

Child Abuse Action Network

NEWSLETTER

CAAN

Spring 2005

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The Maine Child AbuseAction Network (CAAN) is the entity designed by the Governor to receive Children's Justice Act funds, which are provided by the Administration for Children and Families of the Department of Health and Human Services

The Cost of Child Abuse and Neglect in the United States

The cost of Child Abuse and Neglect in the U.S. is estimated at \$258 million per day.

This estimate includes the direct costs associated with intervening to help, and treating the medical and emotional problems suffered by abused and neglected children, as well as the indirect costs associated with the long-term consequences of abuse and neglect to both the individual and society at large.

Each year, more than 3 million children are reported as abused or neglected in the United States, and more than 1 million of these reports are confirmed, according to the author of the study, Prevent Child Abuse America.

CAAN has contacted the Prevent Child Abuse America Foundation to obtain permission to print their 2001 Statistics they gathered through the funding of the Edna McConnell Clark Foundation. For a staggering, detailed breakdown of the estimated annual costs, please turn to page 4 in this Newsletter.

Link Between Childhood Abuse and Drug Abuse in Adulthood

From Children's Bureau Express Jun/Jul 2003 <http://cbexpress.acf.hhs.gov>

A 2003 article in the journal *Pediatrics* shows a strong link between negative childhood experiences and illicit drug use in later life. Findings from the Adverse Childhood Experiences (ACE) study indicate the more negative events people experience during their childhood (e.g., abuse, parental incarceration, domestic violence), the more likely they are to initiate drug use at an early age, have

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CAAN 2005 Conference

Our keynote speaker for the May 19, 2005 CAAN Conference, "Adverse Childhood Experiences: The Cost to Society" is **Dr. Vincent Felitti**. Dr. Felitti is a noted physician and researcher on the negative impacts of adverse childhood experiences on adults. Dr. Felitti is one of the principal investigators of the Adverse Childhood Experiences (ACE) Study, a long-term, in-depth analysis of over 18,000 adults that matches their current health status against eight categories of adverse childhood experiences.



Dr. Vincent Felitti

Findings to date reveal a powerful relationship between our emotional experiences as children and our physical and mental health as adults, as well as a strong link with the major causes of adult mortality in the United States. In other words, the ACE Study documents the conversion of traumatic emotional experiences in childhood into organic diseases later in life. It also documents that time does not heal all wounds. One does not "just get over" some things, not even fifty years later. In his keynote address, Dr. Felitti will discuss the ACE Study and its relevance to the everyday practice of medicine and mental health.

*If you talk to
your children,
you can help
them to keep
their lives
together. If you
talk to them
skillfully,
you can help
them to build
future dreams*

Jim Rohn



The Federal government has made a considerable investment in research regarding the causes and long-term consequences of child abuse and neglect. These efforts are ongoing; for more information, visit the Web sites listed below.

➔ **LONGSCAN** (www.sph.unc.edu/iprc/longscan/) is a consortium of longitudinal research studies on the causes and impact of child abuse and neglect, initiated in 1990 with grants from the National Center on Child Abuse and Neglect.

➔ **The National Survey of Child and Adolescent Well-Being (NSCAW)** (www.acf.hhs.gov/programs/core/ongoing_research/afc/wellbeing_intro.html) is a project of the Administration on Children, Youth and Families to describe the child welfare system and the experiences of children and families who come in contact with the system.

➔ **The National Institutes of Health Child Abuse and Neglect Working Group** (www.nimh.nih.gov/canwg/canwgsum.crm) reviews NIH research efforts in child abuse and neglect and coordinates activities with other Federal agencies (Administration for Children and Families, National Institute of Justice, Office of Juvenile Justice and Delinquency Prevention, Department of Education, and Department of Defense).

The above information is from the **National Clearinghouse on Child Abuse and Neglect**: 330 C Street SW, Washington, DC, 20447, 703-385-7565, 800-FYI-3366, <http://nccanch.acf.hhs.gov>

Representative Sean Faircloth (Bangor)



Maine State Representative Sean Faircloth will be addressing the attendees at CAAN's 2005 Conference: *Adverse Childhood Experiences: The Cost To Society*.

