Child Welfare Information Gateway

PROTECTING CHILDREN ■ STRENGTHENING FAMILIES

FACTSHEET

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https://www.childwelfare.gov/pubs/factsheets/sp_long_term_consequences.cfm

Long-Term Consequences of Child Abuse and Neglect

For fiscal year (FY) 2011, States reported that 676,569 children were victims of child abuse or neglect (U.S. Department of Health and Human Services, 2012). While physical injuries may or may not be immediately visible, abuse and neglect can have consequences for children, families, and society that last lifetimes, if not generations.

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The impact of child abuse and neglect is often discussed in terms of physical, psychological, behavioral, and societal consequences. In reality, however, it is impossible to separate the types of impacts. Physical consequences, such as damage to a child's growing brain, can have psychological implications, such as cognitive delays or emotional difficulties. Psychological problems often manifest as high-risk behaviors. Depression and anxiety, for example, may make a person more likely to smoke, abuse alcohol or drugs, or overeat. High-risk behaviors, in turn, can lead to long-term physical health problems, such as sexually transmitted diseases, cancer, and obesity. Not all children who have been abused or neglected will experience long-

The Federal Government has made a considerable investment in research on the causes and long-term consequences of child abuse and neglect. These efforts are ongoing; for more information, visit the websites listed below:

Adverse Childhood Experiences (ACE) Study is a collaboration between the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente's Health Appraisal Clinic in San Diego, CA. It is the largest ongoing examination of the correlation between childhood maltreatment and adult health and well-being outcomes. Data are collected from more than 17,000 participants undergoing regular health screenings who provide information about childhood experiences of abuse and neglect. Findings show that certain experiences are risk factors or causes for various illnesses and poor health. http://www.cdc.gov/ace/index.htm

LONGSCAN (Longitudinal Studies of Child Abuse and Neglect) is a consortium of longitudinal research studies on the causes and impact of child abuse and neglect. It was initiated in 1990 with grants from the National Center on Child Abuse and Neglect. The size and diversity of the sample (1,354 children from five distinct geographical areas) enables LONGSCAN researchers to examine the relative impact of various forms of maltreatment, alone and in combination. LONGSCAN studies also evaluate the effectiveness of child protection and child welfare services. http://www.iprc.unc.edu/longscan

NSCAW (The National Survey of Child and Adolescent Well-Being) is a project of the Administration on Children, Youth and Families to describe the child welfare system and the experiences of children and families who come in contact with the system. Survey data are collected from firsthand reports of children, parents, and other caregivers, as well as reports from caseworkers, teachers, and administrative records. NSCAW will continue to follow the life course of these children to gather data about services received during subsequent periods, measures of child well-being, and longer term results for the study population. This information will provide a clearer understanding of life outcomes for children and families involved with child welfare. http://www.acf.hhs.gov/programs/opre/research/project/national-survey-of-child-and-adolescent-well-being-nscaw-1

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term consequences, but they may have an increased susceptibility.

This factsheet explains the long-term physical, psychological, behavioral, and societal consequences of child abuse and neglect. For more information on abuse and neglect, including definitions, the different types, and the signs and symptoms, read Child Welfare Information Gateway's *What Is Child Abuse and Neglect? Recognizing the Signs and Symptoms:* https://www.childwelfare.gov/pubs/factsheets/whatiscan.cfm

Factors Affecting the Consequences of Child Abuse and Neglect

Individual outcomes vary widely and are affected by a combination of factors, including:

- The child's age and developmental status when the abuse or neglect occurred
- The type of maltreatment (physical abuse, neglect, sexual abuse, etc.)
- The frequency, duration, and severity of the maltreatment
- The relationship between the child and the perpetrator

Researchers also have begun to explore why, given similar conditions, some children experience long-term consequences of abuse and neglect while others emerge relatively unscathed. The ability to cope, and even thrive, following a negative experience is often referred to as "resilience." It is important to note that resilience is not an inherent trait in children but results from a mixture of both risk and protective factors that cause a child's positive or negative reaction to adverse experiences. A number of protective and promotive factors—individually, within a family, or within a community—may contribute to an abused or neglected child's resilience. These include positive attachment, self-esteem, intelligence, emotion regulation, humor, and independence (Shaffer, 2012).

Physical Health Consequences

The immediate physical effects of abuse or neglect can be relatively minor (bruises or cuts) or severe (broken bones, hemorrhage, or even death). In some cases, the physical effects are temporary; however, the pain and suffering they cause a child should not be discounted.

Child abuse and neglect can have a multitude of long-term effects on physical health. NSCAW researchers found that, at some point during the 3 years following a maltreatment investigation, 28 percent of children had a chronic health condition (Administration for Children and Families, Office of Planning, Research and Evaluation [ACF/OPRE], 2007). Below are some outcomes other researchers have identified:

Abusive head trauma. Abusive head trauma, an inflicted injury to the head and its contents caused by shaking and blunt impact, is the most common cause of traumatic death for infants. The injuries

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may not be immediately noticeable and may include bleeding in the eye or brain and damage to the spinal cord and neck. Significant brain development takes place during infancy, and this important development is compromised in maltreated children. One in every four victims of shaken baby syndrome dies, and nearly all victims experience serious health consequences (CDC, n.d.).

