

**ENSURING SAFETY, WELL-BEING
AND PERMANENCY FOR
OUR CHILDREN**

**FINDINGS, PRACTICE AND POLICY
IMPLICATIONS FROM LONGSCAN:
THE 20-YEAR LONGITUDINAL
STUDIES OF
CHILD ABUSE AND NEGLECT**



UNC

INJURY PREVENTION
RESEARCH CENTER

LONGSCAN was funded for two decades by the Children's Bureau's Office of Child Abuse and Neglect, ACF, with additional funding received from NIH and CDC

LONGSCAN: SCIENCE TO PRACTICE was funded by a grant from the Doris Duke Charitable Foundation to the UNC Injury Prevention Research Center

TABLE OF CONTENTS

1. *Introduction*
2. *List of Investigators*
3. *Summary of Findings and Implications*
4. *References*



INTRODUCTION

LONGSCAN is the acronym for the Longitudinal Studies of Child Abuse and Neglect. In 1989 a call was issued by the National Center on Child Abuse and Neglect for a multisite, longitudinal study of the antecedents and consequences of abuse and neglect. Under a coordinating center at UNC-Chapel Hill, five US study sites have shared common measurement, study protocols and analysis strategies for over 20 years. The project began with the vision that collaboration among investigators and a commitment to shared study design would produce a study that was greater as a whole than it would have been in parts. LONGSCAN began in earnest in 1991 with the approval of a protocol that went far beyond the original vision by proposing that it be a 20-year study. The caveat: new proposals would need to be submitted for peer review every five years for continued funding.

LONGSCAN has been an interdisciplinary project, with pediatrics, social work, psychology and public health represented among the investigators. Measurement was developed from a conceptual model and in negotiation among the investigators. As technology developed, LONGSCAN moved from paper and pencil interviews to computer-based interviews to audio computer assisted self-interviews. As the LONGSCAN children, originally recruited prior to age 4, grew, we were committed to measuring an accurate exposure to maltreatment. We went from careful recoding of Child Protective Services narratives to asking the children themselves. Outcomes at young ages were assessed by parent report and observation of the children, while increasing child self-report and teacher reports as children aged.

The results were both evolutionary and revolutionary. The LONGSCAN investigators, with support from the Doris Duke Charitable Foundation, have reviewed the more than 130 peer reviewed publications and 25 doctoral dissertations completed to date from LONGSCAN and identified the findings that are likely to have the most impact on how children can be protected from and aided after maltreatment. These findings were shared with key stakeholders across the country in small group meetings, including adults who as children were involved with Child Protective Services, young adults who were LONGSCAN participants, and representatives from Child Protective Services, Prevent Child Abuse and Casey Family Programs, family and juvenile court, public health, ACLU, mental health, and others. These stakeholders linked our findings to their current practice and policy challenges related to child maltreatment prevention and intervention. This document includes the summary of these findings and the related practice and policy implications identified at our meetings. There are some remarkable observations. The data are rich as we have hours of interview data from a sample of over 900 children who were followed from early childhood to adulthood, during 7 interview waves conducted over 14 years with each child and his or her caregiver, augmented by teacher reports and review of Child Protective Services records.

These findings represent the primary analyses conducted using LONGSCAN data, but the investigators and other scientists continue to work with the data to examine other important issues. The dataset is housed at the National Data Archives

on Child Abuse and Neglect. LONGSCAN's remarkable duration and scope have been noted by the Institute of Medicine in the recent review of child maltreatment research. We are not done; the study continues with a grant supported by the National Institutes of Health and led by Dr. Howard Dubowitz, which will continue to follow the participants, now young adults, into their 20s. We are grateful to the families and youth who have participated in LONGSCAN, and to the strong contributions by the many scientists and investigators who have been part of this work.

