Are females doing worse in child welfare?

Considerations from the Maltreatment and Adolescent Pathways (MAP) Longitudinal Study

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Definition of Childhood Maltreatment

- ***Neglect*** - failure to provide care in accordance with expected societal standards for food, shelter, protection, affection (e.g., home and personal hygiene, nutrition, supervision)
- ***Emotional abuse*** - verbal abuse, isolation, age-inappropriate discipline, inappropriate confinement, witnessing inter-parental and parental violence
- ***Physical abuse*** - non-accidental bodily injury (e.g. bruises, burns etc.), typically in the context of discipline or shaken baby syndrome
- ***Sexual abuse*** - sexual coercion, including attempts or threats (e.g., fondling, molesting, exposure to pornography)

*as defined by the World Health Organization

Impact of childhood maltreatment

- Developmental traumatology theory (DeBellis)
- Biology – Person By Environment interaction
- Maltreatment impacts brain structure and functioning towards:

(1) *over-taxing of stress response system* – hypervigilance; quicker reactivity to threat (anger); disengaging from stress slower

(2) *under-development of safety system* – over-focus on other and under-focus on self; lowered (slower) protective and self-soothing and adaptive coping response

Maltreated females show greater impairment across lifespan, in areas of:

Anxiety; Depression; Alcohol Abuse; Substance Abuse; PTSD; Antisocial Personality; Criminality; Suicidality; Obesity

(see Gilbert et al., 2009; Wekerle, MacMillan, Leung & Jamieson, 2008)

Child Development Model

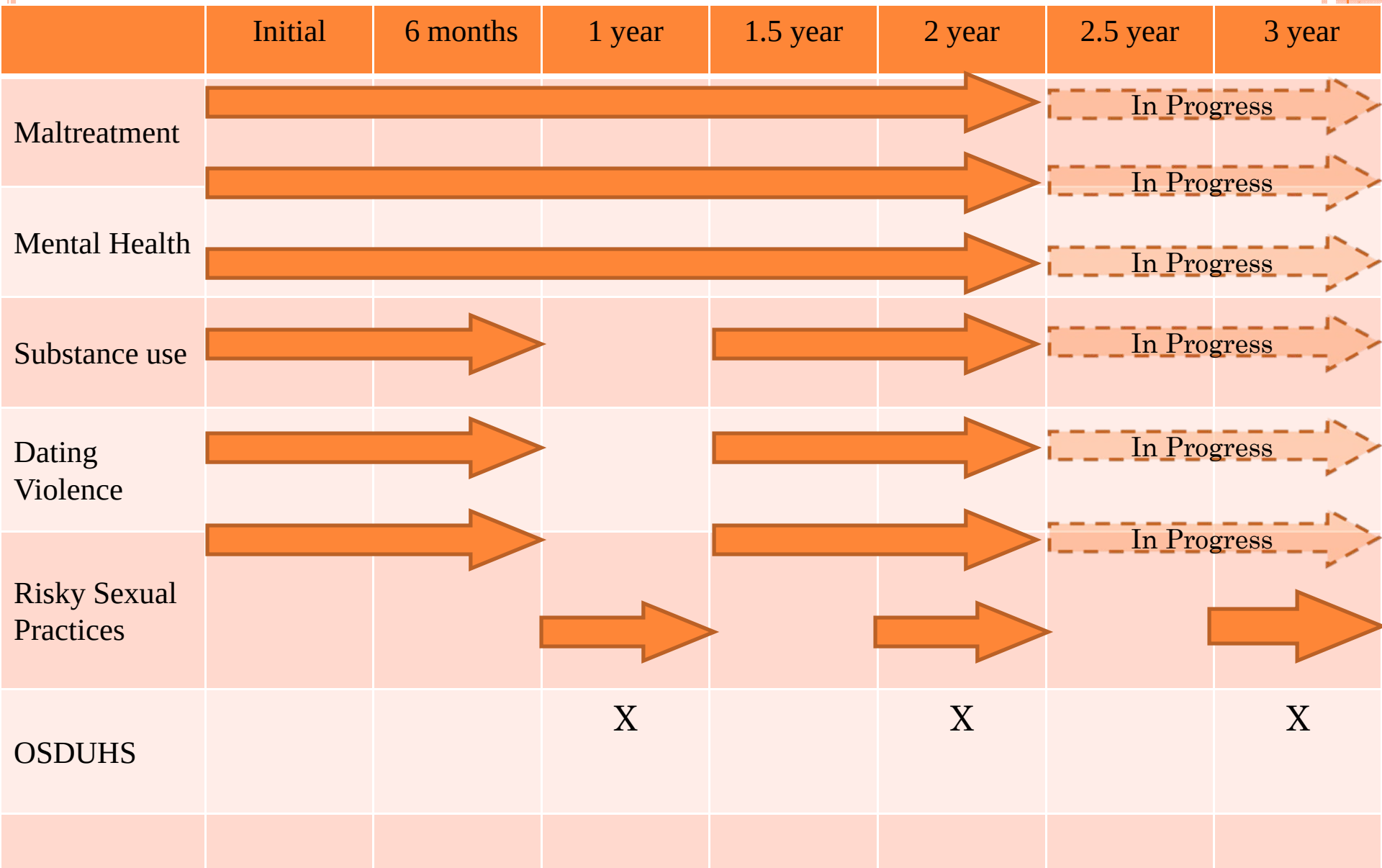
Development	Child Welfare Issues	Child Dysfunction
Positive Self-regard Affect-regulation	Emotional Abuse: (for example, Witnessing domestic violence, verbal abuse)	Internalizing Symptomatology Substance use (coping, self-medication)
Private Self/ Healthy Sexuality	Sexual Abuse: (For example, exposure to pornography, sexual contact)	Risky Sexual Practices Dating Violence Victimization
Behavioral control	Physical Abuse: (Arbitrary, coercive discipline)	Antisociality (vs. Authority) Dating Violence Perpetration Delinquency Substance abuse
Physical Integrity	Neglect (Food, Shelter, Basics)	Health Self-care, Hygiene Suicidal Ideation

