



Consequences of Child Maltreatment

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January 24, 2014



Objectives

- Overview of LONGSCAN
 - Safety
 - Permanency
 - Well-being
- Adverse Childhood Experience



LONGSCAN

LONGitudinal **S**tudies of **C**hild **A**buse and **N**eglect

- Funded in 1991 to follow families for 18 years
- 5 geographically diverse sites
- 1354 families



Safety

- We can identify children who are at risk for abuse and neglect from the moment they are born using a combination of risks which often persist from early childhood through adolescence.

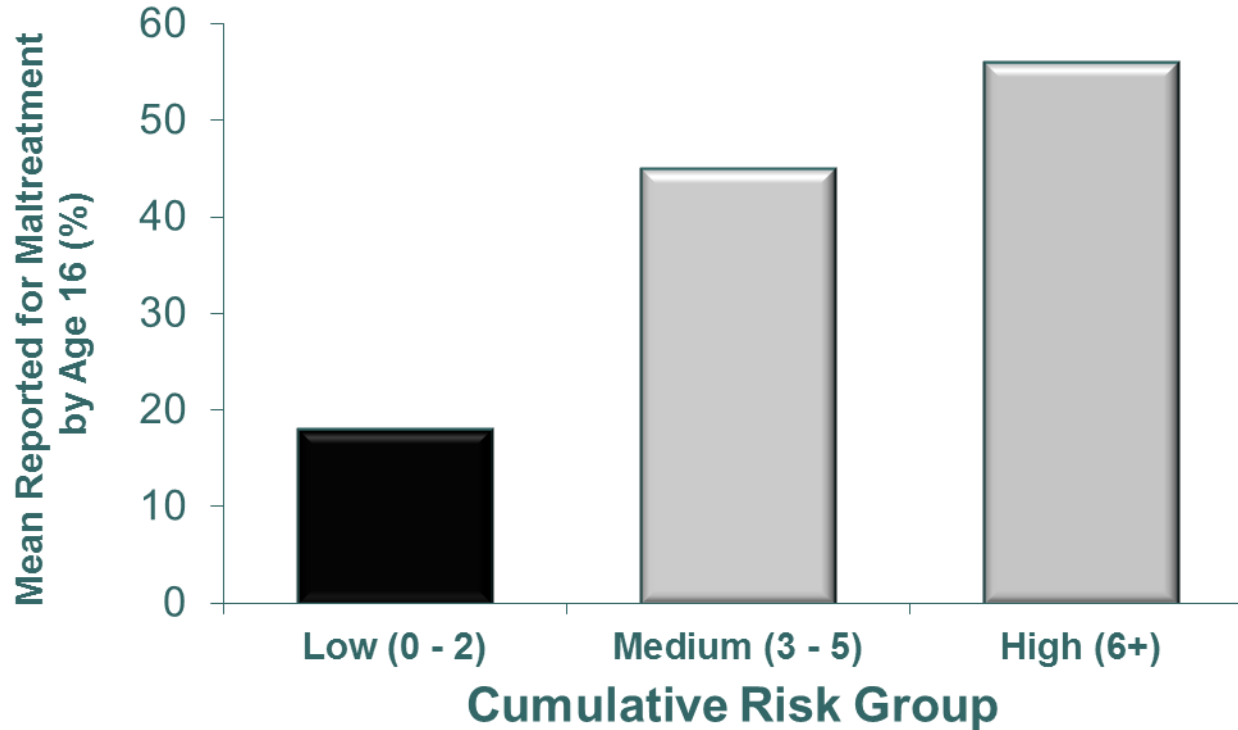


Risk factors

- \leq high school
- 3 or more children
- Single mother
- Mother < 18 or >35 years at child's birth
- Mother's history of abuse
- Receipt of WIC, Medicaid, AFDC
- $\leq 15K$ household income
- Maternal depression
- Low maternal self esteem
- Unsafe neighborhood

Safety

Identification



Relation of cumulative risk in first year of life to percentage of families reported for maltreatment over the first 16 years of life



Implications

- Access to mental health assessment & treatment for the parents of at-risk or maltreated children is critical to prevent maltreatment and ameliorate its effects.
- Consider cumulative risk as an indicator of need for services.

