

# CASA of Cochise County

## News & Views



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[www.casaofarizona.com](http://www.casaofarizona.com)



Abby Dodge

Exciting news! Our days of struggling with the Secure Upload program are nearing an end. CASA of Cochise County will be switching to **CASAaz** sometime in June. I don't have all the details of when the switch will occur, but I wanted to give you a heads up that the change is coming. Once I have more information, I will be sending out training announcements. It is imperative that each of you receive training on the **CASAaz** dashboard, as it is vastly different from Secure Upload and our old ways of reporting information.

## Coordinator's Comments

For those of you who haven't heard of **CASAaz**, it is a web-based program that allows CASAs to receive their case files/disclosures electronically, enter contact log information directly into the dashboard, submit court reports, and receive reminders of upcoming court hearings or actions needed from the CASA office. Each of you will also receive a CASA email address, which will consist of **your first initial and last name @casaaz.gov** (unless you have a common last name, at which point they may have to add another character to ensure email addresses aren't duplicated). This email address will give you a more official email address to provide to team members on your case, and will allow you to keep your own email address private, if you so choose.

Because **CASAaz** is a new system that is slowly being introduced to the entire state of Arizona, there are still some issues that need to be worked out. However, from what I've been told, it's still vastly better than Secure Upload. I am very excited to get this program introduced to Cochise County.

In other news, we continue to need more volunteers. The number of dependent children in Cochise County keeps rising. Please help us spread the word about CASA—if you know someone you think would be a good advocate, tell him or her about our program. Ned Letto had an excellent idea to form a small group of CASA volunteers who are willing to talk to local non-profit organizations and tell them about CASA. If you are interested in helping spread the word throughout Cochise County, please let me know.

If you are on Facebook and haven't "**Like**"d our CASA of Cochise County Facebook page, please do so! We are working to build our online presence and spread the word about who we are and what we do.

As always, thank you all for your hard work for the children you represent!

## Late Bloomers

By **Ned Letto**, Cochise County CASA Volunteer

There are times we don't see the young people we are working with blossom until later. I have a case in point. I was working with this one young man who wound up in ADJC (Arizona Department of Juvenile Corrections) for seven months. I visited him monthly while he was there and when he was released at age 18, he stayed at my house for a week while we finalized an apartment for him through the Independent Living Program.

His living in his own apartment with his newfound freedom didn't work out quite like we would have wanted it to and he left the state for a short period. During his time away, he must have done a lot of thinking and growing up because he returned to Sierra Vista and pursued his education with a passion.

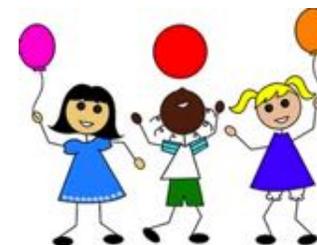
This young man enrolled in the Alternative Learning Center program at Buena and threw himself into it heart and soul. There were many nights he was at school as late as 8:00 p.m. It took until the very last day of the school year to complete all his work, but he made it and he graduated. He will be 20 years old in July.

On May 14, 2016 this young man was recognized by the Southwest Association of Buffalo Soldiers; he was one of several who received a Student Academic Recognition Award. The purpose of the award is to recognize the many non-honor



students that are often forgotten as they strive to improve their academic status. The Buffalo Soldier Association feels students with starting grades of C or below, who have shown the most improvement throughout the year, should be recognized for their accomplishments and encourage them to continue to improve. Each of these students, like the Buffalo Soldiers of long ago, should never be forgotten because they have so much to offer their community.

## Kudos



**Misty Briseno**, Cochise County CASA Volunteer  
FCRB, May 4, 2016

The Board acknowledges the Court Appointed Special Advocate for being a present advocate in S's life.

## A Very Special Email

from **Deb Scott**, Cochise County CASA Volunteer

I won't be able to attend (the evening support group), busy being Nolan's Grammy.

I had the opportunity to be in the nursery when a newborn was discharged under the care of DCS after initial detox. I identified myself as a CASA and thanked the nurses for their care, but the nurses immediately thanked me as well.

Bless you all!