Desmond K. Runyan, MD, DrPH

Executive Director, The Kempe Center
for the Prevention and Treatment of Child Abuse and Neglect and
Professor, Department of Pediatrics, University of Colorado School of
Medicine, Anschutz Medical Campus

LONGSCAN Principal Investigators

Desmond Runyan, MD, DrPH	Diana English, PhD	Alan Litrownik, PhD
Howard Dubowitz, MD, MS	Jonathan Kotch, MD, MPH	Richard Thompson, PhD

LONGSCAN Co-Principal Investigators

Maureen Black, PhD	Richard H. Calica, AM, LCSW	Rae Newton, PhD
--------------------	-----------------------------	-----------------

Principal Investigator, From Science to Practice

Elizabeth Dawes Knight, MSW

Senior Communications Advisor, From Science to Practice

Bruce H. Curran, MA, EMBA

LONGSCAN Former Principal and Co-Principal Investigators

Dorothy Browne, DrPH, MSW	John Landsverk, PhD	R.H. (Pete) Starr, Jr, PhD
Patrick Curtis, PhD	Mary Wood Schneider, PhD	

Current and Former LONGSCAN Investigators

Shrikant Bangdiwala, PhD	Elizabeth Dawes Knight, MSW	Stephanie Romney, PhD
Ernestine Briggs, PhD	Terri Lewis, PhD	Jamie Smith, MA
Christine E. Cox, PhD	Ravi Mathew, MS	Jiyoung Kim Tabone, PhD
Mark Everson, PhD	Rebecca Leeb McGuinness, PhD	Miguel Villodas, PhD
Christopher Graham, PhD	Melissa Merrick, PhD	Cindy Weisbart, PsyD
Jon Hussey, PhD, MPH	Barbara Mitchell, PhD	Tisha Wiley, PhD
Inger Davis, PhD	Kate Noonan, PhD	Angiela Zielinski, MSW
Emalee Flaherty, MD	Laura Proctor, PhD	Adam Zolotor, MD, Dr PH
Wanda Hunter, MPH	Scott Roesch, PhD	

FROM SCIENCE TO PRACTICE: FINDINGS AND IMPLICATIONS FROM THE LONGSCAN STUDIES

I) Safety & Health

II) Permanency

III) Well-Being

I) SAFETY & HEALTH

IDENTIFICATION

FINDINGS:

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

- For children who come into contact with CPS at an early age, maltreatment is only one of a multitude of adverse experiences (family dysfunction, drug use, involvement in the criminal justice system, adult mental health, homelessness)
- A report of child abuse or neglect, whether substantiated or not, is a sign that families are under stress, probably from some combination of adversities, and abuse or neglect may be just one of them

IMPLICATIONS:

- Identify highest risk infants prior to birth and at birth in order to prioritize services in the face of shrinking budgets
- Consider cumulative risk as an indicator of need for services
- Access to mental health assessment and treatment for the parents of at-risk or maltreated children is critical to both preventing maltreatment and ameliorating its effects. This includes children who have been exposed to violence in the home

WITNESSED VIOLENCE

FINDINGS:

The risk of aggression, anger, and depression for an 8-year old who witnesses violence is similar to that for a child who actually experiences physical abuse

- Violence in the home, including verbal aggression, female-to-male and male-to-female aggression and violence, has negative consequences for children even if not directed at the children. These may include school problems, mental health problems, and health problems.
- Early problems with aggression often persist into adolescence

IMPLICATIONS:

- Broaden our view of intimate partner aggression and violence (IPAV) to include verbal aggression and violence perpetrated by women
- Address child witnesses, not just child victims, in assessment and intervention
- Increase public awareness of the detrimental effects of IPAV, including verbal aggression and violence perpetrated by women
- All professionals dealing with children should be trained in recognizing and responding to witnessed violence
- As soon as IPAV come to the attention of any professional, offer children in these homes psychological assessment and services
- Increase screening for IPAV by asking children directly about witnessed violence, including verbal aggression and intimate partner violence perpetrated by women

MULTIPLE EXPOSURES

FINDINGS:

No single type of exposure definitively predicts worse outcomes for children

- Maltreated children are typically exposed to multiple forms of maltreatment, including witnessing violence, over their lifetimes
- A history of any form of maltreatment increases the risk for having sexual intercourse by both ages 14 and 16. Conversely, early sexual activity in adolescence is associated with the possibility of a history of maltreatment
- Poor physical health is a long-term issue for abused or neglected children

