

Long-Term Consequences of Child Abuse and Neglect

An estimated 872,000 children were victims of child abuse or neglect in 2004 (U.S. Department of Health and Human Services, 2006). 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.

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 them completely. 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 illicit drugs, or overeat. High-risk behaviors, in turn, can lead to long-term physical health problems such as sexually transmitted diseases, cancer, and obesity.

This factsheet provides an overview of some of the most common physical, psychological, behavioral, and societal consequences of child abuse and neglect, while acknowledging that much crossover among categories exists.

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

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, initiated in 1990 with grants from the National Center on Child Abuse and Neglect.

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.

www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/index.html

Factors Affecting the Consequences of Child Abuse

Not all abused and neglected children will experience long-term consequences. Outcomes of individual cases 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 abuse (physical abuse, neglect, sexual abuse, etc.)

- Frequency, duration, and severity of abuse
- The relationship between the victim and his or her abuser (Chalk, Gibbons, & Scarupa, 2002).

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 sometimes referred to as "resilience." A number of protective factors may contribute to an abused or neglected child's resilience. These include individual characteristics, such as optimism, self-esteem, intelligence, creativity, humor, and independence. Protective factors can also include the family or social environment, such as a child's access to social support; in particular, a caring adult in the child's life can be an important protective factor. Community well-being, including neighborhood stability and access to health care, is also a protective factor (Thomlison, 1997).

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. Meanwhile, the long-term impact of child abuse and neglect on physical health is just beginning to be explored. Below are some outcomes researchers have identified:

- Shaken baby syndrome. The immediate effects of shaking a baby, which is a common form of child abuse in infants, can include vomiting, concussion, respiratory distress, seizures, and death. Long-term consequences can include blindness, learning disabilities, mental retardation, cerebral palsy, or paralysis (Conway, 1998).
- Impaired brain development. Child abuse and neglect have been shown, in some cases, to cause important regions of the brain to fail to form properly, resulting in impaired physical, mental, and emotional development (Perry, 2002; Shore, 1997). In other cases, the stress of chronic abuse causes a "hyperarousal" response by certain areas of the brain, which may result in hyperactivity, sleep disturbances, and anxiety, as well as increased vulnerability to post-traumatic stress disorder, attention deficit/hyperactivity disorder, conduct disorder, and learning and memory difficulties (Dallam, 2001; Perry, 2001).

Poor physical health. A study of 700 children who had been in foster care for 1 year found that more than one-quarter of the children had some kind of recurring physical or mental health problem (U.S. Department of Health and Human Services, 2003). A study of 9,500 HMO participants showed a relationship between various forms of household dysfunction (including childhood abuse) and long-term health problems such as sexually transmitted diseases, heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease (Felitti et al., 1998; Hillis, Anda, Felitti, Nordenberg, & Marchbanks, 2000).

Psychological Consequences

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

- Poor mental and emotional health. In one long-term study, as many as 80 percent of young adults who had been abused met the diagnostic criteria for at least one psychiatric disorder at age 21. These young adults exhibited many problems, including depression, anxiety, eating disorders, and suicide attempts (Silverman, Reinherz, & Giaconia, 1996).
- Other psychological and emotional conditions associated with abuse and neglect include panic disorder, dissociative disorders, attention-deficit/hyperactivity disorder, posttraumatic stress disorder, and reactive attachment disorder (Teicher, 2000).
- Cognitive difficulties. The National Survey of Child and Adolescent Well-Being found that children placed in out-of-home care due to abuse or neglect tended to score lower than the general population on measures of cognitive capacity, language development, and academic achievement (U.S. Department of Health and Human Services, 2003).
- Social difficulties. Children who are abused and neglected by caretakers often do not form secure attachments to them. These early attachment difficulties can lead to later difficulties in relationships with other adults as well as with peers (Morrison, Frank, Holland, & Kates, 1999).

Behavioral Consequences

Not all victims of child abuse and neglect will experience behavioral consequences; however, child abuse and neglect appear to make the following more likely:

- Difficulties during adolescence. Studies have found abused and neglected children to be at least 25 percent more likely to experience problems such as delinquency, teen pregnancy, low academic achievement, drug use, and mental health problems (Kelley, Thornberry, & Smith, 1997).
- Juvenile delinquency and adult criminality. A National Institute of Justice study indicated being abused or neglected as a child increased the likelihood of arrest as a juvenile by 59 percent. Abuse and neglect increased the likelihood of adult criminal behavior by 28 percent and violent crime by 30 percent (Widom & Maxfield, 2001).
- Alcohol and other drug abuse. Research consistently reflects an increased likelihood that abused and neglected children will smoke cigarettes, abuse alcohol, or take illicit drugs. According to a report from the National Institute on Drug Abuse, as many as two-thirds of people in drug treatment programs reported being abused as children (Swan, 1998).
- Abusive behavior. Abusive parents often have experienced abuse during their own childhoods. It is estimated approximately one-third of abused and neglected children will eventually victimize their own children (Prevent Child Abuse New York, 2003).

Societal Consequences

While child abuse and neglect almost always 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. Direct costs include those associated with maintaining a child welfare system to investigate allegations of child abuse and neglect, as well as expenditures by the judicial, law enforcement, health, and mental health systems to respond to and treat abused children and their families. A 2001 report by Prevent Child Abuse America estimates these costs at \$24 billion per year.

Indirect costs. Indirect costs represent the long-term economic consequences of child abuse and neglect. These include juvenile and adult criminal activity, mental illness, substance abuse, and domestic violence. They can also include loss of productivity due to unemployment and underemployment, the cost of special education services, and increased use of the health care system. Prevent Child Abuse America recently estimated these costs at more than \$69 billion per year (2001).