Grammy Deb



## Anniversaries

### Ned Letto

2/2/07 – 9 years

### Mary Kay Holcomb

3/2/07 – 9 years

### LuRue Troyer

3/4/03 – 13 years

### Krista Ochs

3/6/13 – 3 years

### Julia McCaa

3/24/09 – 6 years

### Manny Valenzuela

4/10/06 – 10 years

### Patti Hager

5/14/94 – 22 years

(Playing catch-up from my maternity leave, sorry!)

## CASA Council Request

By *Mary C. Blanchard, Cochise County CASA Volunteer*

It is now necessary when we send in a request to the CASA Council to submit a profile shot or a shot where the face is not recognizable. We also need to include the child wearing the item or somehow show the item that was purchased. I don't own a regular camera and I had never used the camera on my phone. I mentioned my dilemma at our evening support group meeting, and LuRue volunteered to show me how to take a picture on my phone. She taught me how to access the app and then walked me step-by-step through the picture-taking process. I finally was successful. I had a picture of LuRue, and I was able to email it to myself. Eureka, the picture was there! The next step was to make sure I would not forget how to do this. LuRue got me a pen and a piece of paper, and I wrote down every step. I then practiced using my cheat sheet. Success! I am able to take a picture and email it to anyone on my contact list.

On my next visit with my girls in Tucson, I took a picture of each of them (profile view) wearing their new clothes, and the foster mother and I hung the bathing suits and pj's on their outstretched arms. Wow, talk about ah-ha moments!

I also needed a picture of another girl in her baseball uniform. I didn't have time to go to the house and take a picture, so the foster mom did it for me. It was perfect, and I thanked her for her doing such a fine job. She had no problems emailing me the picture. I couldn't help but feel good about her being a part of our team. Sometimes big issues are solved by teamwork. That day, teamwork made it possible for me to send Abby the picture of our girl wearing her new uniform.

Proper documentation is necessary to receive funding from the CASA Council. Some of the funding that the CASA Council receives now

requires a picture. It is a small extra step that we CASAs have to take, but it is necessary for us to do this in order to be eligible for the funding. I have been telling myself and everyone else for years, that submitting a proper request to the CASA Council gives one of our CASA kids something special, and the only way to get this something special is to ask the CASA Council for help. I will continue to do this, and now I will add a picture. An added bonus: I know how to take and send pictures using my phone.



## Therapeutic Foster Care

By *Mary C. Blanchard, Cochise County CASA Volunteer*

There are times when our CASA kids need foster parents who have specialized training to redirect behaviors and provide extra support. These therapeutic placements are not supposed to be permanent. The goal is to stabilize behaviors and move the child down to a lower level of care as soon as possible. This means that the child will have to leave this placement and adapt to another new placement. The foster parent in a therapeutic placement prepares the child for this.

Cenpatico monitors these placements very closely. The child is constantly evaluated to determine if he/she has reached the goals in the case plan. A representative from Cenpatico evaluates the progress monthly, and when Cenpatico determines that these goals have been met, a thirty-day notice will be given.

Sometimes the team feels that the child is not ready to be stepped down to a lower level of care. There are guidelines for an appropriate response. Brad Thayer, Behavioral Health Clinical Coordinator, sent the following guidelines to my DCS case manager.

### C. CONTINUED STAY CRITERIA

There is documented evidence of all of the following:

1. Active treatment and supervision is being provided by the HCTC\* home on a 24-hour basis with direct supervision/oversight by professional behavioral health staff; and
2. The treatment is reducing the severity of the behavioral health issue that was identified as the reason for admission; and
3. The Child and Family Team has met every 4 weeks or more frequently, if clinically indicated, to review progress

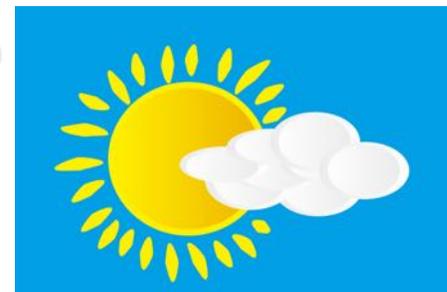
and revise the service plan to address any lack of progress; and

4. There is an expectation that continued treatment can reasonably be expected to improve or stabilize the member's condition so that this type of service will no longer be needed.