IMPLICATIONS:

- Assessment of a broad range of experiences, including witnessed violence and psychological maltreatment, is necessary to better match services to needs
- The assessment of maltreatment should be multi-dimensional, including age of onset of maltreatment, its type, severity, and chronicity, and, if possible, the child's self-report, in order to assure capturing complete histories

NEGLECT

FINDINGS:

Early neglect is especially harmful to children, and may be an especially important predictor of youth violence

- Neglect is more difficult to identify than physical abuse
- In children 4 years old and under, neglect is more likely than physical abuse to lead to aggression in later childhood
- Neglect is more likely when fathers feel less effective in parenting

IMPLICATIONS:

- Devote more attention during both assessment and related interventions to very early neglect (<2 years) and psychological neglect
- Reduce barriers to fathers' involvement

PSYCHOLOGICAL MALTREATMENT

FINDINGS:

The overall impact of psychological maltreatment, including psychological neglect, is greater than has been appreciated before now

- Psychological maltreatment is significantly more detrimental to children than is commonly perceived

IMPLICATIONS:

- All professionals dealing with children should be trained to recognize and respond to psychological maltreatment
- In families where psychological maltreatment has been reported, address the need for services for that type of abuse or neglect

SUICIDE

FINDINGS:

Maltreated children may not be safe from themselves; about 20% of abused or neglected children have thoughts of suicide, and these are seen in children as young as 8 years of age

IMPLICATIONS:

- Assess children who are victims of maltreatment for risk of suicidal thoughts and attempts
- Remove barriers to service, including access to training and support around children's mental health needs

II) PERMANENCY

INSTABILITY IN PERMANENT PLACEMENTS

FINDINGS:

“Permanent” placements are frequently not permanent

- Adopted children experience more stability in their permanent placement than other placement types in the short term, but this stability does not necessarily continue through adolescence
- More than half of children who had entered foster care before age 4 had changed caregivers at least once between the ages of 6 and 18 – and some changed caregivers up to 20 times

IMPLICATIONS:

- Expand our concept of stability
- Adopt a long-term perspective; follow children who enter foster care beyond exit

SAFETY IN PERMANENT PLACEMENTS

FINDINGS:

“Permanent” placements do not mean that children are safe. Maltreatment re-reports occur in every permanent placement type

- Reunified youth are most likely to be re-reported for maltreatment
- Patterns of chronic re-reporting were observed in all permanent placement types

IMPLICATIONS:

- Determine services according to a child’s maltreatment history, risk or status, not according to a child’s official placement
- Foster children who are adopted or reunified need continuing services since permanent placements do not ensure a stable environment, as was traditionally thought

MULTIPLE FORMS OF INSTABILITY

FINDINGS:

Placement instability is only one of many forms of instability experienced by former foster youth—even youth in permanent or stable placements experience on-going adversity, including maltreatment, witnessed violence, parental substance abuse, and others

- Even children who did not change caregivers experienced multiple moves, school changes, and household changes (people moving in and out of the home), and ongoing adversity
- Continuing instability is associated with more problems; some adopted youth who appeared to have fewer problems at first evidence more problems later on
- Maltreatment re-reports and caregiver changes following permanency persist to age 18
- Placement changes and maltreatment re-reports do not drop after the initial post-permanency period

IMPLICATIONS:

- Develop policies that address both formal and informal kinship/foster family living situations
- Make services, such as financial support and support in navigating medical care, available to parents, families and children living in both formal and informal kinship care

III) WELL-BEING

ROLE OF THE FATHER

FINDINGS:

Father presence is associated with a number of improved outcomes, including better cognitive development and children's perceived competence

- The presence of a live-in boyfriend increases the risk for maltreatment, relative to the presence of a biological father or no father
- Some fathers may feel intimidated or inadequate as providers of child care
- Children who report more support from fathers were less depressed, more socially competent, and more socially accepted

IMPLICATIONS:

- Remove barriers to fathers' involvement with their children
- Help fathers feel competent in parenting
- Convey to fathers and father figures how their children can benefit from their involvement
- All systems serving children (i.e., child welfare, health care, education) should strive to include fathers

SOCIAL SUPPORT

FINDINGS:

- Social support of caregivers reduces the risk for & consequences of abuse and neglect in children

IMPLICATIONS:

- Continue to promote evidence-based programs, and to evaluate promising programs, that include a social support component

A PUBLIC HEALTH APPROACH

FINDINGS:

The health and well-being of children exposed to multiple risks, including child maltreatment, is a long-term public health issue, and is not limited to children with *founded* maltreatment

- Poor physical health is a long-term issue for children exposed to multiple adversities, including child maltreatment

IMPLICATIONS:

- Use a public health approach to preventing child maltreatment
 - Community-based
 - Data-driven
- Increase the commitment to prevention, including more funding, more primary prevention programming, and research on prevention
- Include child maltreatment and witnessed violence as exposures in federally funded surveys assessing child well-being

For more information on
LONGSCAN and LONGSCAN: From Science to Practice, please visit:

<http://www.iprc.unc.edu/longscan/pages/DDCF/>

REFERENCES, BY TOPIC

Safety and Health

Predicting child maltreatment

Kotch, J.B., Browne, D. C., Dufort, V., Winsor, J., Catellier, D. (1999) Predicting Child Maltreatment in the first 4 year of life from characteristics assessed in the neonatal period. *Child Abuse & Neglect*, 23 (4), 305-319.

Early neglect

Kotch, J. B., Lewis, T., Hussey, J. M., English, D. J., Thompson, R., Litrownik, A. J., Runyan, D. K., Bangdiwala, S. I., Margolis, B., & Dubowitz, H. (2008). Importance of early neglect for childhood aggression. *Pediatrics*, 121, 725-731.

Witnessed violence

Dubowitz, H., Kerr, M., Hussey, J., Black, M., Starr, R., & Morrel, T. (2001). Type and timing of mothers' victimization: Effects on mothers and children. *Pediatrics*, 107(4), 728-35.

Dubowitz, H., Kerr, M., Cox, C., Radhakrishna, A., English, D., Runyan, D., Litrownik, A., Schneider, M., & Black, M. (2001). Father involvement and children's functioning at age 6: A multi-site study. *Child Maltreatment*, 6(4), 300-9.

Dubowitz, H., Black, M., Kerr, M., Starr, R., & Harrington, D. (2000). Fathers and child neglect. *Archives of Pediatrics and Adolescent Medicine*, 154(2), 135-141.

English, D. J., Graham, J. C., Newton, R. R., Lewis, T. L., Thompson, R., Kotch, J. B., & Weisbart, C. (2009). At-risk and maltreated children exposed to intimate partner aggression/violence: What the conflict looks like and its relationship to child outcomes. *Child Maltreatment*, 14, 157-171.

Lee, L. C., Kotch, J. B., & Cox, C. (2004). Child maltreatment in families experiencing domestic violence. *Violence and Victims*, 19, 573-91.

Thompson, R. (2007). Mothers' violence victimization and child behavior problems: Examining the link. *American Journal of Orthopsychiatry*, 77, 306-315.

Thoughts of suicide

Thompson, R., Briggs, E., English, D. J., Dubowitz, H., Lee, L.-C., Brody, K., Everson, M.D., & Hunter, W.M. (2005). Suicidal ideation among maltreated and at-risk 8-year olds: Findings from the LONGSCAN studies. *Child Maltreatment*, 10, 26-36.

Thompson, R., Dubowitz, H., English, D. J., Nooner, K. B., Wike, T., Bangdiwala, S. I., Runyan, D. K., & Briggs, E. C. (2006). Parents' and teachers concordance with children's self-ratings of suicidality: Findings from a high-risk sample. *Suicide and Life-Threatening Behavior*, 36, 167-181.

Thompson, R., Litrownik, A. J., Weisbart, C., Kotch, J. B., English, D. J., & Everson, M. D. (2010). Adolescent outcomes associated with early maltreatment and exposure to violence: The role of early suicidal ideation. *International Journal of Child and Adolescent Health*, 3, 55-66.

