

FROM SCIENCE TO PRACTICE: FINDINGS FROM THE LONGSCAN STUDIES

SAFETY

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

Recommendations

- 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 are critical to both preventing maltreatment and ameliorating its effects. This includes children who have been exposed to violence in the home.

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 has negative consequences for children even if not directed at the children. (Verbal aggression and both female-to-male as well as male-to-female aggression and violence)
- Early problems with aggression often persist into adolescence

Recommendations

- Broaden our view of intimate partner aggression and violence
- Address child witnesses, not just child victims, in assessment and intervention
- Increase public awareness of the detrimental effects of intimate partner aggression and violence, including verbal aggression and violence perpetrated by women
- Exposure to IPAV may result in outcomes like school problems, mental health problems, and health problems
- Violence has high risks to children whether they are the victims of this violence or simply witness it
- All professionals dealing with children should be trained in recognizing and responding to witnessed violence
- As soon as intimate partner aggression and violence come to the attention of any professional, offer children in these homes psychological assessment and services.
- Increase screening for intimate partner aggression and violence by asking children directly about witnessed violence, including verbal aggression and intimate partner violence perpetrated by women.

WITNESSED VIOLENCE

MULTIPLE EXPOSURES

Findings

- No type of victimization definitively predicts worse outcomes for children.
- Maltreated children are typically exposed to multiple forms of maltreatment, including witnessing violence, over their lifetimes

Recommendations

- 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

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.

- Early neglect is especially harmful to children.
- Neglect is more likely when fathers feel less effective in parenting.

Recommendations

- 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 may have been significantly underappreciated until now.

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

Recommendations

- All professionals dealing with children should be trained to recognize and respond to psychological abuse.
- 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 and neglected children have thoughts of suicide, and these are seen in children as young as 8 years of age.

Recommendations

- 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.

FROM SCIENCE TO PRACTICE: FINDINGS FROM THE LONGSCAN STUDIES (cont.)

PERMANENCY

PERMANENCY

Findings

Instability in Permanent Placements: “Permanent” placements are frequently not permanent

- In the short term, adopted children experience more stability in their permanent placement than other placement types
- In the longer term (from age 6 to 18), more than half of children who had entered foster care before age 4 had changed caregivers at least once – and some changed caregivers up to 20 times.

Safety in Permanent Placements: “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
- Long-term patterns of chronic re-reporting were observed in *all* permanent placement types

Multiple Forms of Instability: Placement instability is only 1 of many forms of instability experienced by former foster youth.

- 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
- Over the long term, continuing instability is associated with more problems; some adopted youth who appeared to have fewer problems at first evidence more problems later on.

Post-permanency Problems: 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.

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

Recommendations

- Adopt a long-term perspective—follow children who enter foster care beyond exit
- Expand our concept of stability
- Determine services according to a child’s maltreatment risk or status, not according to a child’s official placement
- 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

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. However, the presence of a live-in boyfriend increases the risk for maltreatment, relative to the presence of a biological father or no father.

- Children who report more support from fathers showed less depression, greater social competence, and were more socially accepted.
- Some fathers may feel intimidated or inadequate as providers of child care.

Recommendations

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

CAREGIVERS

Findings

Social Support of caregivers reduces the risk for and the consequences of abuse and neglect in children.

Recommendations

- Continue to promote and evaluate evidence based programs among high risk families that include a social support component

A PUBLIC HEALTH APPROACH

Recommendations

- Use a public health approach to preventing child maltreatment
- Increase the commitment to prevention, including more funding more prevention programming, and research on prevention
- Include child maltreatment and 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

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