Impaired brain development. Child abuse and neglect have been shown to cause important regions of the brain to fail to form or grow properly, resulting in impaired development. These alterations in brain maturation have long-term consequences for cognitive, language, and academic abilities and are connected with mental health disorders (Tarullo, 2012). Disrupted neurodevelopment as a result of maltreatment can cause children to adopt a persistent fear state as well as attributes that are normally helpful during threatening moments but counterproductive in the absence of threats, such as hypervigilance, anxiety, and behavior impulsivity (Perry, 2012). Child Welfare Information Gateway has produced two publications on the impact of maltreatment on brain development.
Supporting Brain Development in Traumatized Children and Youth: https://www.childwelfare.gov/pubs/braindevtrauma.pdf
Understanding the Effects of Maltreatment on Brain Development: https://www.childwelfare.gov/pubs/issue_briefs/brain_development/brain_development.pdf

Poor physical health. Several studies have shown a relationship between various forms of child maltreatment and poor health. Adults who experienced abuse or neglect during childhood are more likely to suffer from cardiovascular disease, lung and liver disease, hypertension, diabetes, asthma, and obesity (Felitti & Anda, 2009). Specific physical health conditions are also connected to maltreatment type. One study showed that children who experienced neglect were at increased risk for diabetes and poorer lung functioning, while physical abuse was shown to increase the risk for diabetes and malnutrition (Widom, Czaja, Bentley, & Johnson, 2012). Additionally, child maltreatment has been shown to increase adolescent obesity. A longitudinal study found that children who experienced neglect had body mass indexes that grew at significantly faster rates compared to children who had not experienced neglect (Shin & Miller, 2012).

Psychological Consequences

The immediate emotional effects of abuse and neglect—isolation, fear, and an inability to trust—can translate into lifelong psychological consequences, including low self-esteem, depression, and relationship difficulties. Researchers have identified links between child abuse and neglect and the following:

Difficulties during infancy. Of children entering foster care in 2010, 16 percent were younger than 1 year. When infants and young children enter out-of-home care due to abuse or neglect, the trauma of a primary caregiver change negatively affects their attachments (ACF/OPRE, 2012a). Nearly

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half of infants in foster care who have experienced maltreatment exhibit some form of cognitive delay and have lower IQ scores, language difficulties, and neonatal challenges compared to children who have not been abused or neglected (ZERO TO THREE, 2011).

Poor mental and emotional health. Experiencing childhood trauma and adversity, such as physical or sexual abuse, is a risk factor for borderline personality disorder, depression, anxiety, and other psychiatric disorders. One study using ACE data found that roughly 54 percent of cases of depression and 58 percent of suicide attempts in women were connected to adverse childhood experiences (Felitti & Anda, 2009). Child maltreatment also negatively impacts the development of emotion regulation, which often persists into adolescence or adulthood (Messman-Morre, Walsh, & DiLillo, 2010).

Cognitive difficulties. NSCAW researchers found that children with substantiated reports of maltreatment were at risk for severe developmental and cognitive problems, including grade repetition (ACF/OPRE, 2012b). In its final report on the second NSCAW study (NSCAW II), more than 10 percent of school-aged children and youth showed some risk of cognitive problems or low academic achievement, 43 percent had emotional or behavioral problems, and 13 percent had both (ACF/OPRE, 2011).

Social difficulties. Children who experience neglect are more likely to develop antisocial traits as they grow up. Parental neglect is associated with borderline personality disorders, attachment issues or affectionate behaviors with unknown/little-known people, inappropriate modeling of adult behavior, and aggression (Perry, 2012).

Behavioral Consequences

Not all victims of child abuse and neglect will experience behavioral consequences. However, behavioral problems appear to be more likely among this group. According to NSCAW, more than half of youth reported for maltreatment are at risk for an emotional or behavioral problem (ACF/OPRE, 2012b). Child abuse and neglect appear to make the following more likely:

Difficulties during adolescence. NSCAW data show that more than half of youth with reports of maltreatment are at risk of grade repetition, substance abuse, delinquency, truancy, or pregnancy (ACF/OPRE, 2012b). Other studies suggest that abused or neglected children are more likely to engage in sexual risk-taking as they reach adolescence, thereby increasing their chances of contracting a sexually transmitted disease. Victims of child sexual abuse also are at a higher risk for rape in adulthood, and the rate of risk increases according to the severity of the child sexual abuse experience(s) (Felitti & Anda, 2009; Messman-Morre, Walsh, & DiLillo, 2010).

Juvenile delinquency and adult criminality. Several studies have documented the correlation between child abuse and future juvenile delinquency. Children who have experienced abuse are nine times more likely to become involved

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in criminal activities (Gold, Wolan Sullivan, & Lewis, 2011).