Representative Faircloth was newly elected by the largest margin of any Democrat running for an open seat in a non-Democratic district, then was easily reelected in 2004. Faircloth served as House Chair of a Commission to Reform Sex Offender Law; played a lead role in restoring significant funding to children's mental health in the state budget, and initiated a first-in-the-nation comprehensive package addressing the obesity epidemic for which he was awarded Legislator of the Year by Maine's Chapter of the American Academy of Pediatrics. Faircloth has been a featured speaker at Harvard, the Centers for Disease Control and numerous events around the country regarding his innovative health proposals)

Continued from Page 1 **Link Between Childhood Abuse and Drug Abuse in Adulthood**



drug problems, be addicted to drugs, or use intravenous drugs in adulthood. The results speak directly to the need for, and benefits of, efforts to prevent child maltreatment.

Originally initiated in the late 1980's as a study of the relationship between adult obesity and childhood abuse, the ACE study examines the relationship between a variety of adverse experiences in childhood and health problems later in life. Researchers at Kaiser Permanente San Diego and the Centers for Disease Control and Prevention identified eight categories of adverse childhood experiences: physical abuse; emotional abuse; sexual abuse; alcohol or substance abuse in the household; a household member who was incarcerated; a household member who was chronically depressed, mentally ill, or suicidal; domestic violence; or parents who were separated, divorced, or in some way lost to the patient during childhood.

In previous analyses of the ACE data, these experiences also were shown to be associated with higher rates of:

Smoking	Chronic obstructive pulmonary disease
Alcoholism	Hepatitis
Fractures	Diabetes
Obesity	Occupational health problems
Poor job performance	

An abstract of this article can be obtained at www.pediatrics.org/cgi/content/abstract/111/3/564. A description of the ACE study and a selected list of study publications can be found in the Winter 2002 issue of the Permanente Journal at <http://xnet.kp.org/permanentejournal/winter02/goldtolead.html>

Total Annual Cost of Child Abuse and Neglect in the United States

DIRECT COSTS Statistical Justification Data

Direct Costs	Estimated Annual Cost
<p>Hospitalization Rationale: 565,000 children were reported as suffering serious harm from abuse in 1993. One of the less severe injuries is a broken or fractured bone. Cost of treating a fracture or dislocation of the radius or ulna per incident is \$10,983. Calculation: 565,000 x \$10,983</p>	\$ 6,205,395,000
<p>Chronic Health Problems Rationale: 30% of maltreated children suffer chronic medical problems. The cost of treating a child with asthma per incident in the hospital is \$6,410. Calculations: .30 x 1,553,800 = 446,140; 140 x \$6,410</p>	2,987,957,400
<p>Mental Health Care System Rationale: 743,200 children were abused in 1993. For purposes of obtaining a conservative estimate, neglected children are not included. One of the costs to the mental health care system is counseling. Estimated cost per family for counseling is \$2,860. One in five abused children is estimated to receive these services. Calculations: 743,200/5 = 148,640; 148,640 x \$2,860</p>	425,110,400
<p>Child Welfare System Rationale: The Urban Institute published a paper in 1999 reporting on the results of a study it conducted estimating child welfare costs associated with child abuse and neglect to be \$14.4 billion</p>	14,400,000,000
<p>Law Enforcement Rationale: The National Institute of Justice estimates the following costs of police services for each of the following interventions: child sexual abuse (\$56); physical abuse (\$20); emotional abuse (\$20) and child educational neglect (\$2). Cross referenced against DHHS statistics on number of each incidents occurring annually. Calculations: Physical Abuse – 204,500 x \$20 and Sexual Abuse – 217,700 x \$56 and Emotional Abuse – 204,500 x \$20 and Educational Neglect – 397,300 x \$2</p>	24,709,800
<p>Judicial System Rational: The Dallas Commission on Children and Youth determined the cost per initiated court action for each case of child maltreatment was \$1,372.34. Approximately 16% of child abuse victims have court action taken on their behalf. Calculations: 1,553,800 cases nationwide x .16 – 248,608 victims with court action; 248,608 x \$1,372.34</p>	341,174,702
<p>Total Direct Costs</p>	\$24,384,347,302