Thompson, R., Procter, L. J., English, D. J., Dubowitz, H., Marasimhan, S., & Everson, M. D. (2012). Suicidal ideation in adolescence: Examining the role of recent adverse experiences. *Journal of Adolescence*, 35, 175-186.

Thompson, R., Litrownik, A.J., Isbell, P., Everson, M.D., English, D.J., Dubowitz, H., Proctor, L.J., & Flaherty, E.G. (2012). Adverse experiences and suicidal ideation in adolescence: Exploring the link using the LONGSCAN samples. *Psychology of Violence*, 2, 211-225.

Poor physical health

Flaherty, E. G., Thompson, R., Litrownik, A. J. Theodore, A., English, D. J., Black, M. M., Wike, T., Whimper, L., Runyan, D. K., & Dubowitz, H. (2006). Effect of early childhood adversity on child health. *Archives of Pediatrics and Adolescent Medicine*, 160, 1232-1238.

Flaherty, E. G., Thompson, R., Litrownik, A. J., Zolotor, A. J., Dubowitz, H., Runyan, D. K. , English, D. J., & Everson, M. D. (2009). Adverse childhood exposures and reported child health at age 12. *Academic Pediatrics*, 9, 150-156.

Flaherty, E. G., Thompson, R., Dubowitz, H., Harvey, E. M., English, D. J., Proctor, L. J., & Runyan, D. K. (in press). Adverse childhood experiences and child health in early adolescence. *JAMA Pediatrics*, 160 (12, 1232-1238).

Jones, D. J., Runyan, D. K., Lewis, T., Litrownik, A. J., Black, M. M., Wiley, T., English, D. J., Proctor, L. J., Jones, B. L., & Nagin, D. S. (2010). Trajectories of childhood sexual abuse and early adolescent HIV/AIDS risk behaviors: The role of other maltreatment, witnessed violence and child gender. *Journal of Clinical Child & Adolescent Psychology*, 39 (5).

Lewis, T. L., Kotch, J., Wiley, T. R. A., Litrownik, A. J., English, D. J., Thompson, R., Zolotor, A. J., Block, S. D., & Dubowitz, H. (2011). Internalizing problems: A potential pathway from child maltreatment to adolescent smoking. *Journal of Adolescent Health*, 48, 247-252.

Early sexual intercourse

Black, M. M., Oberlander, S. E., Lewis, T., Knight, E. D., Zolotor, A. J., Litrownik, A. J., Thompson, R., Dubowitz, H., English, D. J. (2009). Sexual intercourse among adolescents maltreated before age 12: A prospective investigation. *Pediatrics*, 124 (3), 941-949.

Permanency

English, D. J., Upadhyaya, M. P., Litrownik, A. J., Marshall, J. M., Runyan, D. K., Graham, J. C., & Dubowitz, H. (2005). Maltreatment's wake: The relationship of maltreatment dimensions to child outcomes. *Child Abuse & Neglect*, 29, 597-619.

Everson, M. D., Smith, J. B., Hussey, J. M., English, D., Litrownik, A. J., Dubowitz, H., Thompson, R., Knight, E. D., & Runyan, D. (2008). Concordance between adolescent reports of childhood abuse and Child Protective Service determinations in an at-risk sample of young adolescents. *Child Maltreatment*, 13(1), 14-26.

Lau, A., Litrownik, A., Newton, R., & Landsverk, J. (2003). Going Home: The complex effects of reunification on the psychosocial adjustment of children in foster care. *Journal of Abnormal Child Psychology*, 31, 345-358.

Litrownik, A.J., Newton, R., Mitchell, B.E., & Richardson, K.K. (2003). Long-term follow-up of young children placed in foster care: Subsequent placements and exposure to family violence. *Journal of Family Violence*, 18, 19-28.

