

Long-term Socioeconomic Impact of Child Abuse and Neglect: Implications for Policy

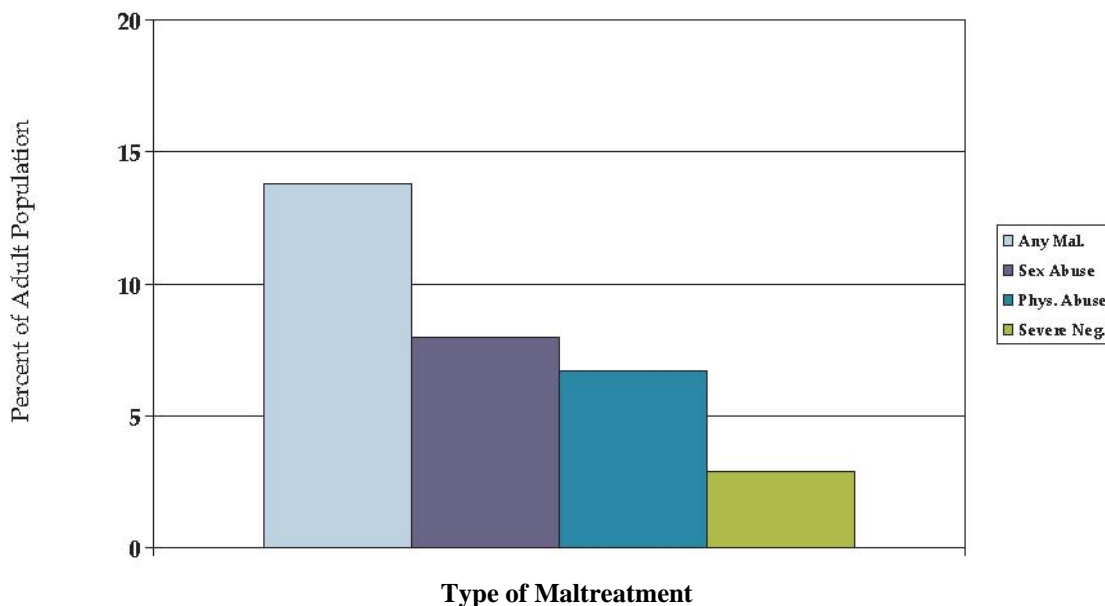
By David S. Zielinski, Ph.D.

Child abuse and neglect greatly influence victims' long-term wellbeing. Until recently, however, we have known little about how such experiences affect victims' later socioeconomic status. Current research has examined the long-term impact of child abuse and neglect on adult employment, income, and reliance on public assistance, as well as the reasons for this impact. Abuse and neglect, often collectively referred to as maltreatment, place victims at significantly increased risk for problems across a range of socioeconomic areas, even after such factors as race, age, and childhood socioeconomic status have been taken into account.¹ This brief provides an overview of these findings and indicates several strategies for addressing this problem.

Prevalence of Maltreatment in the Adult Population

One in seven adults between the ages of 18 and 54 in the U. S. report that they were sexually abused, physically abused, and/or severely neglected in childhood (see Table 1). About 8 percent of the adult population reports sexual abuse, 7 percent report physical abuse and 3 percent report severe neglect.

Table 1. Prevalence of Childhood Maltreatment among Adults in US.



Recent research indicates that maltreatment during childhood may effect victims' later employment and income. Nearly 20 percent of unemployed adults report that they were abused or neglected as children, compared to 13 percent among adults with full or part-time jobs (see Table 2). Similarly, 19 percent of low-income adults were victimized in

childhood, compared to 12 percent among adults whose families earn \$70,000 or more annually (see Table 3).

Table 2. Prevalence of Childhood Maltreatment by Employment Status.

Note: SA = Sexual Abuse; PA = Physical Abuse.

