

# FROM SCIENCE TO PRACTICE: FINDINGS FROM THE LONGSCAN STUDIES

## Executive Summary



### Safety

- Identification: 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.
- Multiple exposures: No type of victimization definitively predicts worse outcomes for children.
- Witnessed Violence: 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
- Neglect: Neglect is more difficult to identify than physical abuse, yet in children 4 years and under, neglect is more likely than physical abuse to lead to aggression in later childhood.
- Psychological Maltreatment: The overall impact of psychological maltreatment may have been significantly underappreciated until now.
- Suicide: Maltreated children may not be safe from themselves.

### Permanency

- Instability in Permanent Placements: “Permanent” placements are frequently not permanent
- Safety in Permanent Placements: “Permanent” placements do not mean that children are safe: Maltreatment re-reports occur in every permanent placement type
- Multiple Forms of Instability: Placement instability is only 1 of many forms of instability experienced by former foster youth.
- Post-permanency Problems: Maltreatment re-reports and caregiver changes following permanency persist to age 18.
- Family: Foster children who were adopted or reunified need continued services since their permanent placement does not ensure a stable environment, as was traditionally thought

### Well-being

- Caregivers: Social Support of caregivers reduces the risk for and the consequences of abuse and neglect in children.
- Role of the Father: Father presence is associated with a number of improved outcomes, including better cognitive development and children’s perceived competence

# FROM SCIENCE TO PRACTICE: RECOMMENDATIONS FROM THE LONGSCAN STUDIES

## Safety

- 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.
- Assessment of a broad range of experiences—including witnessed violence and psychological maltreatment—is necessary to better match services to needs
- Broaden our view of intimate partner aggression and violence
- Address child witnesses, not just child victims, in assessment and intervention
- Devote more attention during both assessment and related interventions to very early neglect (<2 years) and psychological neglect
- All professionals dealing with children should be trained to recognize and respond to psychological abuse.
- Assess children who are victims of maltreatment for risk of suicidal thoughts and attempts

## Permanency

- Expand our concept of stability
- Determine services according to a child's maltreatment risk or status, not according to a child's official placement
- 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

## Well-being

- Continue to promote and evaluate evidence based programs among high risk families that include a social support component
- Remove barriers to fathers' involvement with their children.
- Increase the commitment to prevention, including more funding more prevention programming, and prevention research
- Include child maltreatment & witnessed violence as exposures in federally funded surveys assessing child well-being
- All systems serving children (i.e. child welfare, health care, education) should strive to include fathers