in 1981. These items addressed the participants' authoritarianism, benevolence, and social restrictiveness toward people with mental illness, in addition to their thoughts on community mental health ideology. The last ten items were original questions written for the sake of this specific study. These items addressed perceived levels of empathy, creativity, and job retention in people with mental illnesses as well as if participants believed if the same mental health diagnoses were common in people who were abused during childhood.

After obtaining approval from the Southeastern University's Institutional Review Board, the survey was sent out and only made available to Southeastern's undergraduate students. Specifically, it was emailed to all students who majored in Psychology or were enrolled in an Introduction to Psychology course or the School of Honors. Additionally, it was uploaded to SONA, a program on which Southeastern University students can participate in multiple live studies being conducted within the University. It is mandatory for students taking an introductory psychology course to participate in two studies for a completion grade—this served as an incentive to participate in the study. The survey was open for responses for a month.

The first page of the online survey was a consent form which participants were required to agree to before beginning the survey. The risks of this study were outlined, as topics like child maltreatment and mental illness can be triggering. Participation was advertised as completely voluntary and no individual item required an answer to move on to the next item. The Southeastern University Office of Counseling, Health, and Wellness's email address and phone number were offered on the informed consent page as well.

Next, the items from Price et al.'s (2001) questionnaire asked participants to select the characteristics that they thought child abusers and child abuse victims possessed. These traits ranged from ethnicity, socioeconomic status, marital status, parental status, gender, educational level, residential location, and usage of alcohol of people who have maltreated a child and the race, gender, temperament, socioeconomic status, and performance in school of child abuse victims. Further questions inquire about the perceptions of the long-term effects of child abuse and how it relates to behaviors such as juvenile crime, revictimization, parenting and relational difficulties, etc. The reliability of these items was .71, according to the original study's methodology (p. 274).

The following 40 items were retrieved from the Community Attitudes Toward the Mentally Ill Questionnaire (Taylor & Dear, 1981). The items asked what the respondents thought about the effectiveness of society's current available resources to people who suffer from mental illness, how people with mental illness are treated in today's society, whether or not they should be separated from society, as well as if their presence degrades the area around them. The Questionnaire was initially created with four subsections within it—authoritarianism, benevolence, social restrictiveness, and community mental health ideology—and the reliability measures were .68, .76, .80, and .88 respectively, according to Taylor and Dear (n.d.). The final

ten questions, which were not obtained from a preexisting study, were created for the purpose of highlighting the potential that people with mental illness have in addition to asking the participants about which forms of maltreatment they think are the most impactful to one's mental health.

The original intent was to examine whether students' majors, gender, race, and other demographics influenced the participants' responses and perceptions. Due to the small number of responses representing each major, and the overwhelming amount of data obtained by females and White students, descriptive statistics of how the participants responded were used in the analysis of the data.

Results

Demographics of Respondents

Ninety-six students responded to the survey. Females accounted for 74% of the responses while males made up 26% of the sample size. Twenty-five percent of the study's participants were of ethnic and racial minorities (Table 1). More health science (15) and ministry (13) students responded than psychology (10) or criminal justice (4) and social work (5) students.

Perceptions of Child Maltreatment

The first segment of the questionnaire asks about groups of children that the participants feel are the most likely to be abused. Forty-one participants (42.7%) said that poor children were most likely to be abused, 14 people (14.6%) thought middle class children were at the highest risk, two people (2.1%) chose wealthy children, and 39 (40.6%) participants suspected that

children from all types of socioeconomic backgrounds were likely to be abused. Concerning gender, 43 participants (44.8%) said that females were most likely to be abused, six (6.3%) said males, and 47 (49%) said both equally. Six participants (6.3%) thought White people were most likely to be abused as a child, 34 (35.4%) thought minority racial groups were at higher risk, and 56 participants (58.3%) said both groups equally. Further, only one participant (1.1%) thought that bright children were most likely to be abused, 31 (43.2%) said academically slow children, and 53 (55.8%) said both groups equally.