Data courtesy of Prevent Child Abuse America. Statistics are from 2001. The statistical data used to compile this chart is available on their web site, www.preventchildabuse.org

Mid-Maine Child Trauma Network Conference

by: Mark Rains, PhD and CAAN Member

The Mid-Maine Child Trauma Network (MMCTN) Conference was held on November 29 and 30, 2004. Entitled “Essential Elements of Trauma-Sensitive Intervention” with a special focus on Abuse-Focused Cognitive Behavioral Therapy, the conference generated interest in several follow up training opportunities:

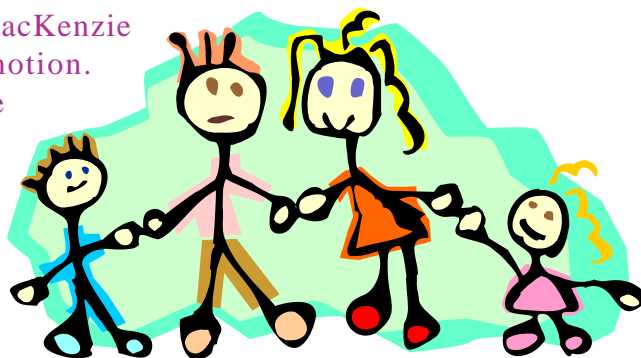
- A training series for Dialectical Behavior Therapists to work with groups of parents,
- A training series applying Narrative Therapy to child/family trauma recovery, and
- A collaborative group to support supervision of Cognitive Behavioral Therapy implementation. For more information contact MMCTN at 621-0415 or check in periodically at our website: <http://www.mainechildtrauma.net>.

The conference included plenary presentations by David Kolko, PhD, (a coauthor of Abuse-Focused Cognitive Behavioral Therapy) on development, implementation, evaluation, and dissemination of the AF-CBT model, followed by skill-building workshops on application of AF-CBT with children and parents. AF-CBT is one of three evidence-based therapies cited in the Kauffman Report..... www.kauffman/

Additional workshops focused on each of the eight “Essential Elements”. Greg Marley presented on 1) Establishing Safety within a child’s caregiving environment and service settings. Mark Rains (MMCTN) filled in for MacKenzie Harris for a workshop on 2) Managing Overwhelming Emotion.

We hope to arrange a follow-up workshop with MacKenzie Harris at a later date. Richard Kagan (NCTSN in New York) addressed 3) Organizing a Trauma Narrative and 4) Integrating a Mastery Narrative through his “Real Life Heroes”. Chris Behan (Sweetser) elaborated on 3) and 4) with an additional workshop on Narrative Therapy. Roy Siegfried (Spurwink) described 5) Addressing Potential Ripple Effects or Complex Trauma

issues. Dick Watson (HealthReach New Directions) discussed 6) Supporting Family Systems. The Child Abuse Action Network’s “Assessing & Treating Complex Children” was distributed as a resource for 7) Working through Teams and Christine Dietz (private practice) presented strategies for 8) Managing Personal & Professional Stress associated with working with child trauma issues.



The plenary sessions and AF-CBT workshops were videotaped and are being edited for loan through the MMCTN Resource Library available on <http://www.mainechildtrauma.net>.

The Essential Elements of Trauma-Sensitive Intervention model is being developed within the National Child Traumatic Stress Network as a component of a ‘Toolkit’ of resources for trainers, supervisors, and direct service workers in child welfare, mental health, health care, community services, etc. Drawn from evidence-based practice, clinical guidelines, and expert perspectives, the elements represent the essentials to be considered in assessing service needs, developing intervention plans, and monitoring progress for children who have experienced traumatic stress. Additional details available from: mrains@mainegeneral.org.