MAPS Goals & strategies

Collects data from youth (ages 14.0 to 17.0 years) who are active on the child welfare caseload from an urban catchment area and are randomly selected

1. Evaluates the health and well-being of adolescents involved in the CPS system in one urban catchment area, (a)comparing MAPS females to MAPS males; (b) comparing to ON population matched on age and SES (OSDUHS)
2. Examines PTSD symptomatology as a contributing / mediating factor in health risk behaviours among CPS adolescents – example, teen dating violence

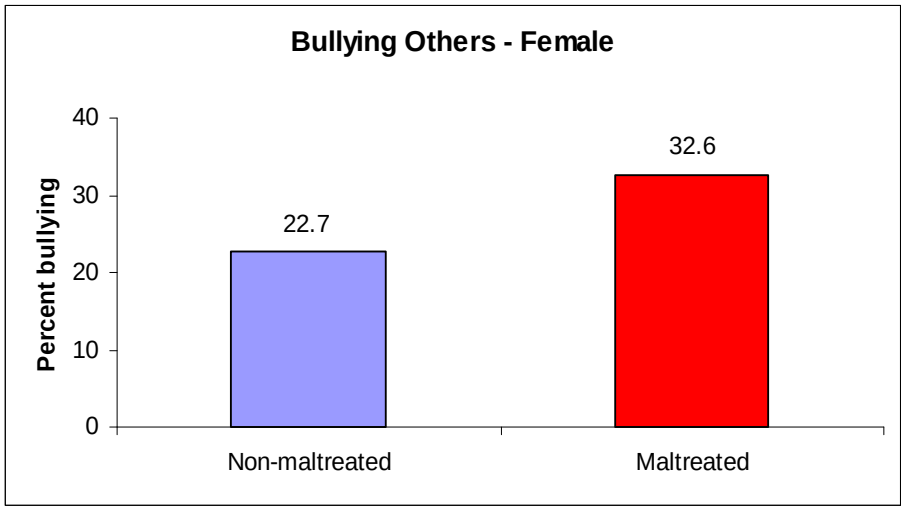
MAP Project Timeline

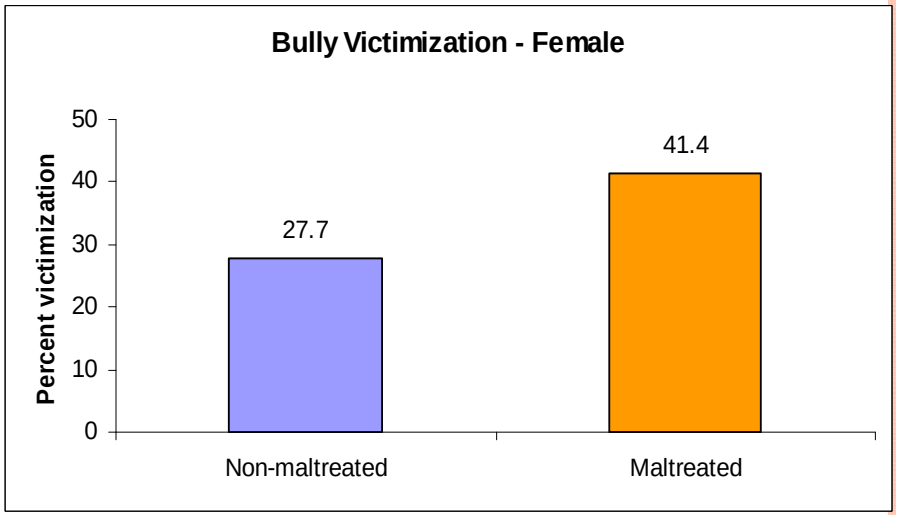


MAP - OSDUHS Youth Comparison (Adjusted for Age and Socioeconomic Status)	Females		Males	
	Odds Ratio	Confidence Interval	Odds ratio	Confidence Interval
Used alcohol before age 13	.74	(.47-1.16)	1.38	(.81-2.34)
Used alcohol in the past month	1.86	(1.26-2.74)**	2.33	(1.48-3.66)**
Used alcohol in the past year	1.83	(1.19-2.80)**	2.07	(1.26-3.41)**
High user of alcohol (3+ drinks per use)	2.40	(1.55-3.71)**	1.84	(1.14-2.99)**
Ever engaged in binge drinking (5+ drinks)	1.67	(1.11-2.51)*	1.53	(0.96-2.44)
Ever not able to stop drinking	1.30	(0.70-2.43)	1.63	(0.68-3.91)
Ever done things you were not supposed to after drinking	2.17	(1.15-4.09)*	1.95	(0.95-4.02)
Ever felt guilty after drinking	2.09	(1.08-4.03)*	1.18	(0.58-2.40)
Ever not able to remember the night before after drinking	1.76	(1.08-2.84)*	1.35	(0.80-2.28)
Ever injured (yourself or others) after drinking	2.23	(1.18-4.21)**	3.13	(1.23-7.96)*
Ever had someone concerned about your drinking	0.84	(0.31-2.31)	0.93	(0.35-2.48)
Ever seen a doctor because of drinking	0.36	(0.11-1.22)	0.85	(0.10-7.12)

Table 1. Alcohol use among CAS females (N=108) and CAS males (N= 69) in the MAP study compared to age-matched females (N=1858) and males (N=1647) from the Ontario Student Drug Use and Health Survey. * $p<.05$ ** $p<.01$

OSDUS Paper; Mohapatra et al. (in press) Results – Female Students





► Maltreatment did not predict how often bullying occurred; but whether it did or did not happen.

► Maltreated female were ***1.5 times*** more likely to bully and **1.7 times** more likely to be victims of bullying, as compared to non-maltreated females.

For bullying, no significant relationship with maltreatment history for males

► Females with higher psychological distress were **over 2 times** as likely to bully others (perpetrator) and to be bullied by others (victim), as compared to non-distressed female peers.

MAPS Females & Delinquency

- MAPS Year 1 testing, using OSDUHS questions

MAPS females higher delinquency than ON females;