Table 1
Demographics of Respondents

Item	<i>N</i>	%
Sex		
Female	71	74
Male	25	26
Race		
American Indian or Alaskan Native	3	3.1
Asian	4	4.2
Black or African American	7	7.3
Native Hawaiian or Other Pacific Islander	2	2.1
White	72	75
Other	8	8.3
Major		
Psychology	10	10.4
Criminal Justice	4	4.2
Social Work	5	5.2
Psychology & Criminal Justice	2	2.1
Social Work & Criminal Justice	1	1
Language	0	0
Education	7	7.3
Health Sciences	15	15.6
Ministry/Religion	13	13.5
Arts/Media	9	9.4
Other	30	31.3

N = 96

The second segment of the same questionnaire inquired about the participants' perceptions of the characteristics and risk factors of child abusers. Fifteen participants (15.6%) thought that people who are poor are most likely to abuse a child, 11 (11.5%) suspected middle class people, 12 (12.5%) said wealthy people, and 58 (60.4%) said all equally. Only three participants (3.1%) thought that women were most likely to abuse a child while 57 (59.4%) thought men and 36 (37.5%) thought both were at an equal risk. Fifteen participants (15.6%) thought that White people were most likely to abuse children, ten (10.4%) thought that people of minority racial groups were more likely while 71 (74%) suspected both groups are equally at risk.

At the end of Price's questionnaire, potential long-term effects of child abuse are evaluated by the respondents according to whether or not they think that the statement written is applicable to child abuse survivors. Ninety (93.8%) of the participants thought that child abuse survivors are at higher risk of having depression, 67 (69.8%) thought that survivors were more likely to attempt suicide, and 62 (64.6%) thought that they are more likely to be involved in substance abuse (Table 2). As far as criminal activity, 55 (57.3%) said that child abuse survivors are more likely to be involved in violence against others and 46 (47.9%) said they are more likely to be involved in juvenile crime. In regard to revictimizing his or her own child, 30 participants (31.3%) thought that it was very likely while 23 (24%) said it was unlikely and 43 people (44.8%) said they were possibly more likely.

Perceptions of Mental Illness

Within the 40 items presented in Community Attitudes Toward the Mentally Ill Questionnaire that originated in Taylor and Dear's 1981 study, the participants were given a 5-

point Likert type scale after each item on which they were asked to rate how strongly they agree or disagree with each statement. Several items received primarily neutral responses while many other items showcased conclusions and perspectives that the participants had.

Table 2
Respondents' Perceptions of What Are Likely to Be the Long-Term Effects of Child Abuse

Item	<i>Yes</i> <i>N (%)</i>	<i>No</i> <i>N (%)</i>	<i>Maybe</i> <i>N (%)</i>
They are more likely to have problems with relationships	88 (91.7)	1 (1)	7 (7.3)
They are more likely to have depression	90 (93.8)	2 (2.1)	4 (4.2)
If they have children, they are more likely to have parenting problems	53 (55.2)	15 (15.6)	28 (29.2)
They are more likely to be involved in violence against others	55 (57.3)	8 (8.3)	33 (34.4)
They are more likely to abuse their children when they become parents	30 (31.3)	23 (24)	43 (44.8)
They are more likely to be involved in juvenile crime	46 (47.9)	12 (12.5)	37 (38.5)
They are more likely to be involved in substance abuse	62 (64.6)	8 (8.3)	26 (27.1)
They are more likely to attempt suicide	67 (69.8)	6 (6.3)	23 (24.0)

For example, the means of the following items indicate that majority of participants disagree or strongly disagree with the respective statement: The mentally ill should be isolated from the rest of the community ($M = 4.15$), The mentally ill are a burden on society ($M = 4.38$), A woman would be foolish to marry a man who has suffered from mental illness, even though he seems fully recovered ($M = 4.24$), Increased spending on mental health services is a waste of tax dollars ($M = 4.29$), The best way to handle the mentally ill to keep them behind locked doors ($M = 4.44$), The mentally ill do not deserve our sympathy ($M = 4.58$), and It is best to avoid anyone who has mental problems ($M = 4.11$).