*\*Home Care Training to Home Care Clients (HCTC)*

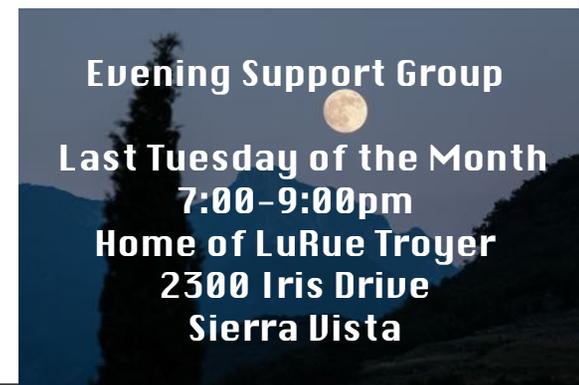
**Morning Support Group**  
**Second Thursday of the Month**  
**10:00am-12:00 noon**

Home of Lynn Vanderdasson  
 5776 E. Perry Lane  
 Hereford, AZ 85615



**Support Group**  
**Meetings**

**Evening Support Group**  
**Last Tuesday of the Month**  
**7:00-9:00pm**  
**Home of LuRue Troyer**  
**2300 Iris Drive**  
**Sierra Vista**



## Arsenic & Old Leather

By *Mary C. Blanchard, Cochise County CASA Volunteer*

LuRue Troyer and I are becoming regular attendees at the performances of our local little theaters. We went to Tombstone to cheer for Kathy Shaughnessy, our CASA thespian. Kathy played the part of Millie. Millie and Fanny were sisters who ran a boarding house for retired gentlemen in Tombstone. It was a time of long skirts, afternoon tea, and the fading glories of the old mining days.

This “dark comedy” tickled our funny bones with two fresh bodies who were added to the forty others in the mineshafts in the basement. The audience actively participated, and Kathy and her “sister” gave a perfectly rational and hilarious accounting of their reasons for helping their elderly gentlemen boarders move on to a better place. The tea they served those they “helped” was poisoned with herbs from their garden and became a perk that livened up the place.

Two nephews, a minister, a fiancé, and a sheriff provided comic relief. One nephew thought he was Ed Schieffelin. He dug mine shafts in the basement and disposed of the bodies. The other nephew arrived for a visit and brought his fiancée to meet the family. The minister arrived with his pregnant wife and five daughters to counsel and marry the young couple. The sheriff was a friend of the family who was invited to the wedding. Bit by bit, hints about bodies in the basement raised suspicions. No one was arrested because the sisters decided the mental institution sounded like the perfect permanent home for them, and they happily prepared to leave and took “Ed” and their herbs with them.

It is great fun to find out what CASAs do for entertainment. Some of you also have other volunteer activities, some of you work, and some of you are raising your own children while you help a CASA kid. Please share what you do. We'd love to read your article, and I would

be glad to write up your story if that is more convenient. This is your newsletter and sharing what you do brings the pages to life. Think about something you'd like to share.



# CASA of the Month!

## Cheryl Tomlinson

May 2016

It is my pleasure to announce the CASA of the Month for May 2016 is Cheryl Tomlinson. Cheryl began her first case in October 2015, and recently celebrated the reunification of her CASA child with her mother. Cheryl has been very involved with the reunification process and is dedicated to remaining with the family to help ensure that the reunification remains successful. It has been a joy working with Cheryl thus far and watching her face light up when she tells me of the positive things happening in her CASA child's life.

If you haven't yet met Cheryl, I suggest that you do so. She is incredibly friendly and easy to talk to. Cheryl regularly attends the evening monthly support group meetings, so that would be a great place to meet her! In addition to being a CASA, Cheryl also works full-time in Adult Probation and will be welcoming the birth of her first grandchild later this year—exciting!

Thank you, Cheryl, for all of your hard work!



# CCCC, Inc

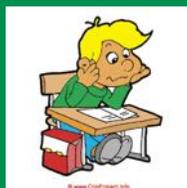
## Cochise County Council for CASA, Inc

is a nonprofit organization that raises funds to the unmet needs of abused neglected and abandoned children in the CASA of Cochise County Program. The primary focus is to ensure the educational progress of CASA children through tutoring and scholarships. In addition the council provides clothing, toys and personal items.

If your CASA child/youth has an unmet need, consider the Cochise County Council for CASA to help!!