● ● ● | **Multiple exposures**

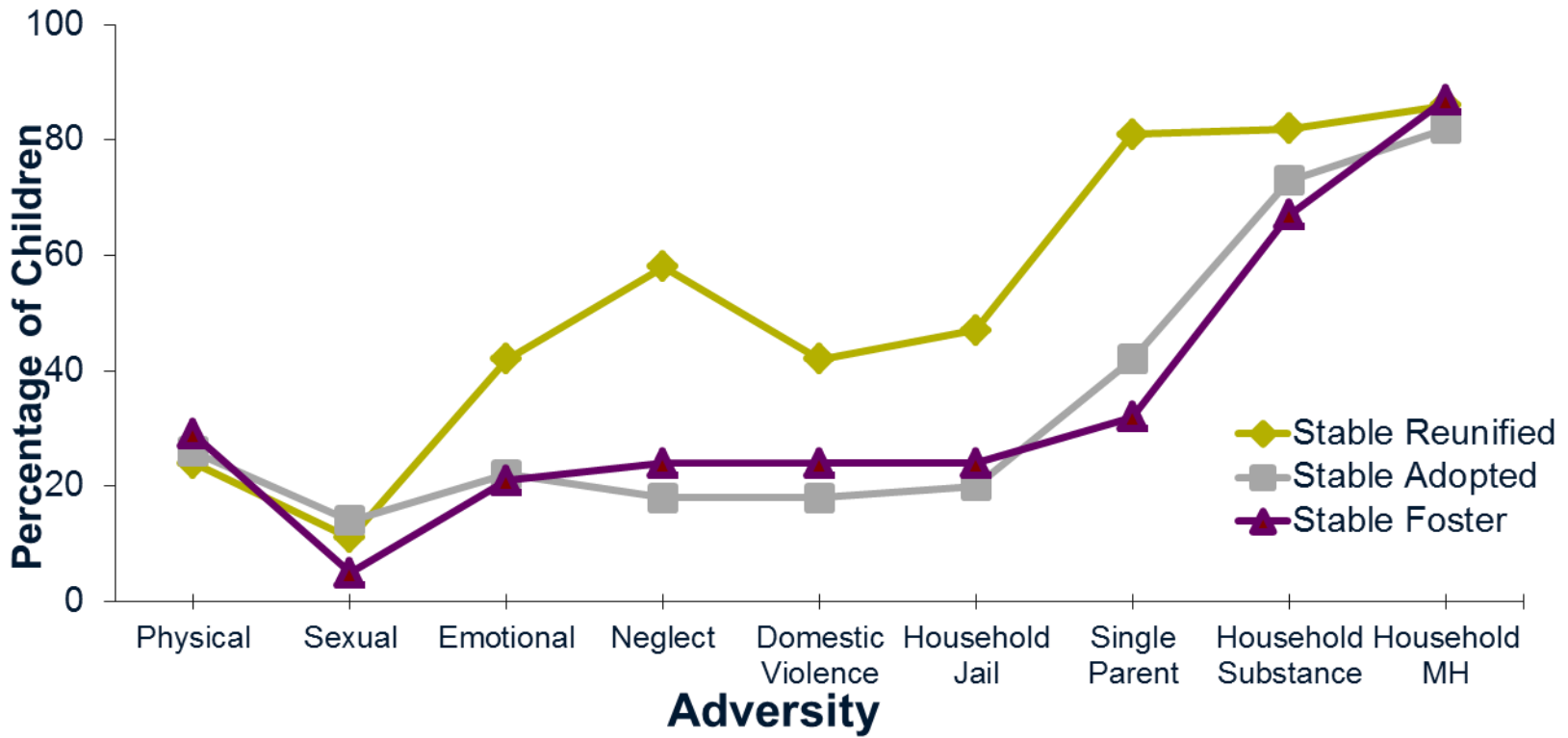
- No single type of victimization definitively predicts worse outcomes for children.
- Maltreated children are typically exposed to multiple forms of maltreatment, including witnessing violence, over their lifetimes