There were several items in the CAMI questionnaire that many participants agreed or strongly agreed with. On a one to five scale, one equating to “strongly agree” and five implying “strongly disagree,” the following items received means ranging from one to two: The mentally ill have for too long been the subject of ridicule ($M = 1.97$), No one has the right to exclude the mentally ill from their neighborhood ($M = 1.99$), We need to adopt a far more tolerant attitude toward the mentally ill in our society ($M = 1.99$), The mentally ill should not be treated as outcasts of society ($M = 1.69$), The mentally ill should not be denied their individual rights ($M = 1.98$), and Virtually anyone can become mentally ill ($M = 1.89$).

Additional items that received significant responses addressed the way that society currently cares for the mentally ill. Only fourteen participants agreed or strongly agreed that there are sufficient services for the mentally ill and 58 participants strongly agreed that our mental hospitals seem more like prisons where the mentally ill can be cared for.

Concluding Items

The final ten items of the survey asked questions specific to this study. Matters such as a correlation between child maltreatment and criminal behavior, the effects of maltreatment on one’s mental health, and the participants’ perceptions on the productivity and stability of the lives of people who have been abused as a child or survivors of mental illness are evaluated.

In response to the question, “Which of the following forms of maltreatment do you think is most damaging to a victim's mental health?”, 42 people (44.2%) said physical abuse, 42 (44.2) said sexual abuse, two (2.1%) said physical neglect, 28 (29.5%) said emotional abuse, 9 (9.5%) said emotional neglect, and 5 (5.3%) said verbal abuse.

In a “check all that apply” item to the question, “People who experience which of the following kinds of maltreatment are most likely to engage in criminal behavior?”, 74 participants (77.9%) chose physical abuse, 48 (50.5%) chose emotional neglect, 47 (49.5%) chose emotional abuse, 46 (48.4%) chose sexual abuse, 44 (46.3%) chose verbal abuse, and 41 (43.2%) chose physical neglect.

In the 5-point Likert type scale format, only 17 participants (17.9%) thought that creativity was enhanced by the presence of a mental illness and only 25 (30.5%) participants agreed or strongly agreed that levels of empathy are higher in people with mental illness. Forty-seven participants (49.5%) were neutral or unsure on both of these items.

Discussion

Common themes from the survey showed that the upcoming generation is not as judgmental toward people with mental illnesses as originally thought. Majority of the participants in this study were able to identify common risk factors and characteristics of people who abuse or neglect children as well as the risk factors of children who are most frequently maltreated. One interesting item in the survey that obtained mixed responses was about the gender of a child abuser. Fifty-seven percent of the respondents in the study thought that men were most likely to abuse a child whereas, according to the United States Department of Health and Human Services’ Fourth National Incidence Study of Child Abuse and Neglect, 68% of maltreated kids were harmed by a female (Sedlack, et al., 2010).

Given the literature that exists regarding the increased suicidality, usage of alcohol, and crime rates seen in people who are survivors of child abuse (Forster, et al., 2020; Subramaniam, 2020; James & Glaze, 2006), the responses obtained from the questions that discussed those

topics (Table 2) did not reflect preexisting data. These responses imply that society may not be as aware of the effects of child abuse and neglect and the heightened susceptibility to these self-loathing behaviors as they should be, to have an accurate perception of what is really happening.