Call your CASA Coordinator at 432-7521 OR

Send an email to [Adodge@courts.az.gov](mailto:Adodge@courts.az.gov)



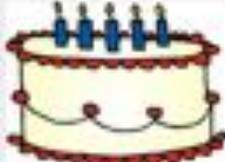
### ***Upcoming Changes from House Bill 2260, which was signed into law on May 11, 2016***

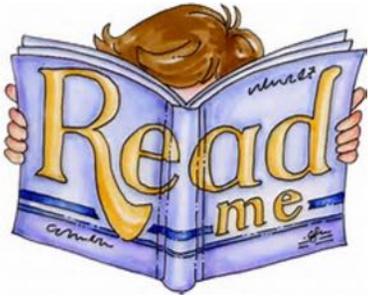
-If a licensed foster parent wishes to adopt a child they are fostering, and DCS recommends the adoption, the foster parent will no longer have to complete a separate adoption home study.

-Adoptions will be able to be finalized in Arizona for dependent children placed out-of-state, as long as DCS placed the child in the applicant's home, the child currently resides with the applicant, and DCS recommends the adoption of the child by the applicant.

Read the full text of HB2260 at <https://legiscan.com/AZ/text/HB2260/id/1409146>



June 2016						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1	2	3 National Doughnut Day	4
5 World Environment Day	6 National Yo-Yo Day	7 <u>Mary</u> : Court Report due for HP. <u>Julia</u> : Court Report due for EC.	8 Best Friends Day	9	10	11
12	13 LuRue T. 	14 Flag Day	15	16	17	18 Go Fishing Day
19 Father's Day	20	21 Trauma Informed Advocacy Training! Check your e-mail for more info!	22	23	24 Take Your Dog to Work Day	25
26	27 Sun Glasses Day	28 <u>Juanita</u> : Court Report due for B case (twins).	29 Camera Day	30 <u>Mary</u> : Court Report due for V girls.  Meteor Day		



# Long-Term Consequences of Child Abuse and Neglect

July 2013

For fiscal year (FY) 2011, States reported that 676,569 children were victims of child abuse or neglect (U.S. Department of Health and Human Services, 2012). While physical injuries may or may not be immediately visible, abuse and neglect can have consequences for children, families, and society that last lifetimes, if not generations.

The impact of child abuse and neglect is often discussed in terms of physical, psychological, behavioral, and societal consequences. In reality, however, it is impossible to separate the types of impacts. Physical consequences, such as damage to a child's growing brain, can have psychological implications, such as cognitive delays or emotional difficulties. Psychological problems often manifest as high-risk behaviors. Depression and anxiety, for example, may make a person more likely to smoke, abuse alcohol or drugs, or overeat. High-risk behaviors, in turn, can lead to long-term physical health problems, such as sexually transmitted diseases, cancer, and obesity. Not all children who have been abused or neglected will experience long-term consequences, but they may have an increased susceptibility.

This factsheet explains the long-term physical, psychological, behavioral, and societal consequences of child abuse and neglect. For more information on abuse and neglect, including definitions, the different types, and the signs and symptoms, read Child Welfare Information Gateway's *What Is Child Abuse and Neglect?*

*Recognizing the Signs and Symptoms:* <https://www.childwelfare.gov/pubs/factsheets/whatiscan.cfm>

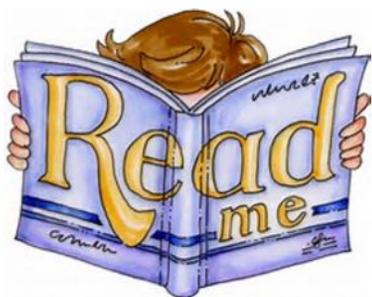
## Factors Affecting the Consequences of Child Abuse and Neglect

Individual outcomes vary widely and are affected by a combination of factors, including:

- The child's age and developmental status when the abuse or neglect occurred
- The type of maltreatment (physical abuse, neglect, sexual abuse, etc.)
- The frequency, duration, and severity of the maltreatment
- The relationship between the child and the perpetrator

Researchers also have begun to explore why, given similar conditions, some children experience long-term consequences of abuse and neglect while others emerge relatively unscathed. The ability to cope, and even thrive, following a negative experience is often referred to as "resilience." It is important to note that resilience is not an inherent trait in children but results from a mixture of both risk and protective factors that cause a child's positive or negative reaction to adverse experiences. A number of protective and promotive factors—individually, within a family, or within a community—may contribute to an abused or neglected child's resilience. These include positive attachment, self-esteem, intelligence, emotion regulation, humor, and independence (Shaffer, 2012).