Alcohol and other drug abuse. Research consistently reflects an increased likelihood that children who have experienced abuse or neglect will smoke cigarettes, abuse alcohol, or take illicit drugs during their lifetime. In fact, male children with an ACE Score of 6 or more (having six or more adverse childhood experiences) had an increased likelihood—of more than 4,000 percent—to use intravenous drugs later in life (Felitti & Anda, 2009).

Abusive behavior. Abusive parents often have experienced abuse during their own childhoods. Data from the Longitudinal Study of Adolescent Health showed that girls who experienced childhood physical abuse were 1–7 percent more likely to become perpetrators of youth violence and 8–10 percent more likely to be perpetrators of interpersonal violence (IPV). Boys who experienced childhood sexual violence were 3–12 percent more likely to commit youth violence and 1–17 percent more likely to commit IPV (Xiangming & Corso, 2007).

Societal Consequences

While child abuse and neglect usually occur within the family, the impact does not end there. Society as a whole pays a price for child abuse and neglect, in terms of both direct and indirect costs.

Direct costs. The lifetime cost of child maltreatment and related fatalities in 1 year totals $124 billion, according to a study funded by the CDC. Child maltreatment is more costly on an annual basis than the two leading health concerns, stroke and type 2 diabetes (Xiangming, Brown, Florence, & Mercy, 2012). On the other hand, programs that prevent maltreatment have shown to be cost effective. The U.S. Triple P System Trial, funded by the CDC, has a benefit/cost ratio of $47 in benefits to society for every $1 in program costs (Mercy, Saul, Turner, & McCarthy, 2011).

Indirect costs. Indirect costs represent the long-term economic consequences to society because of child abuse and neglect. These include costs associated with increased use of our health-care system, juvenile and adult criminal activity, mental illness, substance abuse, and domestic violence. Prevent Child Abuse America estimates that child abuse and neglect prevention strategies can save taxpayers $104 billion each year. According to the Schuyler Center for Analysis and Advocacy (2011), every $1 spent on home visiting yields a $5.70 return on investment in New York, including reduced confirmed reports of abuse, reduced family enrollment in Temporary Assistance for Needy Families, decreased visits to emergency rooms, decreased arrest rates for mothers, and increased monthly earnings. One study found that all eight categories of adverse childhood experiences were associated with an increased likelihood of employment problems, financial problems, and absenteeism (Anda et al., 2004). The authors assert that these long-term costs—to the workforce and to society—are preventable.

Prevention Practice and Strategies

To break the cycle of maltreatment and reduce the likelihood of long-term consequences, communities across the

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country must continue to develop and implement strategies that prevent abuse or neglect from happening. While experts agree that the causes of child abuse and neglect are complex, it is possible to develop prevention initiatives that address known risk factors.

For more information, visit Information Gateway's Preventing Child Abuse and Neglect web section: https://www.childwelfare.gov/preventing/

Trauma-Informed Practice

While the priority is to prevent child abuse and neglect from occurring, it is equally important to respond to those children and adults who have experienced abuse and neglect. Over the past 30 years, researchers and practitioners have developed a better understanding of the effects of trauma. More has been done in the way of developing supports to address these effects, build resiliency, and, hopefully, prevent further trauma. Trauma-informed practice refers to the services and programs specifically designed to address and respond to the impact of traumatic stress. The importance of this approach has become especially evident in the child welfare system, as a majority of children and families involved with child welfare have experienced some form of past trauma. When human service systems recognize and respond to the impact of trauma and use this knowledge to adapt policies and practices, children, youth, and families benefit (Wilson, 2012).

The National Child Traumatic Stress Network strives to raise the standard of care and improve access to services for traumatized children, their families, and communities: http://www.nctsn.org/

For more information on trauma-informed practice, visit Information Gateway's Treatment and Trauma-Informed Care web section: https://www.childwelfare.gov/responding/trauma.cfm

Summary

There is a significant body of ongoing research on the consequences of child abuse and neglect. The effects vary depending on the circumstances of the abuse or neglect, personal characteristics of the child, and the child's environment. Consequences may be mild or severe; disappear after a short period or last a lifetime; and affect the child physically, psychologically, behaviorally, or in some combination of all three ways. Ultimately, due to related costs to public entities such as the health-care, human services, and educational systems, abuse and neglect impact not just the child and family, but society as a whole. Therefore, it is imperative for communities to provide a framework of prevention strategies and services before abuse and neglect occur and to be prepared to offer remediation and treatment when necessary.

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Resources on Child Welfare Information Gateway

Child Abuse and Neglect
https://www.childwelfare.gov/can/

Definitions of Child Abuse and Neglect
https://www.childwelfare.gov/can/defining/

Preventing Child Abuse and Neglect
https://www.childwelfare.gov/preventing/

Reporting Child Abuse and Neglect
https://www.childwelfare.gov/responding/reporting.cfm

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