● ● ● | **Witnessed violence**

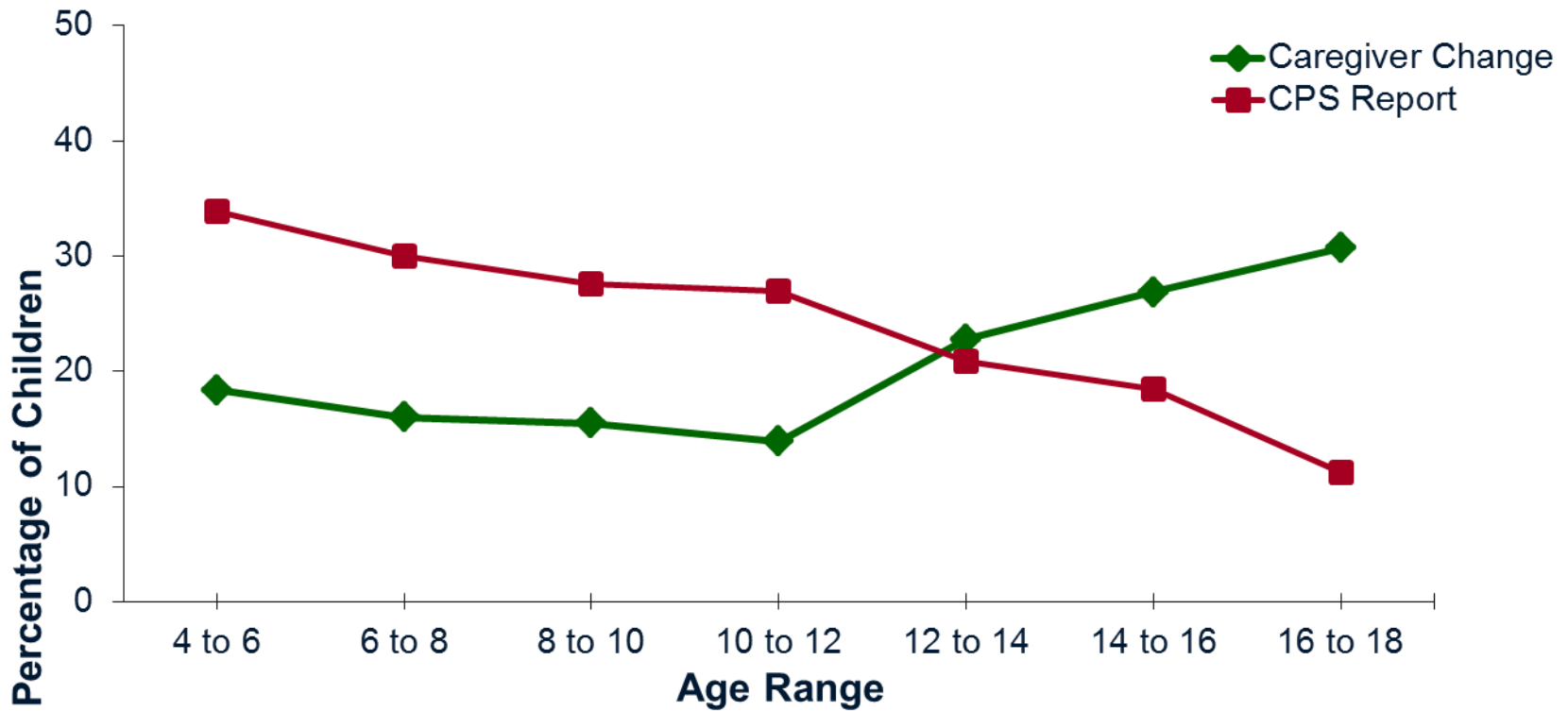
- Violence in the home has negative consequences for children even if not directed at the children.
- Violence witnessed in the community has impact similar to violence witnessed in the home (anger, depression, aggression, anxiety)

Ongoing Adversity

Rates for individual Adversities between ages 4 and 18



Permanency





Implications

- Requires a long-term perspective
- Determine services according to a child's maltreatment risk or status, not according to a placement
- Develop policies that address both formal and informal kinship/foster family living situations
- Make services available to parents, families & children living in both formal & informal kinship care
 - e.g., Financial support
 - Support in navigating medical care
 - Comprehensive mental health and substance abuse treatment

Adverse Childhood Experiences

- Mail survey of adults in HMO
- Over 9500 respondents (response rate 70%)
- More than ½ had at least one adversity
- More than ¼ had at least two adversities
- Strong correlation with adult health conditions.