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## Long-Term Consequences of Child Abuse and Neglect (Continued)

### **Physical Health Consequences**

The immediate physical effects of abuse or neglect can be relatively minor (bruises or cuts) or severe (broken bones, hemorrhage, or even death). In some cases, the physical effects are temporary; however, the pain and suffering they cause a child should not be discounted.

Child abuse and neglect can have a multitude of long-term effects on physical health. NSCAW researchers found that, at some point during the 3 years following a maltreatment investigation, 28 percent of children had a chronic health condition (Administration for Children and Families, Office of Planning, Research and Evaluation [ACF/OPRE], 2007). Below are some outcomes other researchers have identified:

**Abusive head trauma.** Abusive head trauma, an inflicted injury to the head and its contents caused by shaking and blunt impact, is the most common cause of traumatic death for infants. The injuries may not be immediately noticeable and may include bleeding in the eye or brain and damage to the spinal cord and neck. Significant brain development takes place during infancy, and this important development is compromised in maltreated children. One in every four victims of shaken baby syndrome dies, and nearly all victims experience serious health consequences (CDC, n.d.).

**Impaired brain development.** Child abuse and neglect have been shown to cause important regions of the brain to fail to form or grow

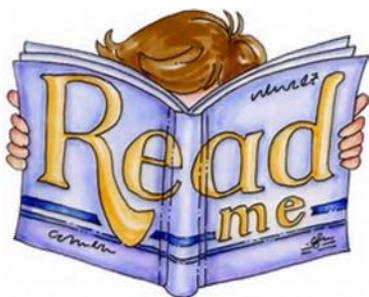
properly, resulting in impaired development. These alterations in brain maturation have long-term consequences for cognitive, language, and academic abilities and are connected with mental health disorders (Tarullo, 2012). Disrupted neurodevelopment as a result of maltreatment can cause children to adopt a persistent fear state as well as attributes that are normally helpful during threatening moments but counterproductive in the absence of threats, such as hypervigilance, anxiety, and behavior impulsivity (Perry, 2012). Child Welfare Information Gateway has produced two publications on the impact of maltreatment on brain development.

*Supporting Brain Development in Traumatized Children and Youth:*  
<https://www.childwelfare.gov/pubs/braindevtrauma.pdf>

*Understanding the Effects of Maltreatment on Brain Development:*  
[https://www.childwelfare.gov/pubs/issue\\_briefs/brain\\_development/brain\\_development.pdf](https://www.childwelfare.gov/pubs/issue_briefs/brain_development/brain_development.pdf)

**Poor physical health.** Several studies have shown a relationship between various forms of child maltreatment and poor health. Adults who experienced abuse or neglect during childhood are more likely to suffer from cardiovascular disease, lung and liver disease, hypertension, diabetes, asthma, and obesity (Felitti & Anda, 2009). Specific physical health conditions are also connected to maltreatment type. One study showed that children who experienced neglect were at increased risk for diabetes and poorer lung functioning, while

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## Long-Term Consequences of Child Abuse and Neglect (Continued)

physical abuse was shown to increase the risk for diabetes and malnutrition (Widom, Czaja, Bentley, & Johnson, 2012). Additionally, child maltreatment has been shown to increase adolescent obesity. A longitudinal study found that children who experienced neglect had body mass indexes that grew at significantly faster rates compared to children who had not experienced neglect (Shin & Miller, 2012).

### ***Psychological Consequences***

The immediate emotional effects of abuse and neglect— isolation, fear, and an inability to trust—can translate into lifelong psychological consequences, including low self-esteem, depression, and relationship difficulties. Researchers have identified links between child abuse and neglect and the following:

**Difficulties during infancy.** Of children entering foster care in 2010, 16 percent were younger than 1 year. When infants and young children enter out-of-home care due to abuse or neglect, the trauma of a primary caregiver change negatively affects their attachments (ACF/OPRE, 2012a). Nearly half of infants in foster care who have experienced maltreatment exhibit some form of cognitive delay and have lower IQ scores, language difficulties, and neonatal challenges compared to children who have not been abused or neglected (ZERO TO THREE, 2011).