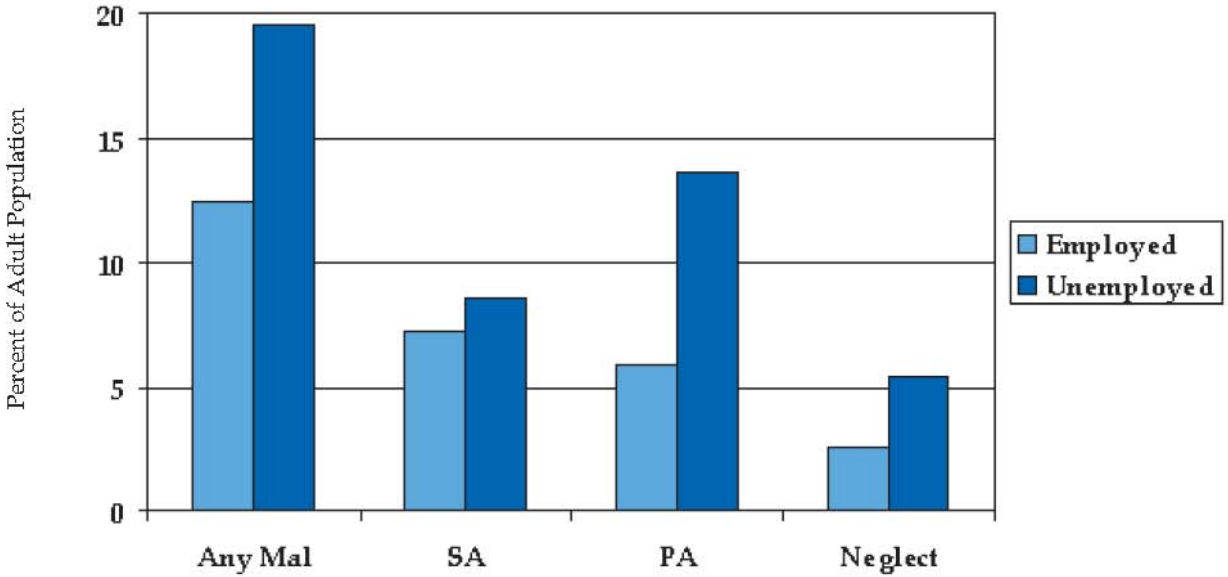
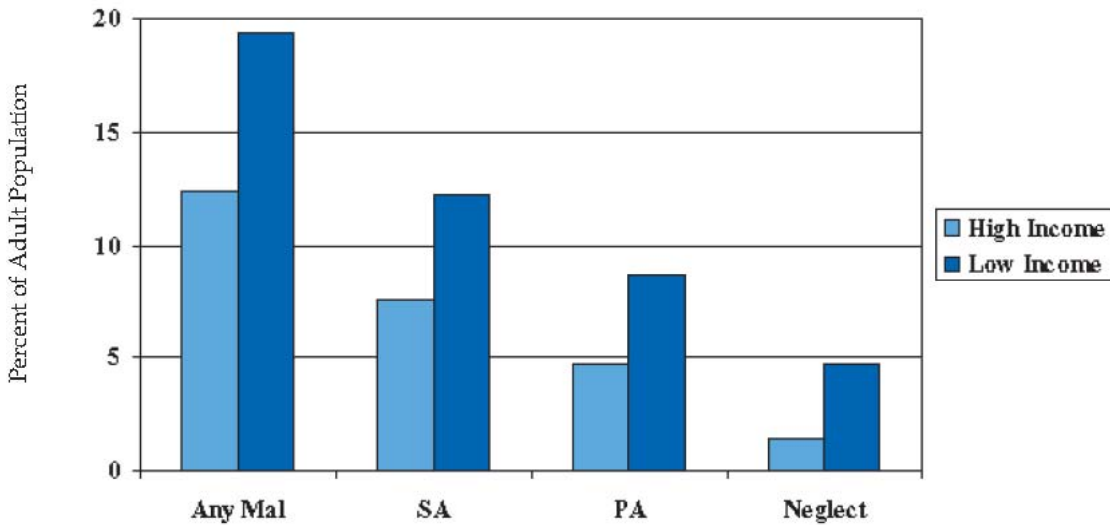


Table 3. Prevalence of Childhood Maltreatment Based on Family Income.