Summary

Much research has been done about the possible 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.

References

- Chalk, R., Gibbons, A., & Scarupa, H. J. (2002). The multiple dimensions of child abuse and neglect: New insights into an old problem. Washington, DC: Child Trends. Retrieved April 27, 2006, from www.childtrends.org/Files/ChildAbuseRB.pdf (PDF - 82 KB)
- Conway, E. E. (1998). Nonaccidental head injury in infants: The shaken baby syndrome revisited. *Pediatric Annals*, 27(10), 677-690.
- Dallam, S. J. (2001). The long-term medical consequences of childhood maltreatment. In K. Franey, R. Geffner, & R. Falconer (Eds.), *The cost of child maltreatment: Who pays? We all do*. San Diego, CA: Family Violence & Sexual Assault Institute.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine* 14(4), 245-258.
- Hillis, S. D., Anda, R. F., Felitti, V. J., Nordenberg, D., & Marchbanks, P. A. (2000). Adverse childhood experiences and sexually transmitted diseases in men and women: A retrospective study. *Pediatrics*, 106(1).
- Kelley, B. T., Thornberry, T. P., & Smith, C. A. (1997). In the wake of childhood maltreatment. Washington, DC: National Institute of Justice. Retrieved April 27, 2006, from <http://www.ncjrs.gov/pdffiles1/165257.pdf> (PDF - 221 KB)
- Morrison, J. A., Frank, S. J., Holland, C. C., & Kates, W. R. (1999). Emotional development and disorders in young children in the child welfare system. In J. A. Silver, B. J. Amster, & T.

Haecker (Eds.), *Young children and foster care: A guide for professionals* (pp. 33-64). Baltimore, MD: Paul H. Brookes.

Perry, B. D. (2001). The neurodevelopmental impact of violence in childhood. In D. Schetky & E. Benedek (Eds.), *Textbook of child and adolescent forensic psychiatry* (pp. 221-238). Washington, DC: American Psychiatric Press. Retrieved April 27, 2006, from the Child Trauma Academy website: www.childtrauma.org/CTAMATERIALS/Vio_child.asp

Perry, B. D. (2002). Childhood experience and the expression of genetic potential: What childhood neglect tells us about nature and nurture. *Brain and Mind*, 3, 79-100.

Prevent Child Abuse America. (2001). Total estimated cost of child abuse and neglect in the United States. Retrieved April 27, 2006, from http://member.preventchildabuse.org/site/DocServer/cost_analysis.pdf?docID=144 (PDF - 217 KB)

Prevent Child Abuse New York. (2003). The costs of child abuse and the urgent need for prevention. Retrieved April 27, 2006, from <http://pca-ny.org/pdf/cancost.pdf> (PDF - 146 KB)

Shore, R. (1997). *Rethinking the brain*. New York: Families and Work Institute.
Silverman, A. B., Reinherz, H. Z., & Giaconia, R. M. (1996). The long-term sequelae of child and adolescent abuse: A longitudinal community study. *Child Abuse and Neglect*, 20(8), 709-723.

Swan, N. (1998). Exploring the role of child abuse on later drug abuse: Researchers face broad gaps in information. *NIDA Notes*, 13(2). Retrieved April 27, 2006, from the National Institute on Drug Abuse website: www.nida.nih.gov/NIDA_Notes/NNVol13N2/exploring.html

Teicher, M. D. (2000). Wounds that time won't heal: The neurobiology of child abuse. *Cerebrum: The Dana Forum on brain science*, 2(4), 50-67.
Thomlison, B. (1997). Risk and protective factors in child maltreatment. In M. W. Fraser (Ed.), *Risk and resilience in childhood: An ecological perspective*. Washington, DC: NASW Press.

U.S. Department of Health and Human Services. (2006). *Child maltreatment 2004*. Washington, DC: Government Printing Office. Retrieved April 27, 2006, from <http://www.acf.hhs.gov/programs/cb/pubs/cm04/cm04.pdf> (PDF - 1826 KB)
U.S. Department of Health and Human Services. (2003). *National Survey of Child and Adolescent Well-Being: One year in foster care wave 1 data analysis report*. Retrieved April 27, 2006: - [CLICK HERE for Article](#)

Widom, C. S., & Maxfield, M. G. (2001). *An update on the 'cycle of violence.'* Washington, DC: National Institute of Justice. Retrieved April 27, 2006, from www.ncjrs.gov/pdffiles1/nij/184894.pdf (PDF - 127 KB)

Additional Resources

Publications

Child Welfare Information Gateway. (2001). In focus: Understanding the effects of maltreatment on early brain development. Retrieved April 27, 2006, from www.childwelfare.gov/pubs/focus/earlybrain/earlybrainb.cfm

Goldman, J., Salus, M.K., Wolcott, D., & Kennedy, K.Y. (2003). A coordinated response to child abuse and neglect: The foundation for practice. Child Abuse and Neglect User Manual Series. Washington, DC: Government Printing Office. Retrieved April 27, 2006, from www.childwelfare.gov/pubs/usermanuals/foundation/index.cfm

Runyan, D.K., Curtis, P.A., Hunter, W.M., Black, M.M., Kotch, J.B., Bangdiwals, S., et al. (1998). Longscan: A consortium for longitudinal studies of maltreatment and the life course of children. *Aggression and Violent Behavior* 3(3), 275-285.

Websites

Child Abuse and Neglect
www.childwelfare.gov/can

Resources and information from the Child Welfare Information Gateway website about child maltreatment, including definitions, signs and symptoms, statistics, types, risk and protective factors, impact, and child fatalities.

This issue of the **NASET Classroom Management Series** is reprinted from:

Child Welfare Information Gateway

Year Published: 2006