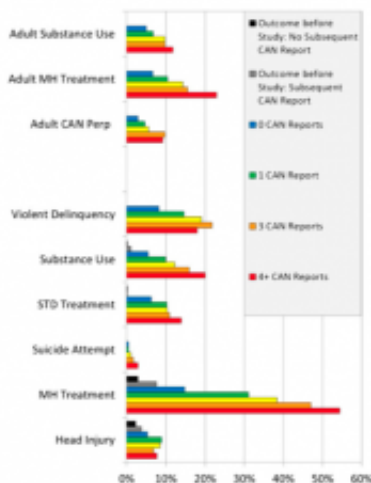


# Study finds chronic child abuse strong indicator of negative adult experiences

May 15 2012, By Jessica Martin



This chart illustrates the individual childhood and adult outcomes according to the number of reports that occurred before the event of interest. Because it was possible for some children to enter the study period with a pre-existing condition, these are indicated as gray or black bars with the legend indicating the outcome occurred “before the study.” Chronicity is associated with increasing risk for all but child maltreatment perpetration, violent delinquency, and head or brain injury. In these cases, there is a slight decline in prevalence for the highest category compared with middle categories, but in all cases having reports was associated with higher rates of outcomes.

(Medical Xpress) -- Child abuse or neglect are strong predictors of major health and emotional problems, but little is known about how the chronicity of the maltreatment may increase future harm apart from

other risk factors in a child's life.

In a new study published in the current issue of the journal *Pediatrics*, Melissa Jonson-Reid, PhD, child welfare expert and a professor at the Brown School at Washington University in St. Louis, looked at how chronic maltreatment impacted the future health and behavior of children and adults.

The study tracked children by number of child maltreatment reports (zero to four or more) and followed the children into early adulthood, by which time some of the children had become parents.

The study sought to determine how well the number of child maltreatment reports predicted poor outcomes in adolescence, such as delinquency, substance abuse in the teen years or getting a sexually transmitted disease.

“For every measure studied, a more chronic history of child maltreatment reports was powerfully predictive of worse outcomes,” Jonson-Reid says.

“For most outcomes, having a single maltreatment report put children at a 20 percent to 50 percent higher risk than non-maltreated comparison children.

In addition, a series of adult outcomes were tracked to see if the chronicity of maltreatment still mattered after controlling for the poor outcomes in adolescence. Adult outcomes included adult substance abuse or growing up and having children whom they then maltreated.

“In models of adult outcomes, children with four or more reports were about least twice as likely to later abuse their own children and have contact with the mental health system, even when controlling for the

negative outcomes during adolescence.”

Jonson-Reid says that there appears to be good reason to put resources into preventing ongoing maltreatment.

“Successfully interrupting chronic [child maltreatment](#) may well reduce risk of a wide range of other costly child and adolescent health and behavioral problems,” she says.

Jonson-Reid cites a recently published Centers for Disease Control and Prevention study estimating lifetime costs for a single year’s worth of children reported for maltreatment at \$242 billion.

([www.sciencedirect.com/science/.../S0145213411003140](http://www.sciencedirect.com/science/.../S0145213411003140))

“What our study illustrates is that these costs are even more likely to accrue for children who continue to be re-reported,” she says.

The study also found that maltreatment predicts a range of negative adolescent outcomes, and those adolescent outcomes then predict poor adult outcomes.

“If the poor outcomes in adolescence can be dealt with effectively, then later adult outcomes may also be forestalled,” Jonson-Reid says.

“Our findings could therefore be interpreted as supporting many current evidence-based interventions that seek to improve behavioral and social functioning among [children](#) and adolescents who have experienced trauma like abuse or [neglect](#).”

Jonson-Reid co-authored the study, “Child and Adult Outcomes of Chronic Child [Maltreatment](#),” with fellow Brown School faculty members Patricia L. Kohl, PhD, associate professor, and F. Brett Drake, PhD, professor.

**More information:** To view the full study visit:  
[pediatrics.aappublications.org ... s.2011-2529.abstract](https://pediatrics.aappublications.org/lookup/doi/10.1177/0885265520112529)

Provided by Washington University in St. Louis

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