Literature review on the outcomes for survivors of child maltreatment in residential care or birth families.

Executive Summary for the Scottish Child Abuse Inquiry

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EXECUTIVE SUMMARY

This is a report of a literature review on the outcomes for survivors of child maltreatment, with a particular focus on the outcomes of child abuse which occurred within the context of long-term residential child care. We have used the phrase 'outcomes for survivors of child abuse' rather than 'effects of child abuse' because much of the research reviewed in this report is retrospective, rather than prospective, and so we cannot be 100% certain that the outcomes for survivors of child abuse were actually caused by maltreatment. These outcomes may have been due to other factors including adversities which occurred before, during, or after child abuse, or to personal biological, psychological or social vulnerabilities or disabilities. Having said that, the adverse outcomes for survivors of child abuse are so consistent across a wide range of domains in a large number of studies involving thousands of survivors, that we can say with a degree of confidence that these probably occurred as a result of maltreatment in childhood.

1. Child abuse and maltreatment

Child abuse reflects the international consensus about what constitutes unacceptable child care and the violation of children's human rights. In this review, child maltreatment refers primarily to physical and sexual abuse, with associated emotional or psychological abuse and neglect.

2. Outcomes of child abuse, structural neglect, and maltreatment within residential child care settings

The literature review described in this report includes three elements. The first is concerned with individuals who experienced child maltreatment while living with their birth families. The second addresses the issue of 'structural neglect' in congregate care institutions which care for large groups of children, with inadequate and unstable staffing, and limited physical resources. The third part of the review focuses on individuals abused as children while in long-term residential child care. In these literature searches 5,828 records were identified and screened, and 178 included in the literature review. Searches, data extraction, and study quality assessment were conducted by pairs of researchers. There was good inter-rater reliability for study selection and data extraction, and the scientific quality of studies included in the review was moderate, so confidence may be placed in the conclusions drawn from this review.

3. Outcomes of child abuse for survivors raised in birth families

The aim of this systematic review (the first of three) was to determine the outcome of child maltreatment across the lifespan for individuals raised in birth families. It is contained in chapter 2.

3.1 Method. Because of the vastness of the research literature in this field, this systematic review was limited to the identification of previous systematic reviews and meta-analyses. Searches of 10 electronic databases were conducted supplemented with manual searches. 1,730 separate records were identified. 111 papers which met inclusion criteria were selected for review.

3.2 Characteristics of included systematic reviews and meta-analyses. There were

46 systematic reviews and 65 meta-analyses. The 111 systematic reviews and meta-analyses synthesized results from over 2,500 independent studies which involved over 30 million participants, of whom more than half a million had been maltreated. Sixty-seven percent of systematic reviews and meta-analyses addressed studies of multiple forms of child maltreatment. Twenty-nine percent focused exclusively on studies of sexual abuse, 3% on physical abuse, 2% on neglect, and there were no papers exclusively on studies of emotional abuse. The proportion of papers that were concerned mainly with physical health, mental health, and psychosocial adjustment outcomes were 18%, 37% and 45% respectively. Both children and adults, and males and females were involved in studies covered in systematic reviews and meta-analyses reviewed here. The mean age of samples ranged from one and a half to 45 years, with an overall mean of 25 years. The proportion of females in studies ranged from 0% to 100%, with a mean of 38%.

3.3 Physical health outcomes. Child abuse was associated with a range of physical health problems including neurological, musculoskeletal, respiratory, cardiovascular, gastrointestinal, gynaecological, genitourinary, metabolic, sleep, and psychosomatic disorders as well as a variety of pain conditions; and increased risk of developing diabetes and cancer. Survivors of child maltreatment also had significant physiological abnormalities, notably abnormalities in the structure and functioning of the brain and endocrine system associated with mental health problems, and a pro-inflammatory state associated with reduced immune system efficiency.

3.4 Mental health outcomes. Child abuse was associated with a range of mental health problems and disorders including post-traumatic stress disorder, anxiety disorders, depression, bipolar disorder, substance use disorders, eating disorders, psychotic disorders, disruptive behaviour disorders, dissociative disorders, psychosomatic disorders, and personality disorders. Child maltreatment was also associated with an unfavourable clinical course for some conditions, notably depression and bipolar disorder.