**Poor mental and emotional health.** Experiencing childhood trauma and adversity, such as physical or sexual abuse, is a risk factor for borderline personality disorder, depression, anxiety, and other

psychiatric disorders. One study using ACE data found that roughly 54 percent of cases of depression and 58 percent of suicide attempts in women were connected to adverse childhood experiences (Felitti & Anda, 2009). Child maltreatment also negatively impacts the development of emotion regulation, which often persists into adolescence or adulthood (Messman-Morre, Walsh, & DiLillo, 2010).

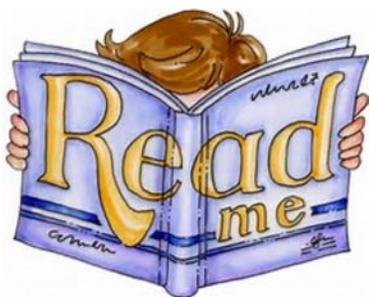
**Cognitive difficulties.** NSCAW researchers found that children with substantiated reports of maltreatment were at risk for severe developmental and cognitive problems, including grade repetition (ACF/OPRE, 2012b). In its final report on the second NSCAW study (NSCAW II), more than 10 percent of school-aged children and youth showed some risk of cognitive problems or low academic achievement, 43 percent had emotional or behavioral problems, and 13 percent had both (ACF/OPRE, 2011).

**Social difficulties.** Children who experience neglect are more likely to develop antisocial traits as they grow up. Parental neglect is associated with borderline personality disorders, attachment issues or affectionate behaviors with unknown/little-known people, inappropriate modeling of adult behavior, and aggression (Perry, 2012).

### ***Behavioral Consequences***

Not all victims of child abuse and neglect will experience behavioral consequences. However, behavioral problems appear to be more likely among this group. According to NSCAW, more than half of youth

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## Long-Term Consequences of Child Abuse and Neglect (Continued)

reported for maltreatment are at risk for an emotional or behavioral problem (ACF/OPRE, 2012b). Child abuse and neglect appear to make the following more likely:

**Difficulties during adolescence.** NSCAW data show that more than half of youth with reports of maltreatment are at risk of grade repetition, substance abuse, delinquency, truancy, or pregnancy (ACF/OPRE, 2012b). Other studies suggest that abused or neglected children are more likely to engage in sexual risk-taking as they reach adolescence, thereby increasing their chances of contracting a sexually transmitted disease. Victims of child sexual abuse also are at a higher risk for rape in adulthood, and the rate of risk increases according to the severity of the child sexual abuse experience(s) (Felitti & Anda, 2009; Messman-Morre, Walsh, & DiLillo, 2010).

**Juvenile delinquency and adult criminality.** Several studies have documented the correlation between child abuse and future juvenile delinquency. Children who have experienced abuse are nine times more likely to become involved in criminal activities (Gold, Wolan Sullivan, & Lewis, 2011).

**Alcohol and other drug abuse.** Research consistently reflects an increased likelihood that children who have experienced abuse or neglect will smoke cigarettes, abuse alcohol, or take illicit drugs during their lifetime. In fact, male children with an ACE Score of 6 or more (having six or more adverse childhood experiences) had an increased likelihood—of more than 4,000 percent—to use intravenous drugs

later in life (Felitti & Anda, 2009).

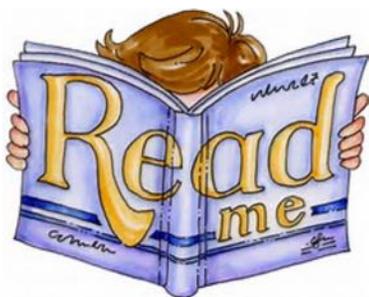
**Abusive behavior.** Abusive parents often have experienced abuse during their own childhoods. Data from the Longitudinal Study of Adolescent Health showed that girls who experienced childhood physical abuse were 1–7 percent more likely to become perpetrators of youth violence and 8–10 percent more likely to be perpetrators of interpersonal violence (IPV). Boys who experienced childhood sexual violence were 3–12 percent more likely to commit youth violence and 1–17 percent more likely to commit IPV (Xiangming & Corso, 2007).

### **Societal Consequences**

While child abuse and neglect usually occur within the family, the impact does not end there. Society as a whole pays a price for child abuse and neglect, in terms of both direct and indirect costs.