Moreover, the survey responses did not reflect the conclusions presented in current literature in regard to the more common types of child maltreatment as well as which kinds had the heaviest effects on those who endured the abuse or neglect. For example, 77% of study participants thought that survivors of physical abuse as a child were most likely to engage in criminal behavior whereas 48% of participants suspected that sexual abuse survivors were most likely to commit a criminal offense. While current literature from van der Put, et al. (2015) supports the assumption made by the participants about physical abuse survivors, Wang et al. (2012) and van der Put, et al. (2015) have presented data that refutes the assumptions made by the participants about high revictimization rates made by sexual abuse survivors. The literature suggests that people who have never been abused as a child are more likely to commit a violent crime compared to someone who is a survivor of sexual abuse. Further, sexual abuse is most likely perpetrated by people who have been physically abused in the past (Marono, et al., 2020).

Several of the items presented in the Community Attitudes Toward the Mentally Ill Questionnaire presented significant results. To name a few, 58 participants strongly agreed or agreed that “our mental hospitals seem more like prisons than places where the mentally ill can be cared for” and only 14 participants strongly agreed or agreed that “there are sufficient services for the mentally ill.” In addition, 79 participants strongly disagreed or disagreed that “the best way to handle the mentally ill is to keep them behind closed doors.” These responses imply that people are not satisfied with the way people with mental illness are being treated. Perhaps the

current college-aged generation will be the generation to change how mental illness rehabilitation occurs.

One item, which asked participants to rate their level of agreeance on a 5 point Likert-type scale to the statement: Mental illness is an illness like any other, received a very diverse range of responses. Fifty-three people strongly agreed or agreed while 27 disagreed or strongly disagreed. These people may have disagreed if they saw mental illness as something that is more captivating or greater in longevity than a physical impairment or if they thought it was insignificant in comparison to physical disabilities. Because the participants' true intentions were not clear, not many assumptions can be made from this item.

Interestingly, fewer than 18% of the participants thought that there was no chance of increased creativity in people with mental illness. However, a greater number of studies are being conducted in search of connections between creativity and mood disorders. Specifically in people who engage in written modes of creativity (i.e. playwrights, novelists, poets, etc.), the existence of mood disorders or bipolar I or bipolar II disorder can be as high as 80% (Andreasen, 2008).

The study is limited by its number of participants as over eight thousand undergraduate students attend Southeastern University and only ninety-six participated in this study. The participants are also primarily female and White. Both demographics are highly prevalent on Southeastern University's campus so this type of response was expected. In higher education as whole, White females are the most likely to be enrolled (Parker, 2021). It is unknown if all participants identify themselves as Christians but they all attend a Christian university. The required Christian coursework and exposure to Christianity-based educational material and

atmospheres may have an effect on any religious or cultural biases present in the study's responses.

Further, the literature search for this study revealed little prior research about creativity, empathy, job retention, etc. amongst people with mental illness(es) and/or survivors of child maltreatment. Some questions were included in the survey that addressed the creativity of people with mental illnesses however, it was difficult to compare the data to the few preexisting studies that were accessible regarding this topic.

In effort to protect the participants' privacy and keep things confidential, the names of each participant were not asked or recorded. For the same reason, there were no personal questions that asked if each participant had experienced child maltreatment and/or mental illness. Therefore, there may be a present bias if someone answered questions based on their individual experience and not what they felt applied to the larger group of people who have experienced either of these adverse childhood experiences.

If the study were replicated, it would be interesting if it were conducted at a larger, public university. Potentially, the responses from a small, Christian university and that of a bigger, secular school could complement or contrast each other. With a greater response pool, it would be intriguing to compare the respondents' major with their perceptions, specifically in relation to any potential differences that could be noted between psychology, social work, and criminal justice majors and other majors that are not within behavioral and social science colleges. In regard to the sample, if older adult students over the age of 24 were surveyed, more insight would be gathered. For example, conducting this survey at a large graduate school may reflect a difference in the survey responses as Generation Z and the Millennial generations currently represent undergraduate versus graduate students. Additionally, with the appropriate permission

given, interviewing current criminals in nearby jails and prisons with the intent to find any correspondence between different degrees and types of crimes committed and any experience of maltreatment or an adverse childhood experience would strengthen current data on the topic.

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