3.5 Adverse psychosocial outcomes. Child maltreatment was associated with a wide range of negative psychosocial outcomes across the lifespan, including deficits in cognitive functioning, language delay, insecure attachment, school attainment problems, antisocial behaviour and aggression, sexual aggression, risky sexual behaviour, parenting problems, self-harm, and suicide. Child abuse was also associated with deficits in emotion recognition, understanding and knowledge; deficits in perspective taking, theory of mind, and social competence; hostile attributional bias; low self-esteem; interpersonal dependency; negative personality traits; gambling problems; poor educational and occupational adjustment; poor adjustment within family and peer relationships; and a negative quality of life.

3.6 Risk and protective factors. The extent to which child abuse survivors experienced negative outcomes was associated with a range of personal and contextual risk and protective factors. Poorer outcomes occurred where survivors were exposed to multiple types of severe abuse over long periods of time. Factors associated with resilience among survivors included social support from the family and wider network, positive engagement in education, interpersonal and emotional competence, active coping, optimism, a belief in the capacity to control one's life, and blaming the perpetrator rather than the self for abuse.

4. Outcomes of structural neglect

The aim of this systematic review (the second of three) was to determine the outcomes for individuals exposed to structural neglect in congregate-care institutions, such as orphanages. In this context, structural neglect refers to failure to meet children's basic physical,

developmental, and emotional needs due to inadequate and unstable staffing, and limited physical resources. This review is contained in chapter 3.

4.1 Method. Because of the volume of the research literature in this field, this systematic review was limited to the identification of previous systematic reviews and meta-analyses. Searches of 10 databases were conducted, supplemented with manual searches. 921 separate records were identified. Eighteen papers which met inclusion criteria were selected for review.

4.2 Characteristics of included systematic reviews and meta-analyses. Of the 18 papers in this review, nine were systematic reviews and nine were meta-analyses. Two focused on physical health outcomes, four on mental health outcomes, four on attachment, and eight on cognitive development. Four of these eight papers on cognitive development also addressed attachment and mental health outcomes. The 18 systematic reviews and meta-analyses on outcomes of structural neglect covered over 550 separate primary studies in which 160,000 survivors of structural neglect and 1.5 million control group cases participated. All reviews focused predominantly on child samples, with a mean age of 2 years when they left care, and a mean age of 9 years when outcomes were assessed. The samples contained approximately equal numbers of males and females. About two thirds (68%) of studies in the reviews covered in this chapter 3 concerned participants who had experienced structural neglect in orphanages in developing countries in Eastern Europe, Asia, Africa and South America before being adopted to developed countries in Europe and North America, as well as Australia and New Zealand.

4.3 Physical health outcomes. Structural neglect was associated with short stature, low weight, and smaller head circumference. At about 2 or 3 years of age shortly after the transition from orphanages to adoptive families, children exposed to structural neglect were 3 kgs lighter and 8 cm shorter than children raised in birth families. Structural neglect was also associated with abnormal neurobiological development affecting a range of brain structures and functions, implicated in cognitive and psychosocial difficulties.

4.4 Mental Health outcomes. Structural neglect was associated with higher rates of mental health problems and mental health service usage.

4.5 Adverse psychosocial outcomes. Structural neglect was associated with delayed cognitive development as indexed by lower IQ, school attainment problems, and specific learning disorders. On average the IQs of children raised in institutions were 17-20 IQ points lower than those of children raised in families. Structural neglect was also associated with insecure attachment, especially insecure disorganized attachment. Rates of disorganized attachment were about three times higher in survivors of institutional neglect compared with children raised in birth families. Disorganized attachment is a risk factor for later difficulties making and maintaining relationships across the lifespan.

4.6 Risk and protective factors. Significant, but incomplete, developmental catch-up occurred when children exposed to structural neglect were adopted. The degree and rate of catch-up depended on the outcome domain, the severity and duration of structural neglect, and the presence of a range of personal and contextual risk and protective factors. A large degree of relatively rapid catch-up occurred in weight, height, and IQ. A lesser degree and slower rate of catch-up occurred in head circumference and attachment security.

Exposure to severe deprivation over longer time periods in understaffed, poorly resourced institutions in underdeveloped countries were risk factors for poorer outcomes. Early adoption was a protective factor for better outcomes.