Note: SA = Sexual Abuse; PA = Physical Abuse. Low Income: \$0-19,999 per annum; High Income: >\$70,000 per annum



These findings indicate two important points:

1. A large proportion of the adult population (14 percent) has been affected by childhood abuse and neglect; and

2. Their experiences of maltreatment may negatively affect their later income and employment.

Maltreatment and Adult Income & Employment

Both male and female victims of child maltreatment are more than twice as likely as their non-maltreated peers to fall below the federal poverty line as adults. This finding is consistent for victims of each type of abuse and neglect (i.e., physical abuse, sexual abuse, and neglect).

In terms of unemployment, adults who experienced physical abuse are more than 2.5 times more likely to report being unemployed than adults who were not abused, while sexual abuse and neglect victims report no difference in employment.

Research indicates that maltreatment victims are at higher risk for later poverty and unemployment for several reasons. Compared with non-victims, they are more likely to:

1. Complete less schooling
2. Experience victimization again in adulthood
3. Have physical health problems that interfere with their job
4. Have mental health problems that interfere with their job

Maltreatment and Medicaid

As with income, adults who had been abused or neglected are approximately twice as likely as those who were not maltreated to use Medicaid for health insurance. Unlike employment and income, however, strong differences are found in the patterns of Medicaid use between maltreated men and women. Women who were abused or neglected are 2.5 times more likely to rely on Medicaid, whereas maltreated men are neither more nor less likely to be enrolled. As with employment, there are also enrollment differences depending on the type of maltreatment experienced. Victims of sexual and physical abuse are more likely to use Medicaid, while enrollment among neglect victims does not differ from the general population. Research suggests two possible causes for the relationship between abuse and Medicaid:

1. Victims' lower level of education
2. Victims' physical health problems

Public Policy Implications

Child abuse and neglect impacts several long-term socioeconomic outcomes at least in part because maltreatment affects victims' education, physical health, mental health, and likelihood of being revictimized. These impacts in turn more directly affect their adult socioeconomic well-being.

Victims suffer the effects of maltreatment, but so does society through the costs incurred for prevention, identification, intervention, and treatment. Increased expenditures stemming from women's maltreatment-related health problems at a single health

maintenance organization (HMO) in Washington State, for example, have been estimated at more than \$8 million annually.² The larger cost to society is vastly greater and considerably more difficult to measure. The direct costs associated with treating the immediate needs of maltreatment victims include (among others):

- Hospitalization and physical health care
- Mental health care
- Child welfare services, and
- Maltreatment-related law enforcement and legal services³

A recent estimate of the total direct expenditures for dealing with abuse and neglect places the cost in excess of \$24 billion per year.³ The long-term indirect costs of maltreatment include increased spending due to later problems resulting from earlier victimization. These include (among others):

- Impaired physical and mental health
- Substance abuse
- Criminality & incarceration
- Teenage pregnancy

The socioeconomic outcomes detailed in this brief (i.e., unemployment, poverty, and Medicaid usage) are further indirect costs of maltreatment to society. Maltreatment victims' increased likelihood for being unemployed would result in greater reliance on state unemployment insurance and lost economic productivity. Their higher risk for falling below the poverty line further indicates lost income and sales tax revenue, as well as increased reliance on Temporary Assistance for Needy Families (TANF) and other welfare programs such as Food Stamps and WIC. Furthermore, as noted previously, female victims have been identified as being more than twice as likely as non-maltreated women to utilize publicly funded Medicaid. Given that approximately 1 in 7 adults report being maltreated as children, the added indirect costs to society of victims' impaired socioeconomic well-being - such as those listed above - could be estimated in the tens of billions of dollars annually.

Public Policy Recommendations

Thanks to what research has begun to show in terms of possible causes for this relationship between abuse and socioeconomic status, policymakers and practitioners can take steps to improve the long-term socioeconomic well-being of maltreatment victims and, in turn, reduce the costs of victimization to society.