Adverse Childhood Experiences

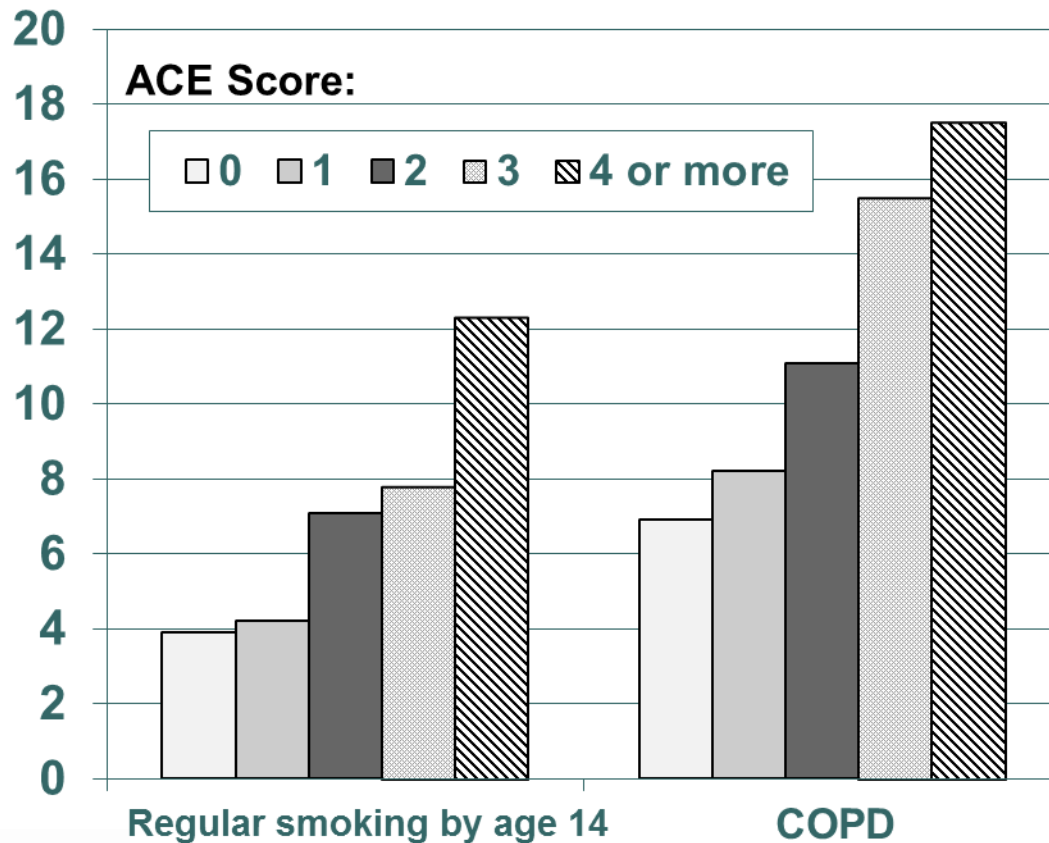
- **Abuse, by Category**

- Psychological (by parents) 11%
- Physical (by parents) 11%
- Sexual (anyone) 22%