**Direct costs.** The lifetime cost of child maltreatment and related fatalities in 1 year totals \$124 billion, according to a study funded by the CDC. Child maltreatment is more costly on an annual basis than the two leading health concerns, stroke and type 2 diabetes (Xiangming, Brown, Florence, & Mercy, 2012). On the other hand, programs that prevent maltreatment have shown to be cost effective. The U.S. Triple P System Trial, funded by the CDC, has a benefit/cost ratio of \$47 in benefits to society for every \$1 in program costs (Mercy, Saul, Turner, & McCarthy, 2011).

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## Long-Term Consequences of Child Abuse and Neglect (Continued)

***Indirect costs.*** Indirect costs represent the long-term economic consequences to society because of child abuse and neglect. These include costs associated with increased use of our health-care system, juvenile and adult criminal activity, mental illness, substance abuse, and domestic violence. Prevent Child Abuse America estimates that child abuse and neglect prevention strategies can save taxpayers \$104 billion each year. According to the Schuyler Center for Analysis and Advocacy (2011), every \$1 spent on home visiting yields a \$5.70 return on investment in New York, including reduced confirmed reports of abuse, reduced family enrollment in Temporary Assistance for Needy Families, decreased visits to emergency rooms, decreased arrest rates for mothers, and increased monthly earnings. One study found that all eight categories of adverse childhood experiences were associated with an increased likelihood of employment problems, financial problems, and absenteeism (Anda et al., 2004). The authors assert that these long-term costs—to the workforce and to society—are preventable.

### ***Prevention Practice and Strategies***

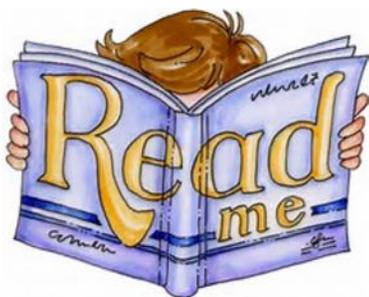
To break the cycle of maltreatment and reduce the likelihood of long-term consequences, communities across the country must continue to develop and implement strategies that prevent abuse or neglect from happening. While experts agree that the causes of child abuse and neglect are complex, it is possible to develop prevention initiatives that address known risk factors.

For more information, visit Information Gateway's Preventing Child Abuse and Neglect web section: <https://www.childwelfare.gov/preventing/>

### ***Trauma-Informed Practice***

While the priority is to prevent child abuse and neglect from occurring, it is equally important to respond to those children and adults who have experienced abuse and neglect. Over the past 30 years, researchers and practitioners have developed a better understanding of the effects of trauma. More has been done in the way of developing supports to address these effects, build resiliency, and, hopefully, prevent further trauma. Trauma-informed practice refers to the services and programs specifically designed to address and respond to the impact of traumatic stress. The importance of this approach has become especially evident in the child welfare system, as a majority of children and families involved with child welfare have experienced some form of past trauma. When human service systems recognize and respond to the impact of trauma and use this knowledge to adapt policies and practices, children, youth, and families benefit (Wilson, 2012).

The National Child Traumatic Stress Network strives to raise the standard of care and improve access to services for traumatized children, their families, and communities: <http://www.nctsn.org/>



## Long-Term Consequences of Child Abuse and Neglect (Continued)

For more information on trauma-informed practice, visit Information Gateway's Treatment and Trauma-Informed Care web section: <https://www.childwelfare.gov/responding/trauma.cfm>

### Summary

There is a significant body of ongoing research on the consequences of child abuse and neglect. The effects vary depending on the circumstances of the abuse or neglect, personal characteristics of the child, and the child's environment. Consequences may be mild or severe; disappear after a short period or last a lifetime; and affect the child physically, psychologically, behaviorally, or in some combination of all three ways. Ultimately, due to related costs to public entities such as the health-care, human services, and educational systems, abuse and neglect impact not just the child and family, but society as a whole. Therefore, it is imperative for communities to provide a framework of prevention strategies and services before abuse and neglect occur and to be prepared to offer remediation and treatment when necessary.

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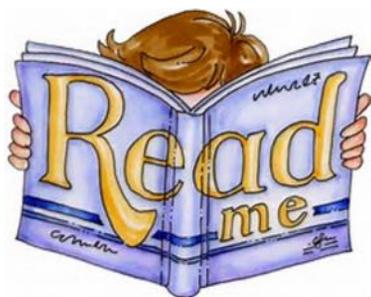
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