1) Provide victims with access to quality physical and mental health care.

The largely personal responsibility that individuals have for obtaining health care in the United States represents a dangerous cycle for maltreatment victims. Their impaired socioeconomic well-being reduces the chance that they will receive adequate care for their mental and physical health problems, and this in turn acts to maintain or even increase their risk for continued socioeconomic difficulties. Ensuring that maltreatment victims have access to high quality mental and physical health care, on the other hand,

would help to break this cycle, improve their socioeconomic status, and reduce costs to society in the long-term.

2) Victims require additional educational support. Whether through special education programs, tutoring, or vocational training, increased educational support can significantly improve victim's long-term socioeconomic well-being. Improvements could also be gained if child welfare workers and school social workers were to regularly monitor the academic achievement of maltreatment victims, and take corrective action should any problems be identified, although traditionally there has been limited collaboration between these institutions.

One program model that has begun to address children's needs in a multidisciplinary manner is that of Children's Advocacy Centers (CACs). CACs are community-based programs involving professionals from multiple disciplines (e.g., child protection, physical and mental health, social work, law enforcement, etc.). They work collaboratively through a child-focused facility in order to maximize victims' wellbeing and ensure that the systems designed to protect them are serving them to the best of their ability. Although they share the philosophy that child abuse cannot be fully addressed by any one profession, all CAC's are unique, tailored to the needs of the community they serve. Increased collaboration, particularly including the fields of education and physical and mental health, can improve child victims' more immediate wellbeing, and set the stage for improved outcomes, including socioeconomic outcomes, in the long-term.

3) The results of this research strengthen the call for increased attention to maltreatment prevention. Home visiting programs represent one such model. These programs involve a range of interventions for expecting and new families aimed at identifying and correcting potential problems before they occur. Programs employing skilled home visitors to help mothers during their pregnancy and the first few years of the child's life have been shown to be extremely effective in reducing long-term rates of abuse and neglect.⁴ By intervening before abuse and neglect take place, many of the subsequent costs, both personal and financial, can be avoided altogether. A cost-benefit analysis of the Nurse Family Partnership, for example, estimates that while early home visiting services cost approximately \$9,000 per child, these services save taxpayers \$26,298 per child (for a net of \$17,180 per child) by the time they are 15-years-old.⁵

For further information:

- Prevent Child Abuse America: www.preventchildabuse.org
- The National Center for Children, Families and Communities: <http://www.nccfc.org>
- Healthy Families America: www.healthyfamiliesamerica.org
- The National Children's Advocacy Center: www.nationalcac.org
- National Clearinghouse on Child Abuse and Neglect Information: <http://nccanch.acf.hhs.gov>

References

- ¹ Zielinski, D. S. (2004). Child maltreatment and adult socioeconomic status: Support for a mediational model. Unpublished doctoral dissertation. Cornell University, Ithaca, NY.
- ² Walker, E. A., Unutzer, J., Rutter, C., Gelfand, A., Saunders, K., VonKorff, M., Koss, M. P., & Katon, W. (1999). Costs of health care use by women HMO members with a history of child abuse and neglect. *Archives of General Psychiatry*, 56, 609-613.
- ³ Fromm, S. (2001). Total estimated cost of child abuse and neglect in the United States. Chicago, IL: Prevent Child Abuse America.
- ⁴ Olds, D. L., Eckenrode, J., Henderson, C. R., Kitzman, H., Powers, J., Cole, R., Sidora, K., Morris, P., Pettitt, L. M., & Luckey, D. (1997). Long-term effects of home visitation on maternal life course and child abuse and neglect. *Journal of the American Medical Association*, 278 (8), 637-643.
- ⁵ Aos, S., Lieb, R., Mayfield, J., Miller, M., & Pennucci A. (2004). Benefits and costs of prevention and early intervention programs for youth. Olympia, WA: Washington State Institute for Public Policy.