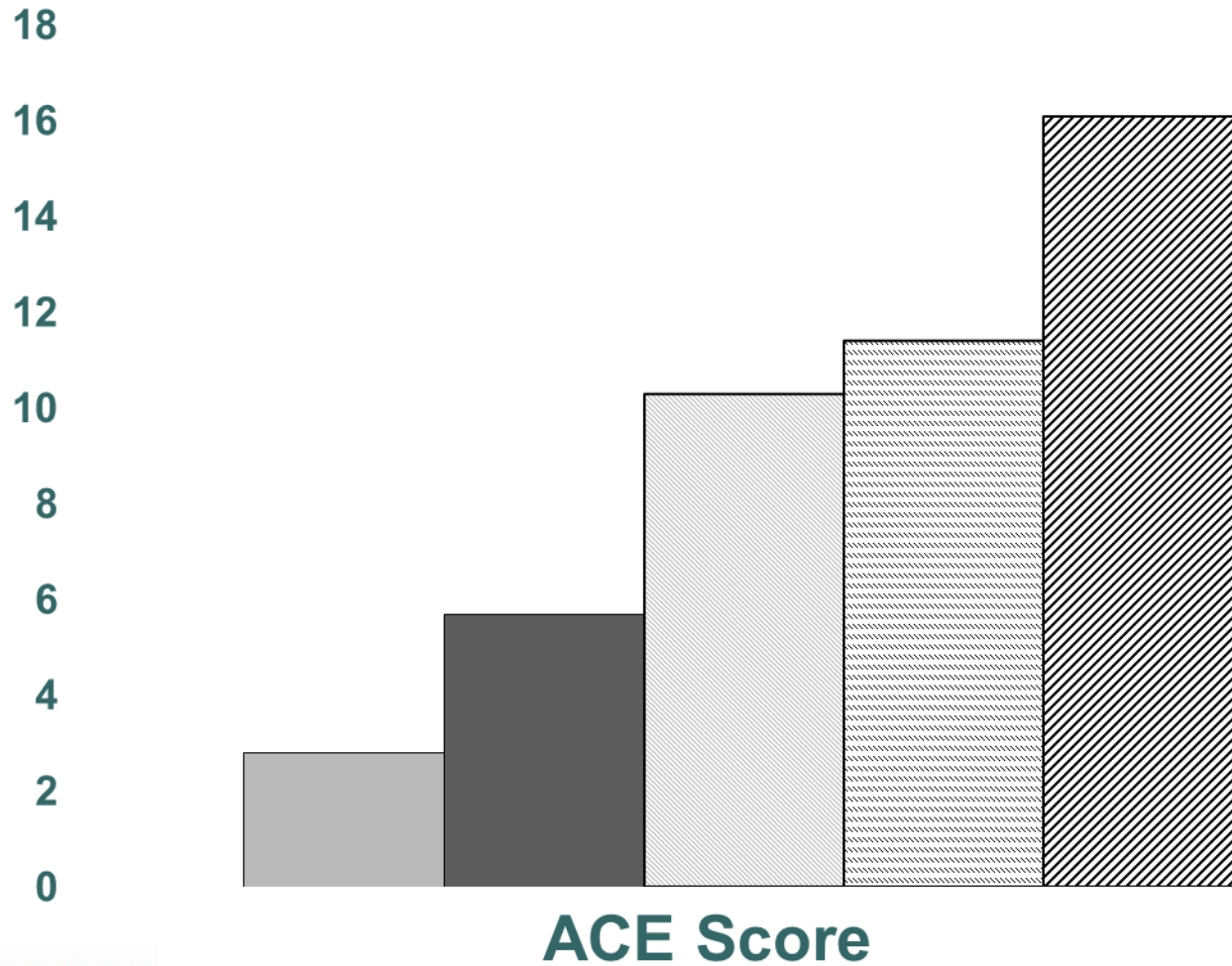
- **Household Dysfunction, by Category**

- Substance Abuse 26%
- Mental Illness 19%
- Mother Treated Violently 13%
- Imprisoned Household Member 3%