5. Outcomes for survivors of child abuse in long-term care

The aim of this systematic review (the third of three) was to determine the outcome for survivors of child maltreatment in long-term residential care. This review is contained in chapter 4.

5.1 Method. In searches of 10 data bases supplemented with a search of grey literature and manual searches, 3077 documents were identified. Forty-nine documents describing 21 primary studies and 25 secondary studies were selected for review. There were 40 quantitative studies and 6 qualitative studies.

5.2 Participants. Participants in primary studies included 3,856 child abuse survivors and 1,577 controls. In six primary studies survivors were under 18 years, and participants in the remaining primary studies were adults with a mean age of 54 years. The mean proportions of females in primary studies of children (under 18) and adults were 52% and 39% respectively.

5.3 Countries. Reviewed studies were conducted in the UK, USA, Finland, Romania, Tanzania, Canada, Ireland, Australia, the Netherlands, Germany, Austria, and Switzerland.

5.4 Child care experiences. Participants were child abuse survivors from Catholic institutions in eight studies, from state foster care in seven studies, from non-religious institutions in two studies, and from a range of contexts in the remaining studies. The average age when participants entered residential care was five years, and the average duration of their time in care was 9 years.

5.5 Maltreatment experiences. Average rates of sexual, physical and emotional abuse within long-term care were 67%, 63% and 71% respectively, and most participants had experienced multiple forms of child abuse.

5.6 Mental health outcomes. There were significant associations between having experienced child abuse in long-term residential care and mental health outcomes. In the mental health domain in descending order of average frequency of occurrence, the main outcomes were as follows. Eighty-four percent had lifetime mental health problems diagnosed with the Structured Clinical Interview for Axis I or II Disorders of DSM IV; 67% had general mental health problems; 58% had lifetime anxiety disorders; 51% had lifetime post-traumatic stress disorder; 44% had lifetime depressive disorders; 41% had current personality disorders; 37% had lifetime drug and alcohol use disorders; and 19% had current complex PTSD. These rates are far higher than those found in surveys of mental health problems the general population.

5.7 Physical health and psychosocial adjustment outcomes. There were significant associations between having experienced child abuse in long-term residential care and physical health and psychosocial outcomes. In the domains of physical health and psychosocial adjustment in descending order of average frequency of occurrence, the main outcomes were as follows. Fifty-nine percent had educational problems; 56% lived in poverty; 39% had marital adjustment problems; 37% had committed non-violent crime; 31% had sexual problems; 30% had committed violent crime; 30% had frequent physical illness; 29% reported suicidality and self-harm; 28% had been frequently hospitalized for physical health problems; 25% had anger control problems in intimate relationships; 21% were homeless; 13% had anger control problems with children; 12% had been imprisoned; and 4% had their children taken into care.

5.8 Risk and protective factors. The associations between institutional child abuse and physical health, mental health and psychosocial outcomes were influenced by the constellation of risk and protective factors experienced across the lifespan. Risk factors included severe prolonged institutional maltreatment, especially sexual abuse, intrafamilial abuse prior to institutional care, additional trauma after leaving institutional care, experiencing severe traumatization as a result of institutional abuse, the use of maladaptive coping strategies, and an insecure adult attachment style. Protective factors included socially supportive relationships, personal strengths and competencies, adaptive coping strategies, and a secure adult attachment style. Survivors exposed to more risk factors and fewer protective factors had poorer outcomes. In contrast, better outcomes occurred for those with more protective factors and fewer risk factors.

6. Overall conclusions

Survivors of child maltreatment have adverse outcomes across the lifespan in the domains of physical health, mental health, and psychosocial adjustment. These adverse outcomes occur for survivors who experienced abuse while living with birth their families, for survivors who experienced structural neglect while living in under-resourced orphanages, and for survivors of abuse in long-term residential child care. It is probable that child maltreatment largely accounts for these adverse outcomes. The severity of adverse outcomes may be partly influenced by the number of different types of maltreatment experienced as well as the duration and severity of these, and the presence of protective factors such as supportive relationships and personal strengths. The many adverse outcomes associated with child maltreatment documented in this review highlight the importance of implementing evidence-based child protection policies and practices to prevent maltreatment and treat child abuse survivors.