- Litrownik, A. J. (2012). A longitudinal perspective on mental health services for foster youth: Continued risk and the challenge of chaotic caregiving environments. *American Psychological Association: CYF News*, Winter, 17-19.
- Proctor, L. J., Aarons, G. A., Dubowitz, H., English, D. J., Lewis, T., Thompson, R., Hussey, J.M., Litrownik, A. J., & Roesch, S. C. (2012). Trajectories of maltreatment re-reports from ages 4 to 12: Evidence for persistent risk after early exposure. *Child Maltreatment*, 17(3), 207-217.
- Proctor, L. J., Randazzo, K. V. D., Litrownik, A. J., Newton, R. R., Davis, I. P., & Villodas, M. (2011). Factors associated with caregiver stability in permanent placements: A classification tree approach. *Child Abuse & Neglect*, 35, 425-436.
- Proctor, L. J., Skriner, L. C., Roesch, S., & Litrownik, A. J. (2010). Trajectories of behavioral adjustment following early placement in foster care: Predicting stability and change over 8 years. *Journal of the American Academy of Child and Adolescent Psychiatry*, 49(5), 464-473.
- Schneider, M. W., Ross, A., Graham, J. C., & Zielinski, A. (2005). Do allegations of emotional maltreatment predict developmental outcomes beyond that of other forms of maltreatment. *Child Abuse and Neglect*, 29, 513-532.
- Tripp De Robertis, M., & Litrownik, A.J. (2004). The experience of foster care: Relationship between foster parent disciplinary approaches and aggression in a sample of young foster children. *Child Maltreatment*, 9, 92-102.
- Villodas, M. T., Litrownik, A. J., Thompson, R., Roesch, S. C., English, D. J., Dubowitz, H., Kotch, J. B., & Runyan, D. K. (2012). Changes in youth's experiences of child maltreatment across developmental periods in the LONGSCAN consortium. *Psychology of Violence*, 2(4), 325-338.

Well-being

- Black, M., Dubowitz, H., & Starr, R. (1999). Father involvement and child behavior and development. *Child Development*, 70, 967-978.
- Dubowitz, H., Black, M., Kerr, M., Starr, R., & Harrington, D. (2000). Fathers and child neglect. *Archives of Pediatrics and Adolescent Medicine*, 154(2), 135-141.
- Dubowitz, H., Kerr, M., Cox, C., Radhakrishna, A., English, D., Runyan, D., Litrownik, A., Schneider, M., & Black, M. (2001). Father involvement and children's functioning at age 6: A multi-site study. *Child Maltreatment*, 6(4), 300-9.
- Dubowitz, H., Lane, W., Greif, G. L., Jensen, T. K., & Lamb, M. M. (2006). Low income African American fathers' involvement in children's lives: Implications for practitioners. *Journal of Family Social Work*, 10(1), 25-41.
- Flaherty, E. G., Thompson, R., Litrownik, A. J., Theodore, A., English, D. J., Black, M. M., Wike, T., Whimper, L., Runyan, D. K., & Dubowitz, H. (2006). Effect of early childhood adversity on child health. *Archives of Pediatrics and Adolescent Medicine*, 160, 1232-1238.
- Flaherty, E. G., Thompson, R., Litrownik, A. J., Zolotor, A. J., Dubowitz, H., Runyan, D. K., English, D. J., & Everson, M. D. (2009). Adverse childhood exposures and reported child health at age 12. *Academic Pediatrics*, 9, 150-156.

Flaherty, E. G., Thompson, R., Dubowitz, H., Harvey, E. M., English, D. J., Proctor, L. J., & Runyan, D. K. (in press). Adverse childhood experiences and child health in early adolescence. *JAMA Pediatrics*, 160 (12, 1232-1238).

Kotch, J. B., Browne, D. C., Ringwalt, C. L., Dufort, V., Ruina, E., Stewart, P. W., & Jung, J. W. (1997). Stress, Social Support, and Substantiated Maltreatment in the Second and Third Years of Life. *Child Abuse & Neglect*, 21(11), 1025-1037.

Lee, L.C., Kotch, J.B., Cox, C.E. (2004) Child maltreatment in families experiencing domestic violence. *Violence & Victims*, 19 (5) 573-91.



Design and layout by
Research Triangle Graphics, Inc.