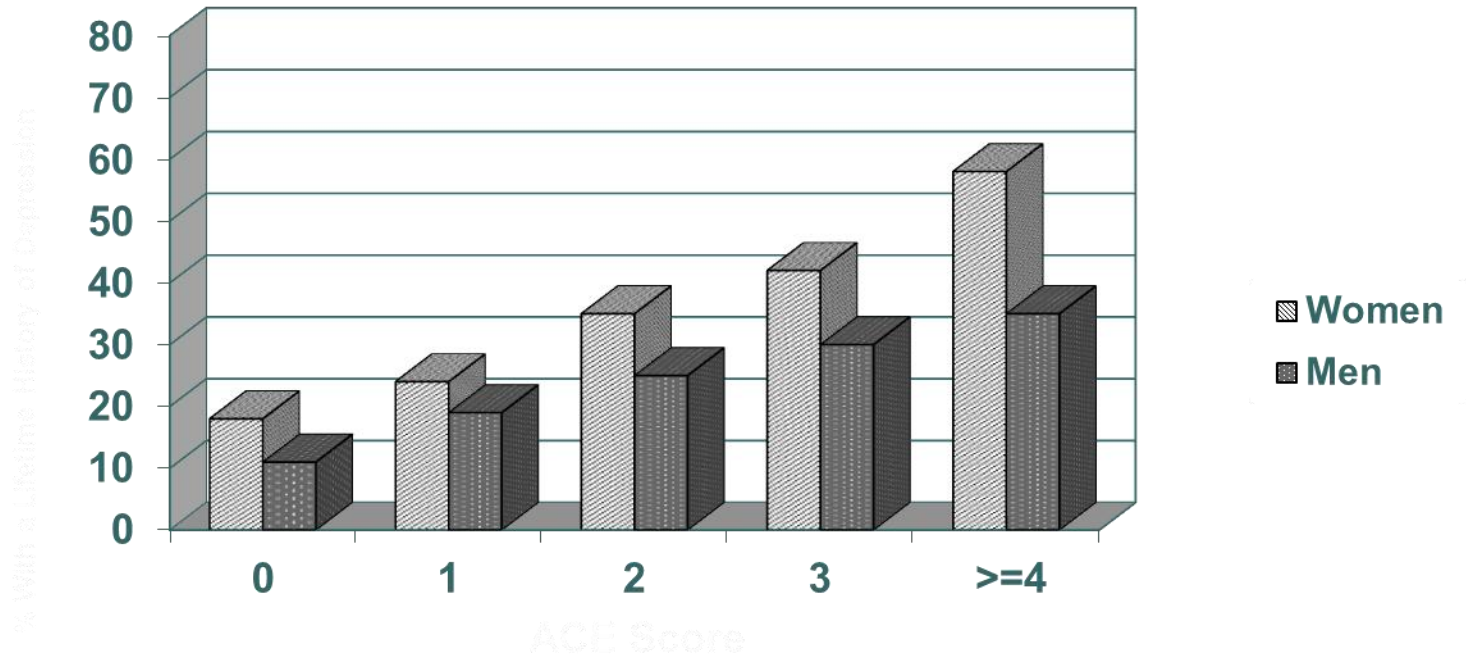
ACE Score and smoking/COPD



ACE score and alcoholism



ACE score and depression





Consequences: ACE Study

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease (IHD)
- Liver disease
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy



Consequences: LONGSCAN, ACE, ADHEALTH

- >5 ACEs more likely to report somatic symptoms, poor health and health condition requiring medical attention
- Those with history of abuse more likely to report weapon carrying (2-4x more likely), early sex (2-3x more likely), early pregnancy (2-3x more likely) and tobacco use (3x more likely).
- Increased risk of juvenile delinquency & adult criminality
- Substance abuse: ACE found that men with 6 or more ACES had a significantly increased risk of using intravenous drugs (4,000 %!)
- Violent and Abusive Behavior: elevated risk for perpetration of IPV (National Longitudinal Study of Adolescent Health)



Conclusions

- Children at greatest risk for maltreatment can often be identified by virtue of risk.
- Those risks are closely related to ‘adverse childhood experiences.’ ACEs are common.
- ACEs and maltreatment confer significant short and long term risk of many physical and mental health conditions.
- Prevention, screening, and treatment occur throughout a continuum of services.
- A long-term approach for the most vulnerable children.