Crown Ward status buffers delinquency among MAPS females

Damaged Property	OR=1.35
Beating up on purpose	OR=1.53
Carried weapon (gun/knife)	OR=1.78
Participated in gang fights	OR=1.83
Ran away from home	OR=1.74
Physical fight at school	OR=1.96

Females & self-harm – Ontario Study (Rhodes et al. 2008)

- Based on Ontario hospital data on youth 12-17 years (Emergency Dept presentations, NACRS dataset)
- Females more likely than males to be coded as deliberate self-poisonings (DSP), except with acetaminophen agent groups
- Girls under age 15, 5 times more likely DSP
- Females more likely to present with self-poisonings on most single and multiple agents, including antidepressants
- Females not significantly different from males in medically serious overdose
- Most presented to emergency (a) after-hrs and (b) were not admitted to hospital

→ did not receive suicide intent assessment

→ missed opportunity for mental health intervention

→ Suicide prevention - acetominophen type agents can be very toxic in overdose and females may have less physical tolerance

- Implications: Need for greater study of self-harm among child welfare youth using administrative database (Dr. Anne Rhodes, SMH study) and child welfare database (Dr. Deb Goodman, serious occurrence report study)

MAPS Preliminary results @ 2-year testing mark on deliberate self-harm

- At 2-year testing, females > CTQ subscale scores on all maltreatment subscales
- Overall, 30% reported DSH acts, with most reporting more than 1 category
- Females more likely to report cutting, severe scratching, head-banging, preventing wounds from healing, putting themselves purposefully in danger, using substances to excess
- Males more likely to self-burn
- 53% of DSH impulsive; 18% thought 1 month or more about DSH
- DSH youth higher Anger-inward score (STAXI), most prevalent reason “punish self”

MAPS Females & Dating

- For Females - Romantic relationships → Autonomy; Identity

- MAPS: Physical childhood abuse co-loaded with emotional abuse for females (PA/EA)
- MAPS: For females, majority PA/EA perpetrator was mother; majority SA perpetrator non-parent male (61%)
- MAPS: Early Dating; Female Avg. age=13 years (SD=2.33)
- 12% MAPS Females report sex before age 13; over 2x US comparable findings for community youth
- MAPS Females > Males gave birth/fathered child (10% vs. 1%)
- MAPS: Females are likely to date older partners (Avg. age=18 years; compared to MAPS males (Avg. age=15)

- Implications: For females, relationships insults more impactfuly emotionally on self-concept; and poor role-modeling may create greater risk

MAP Females & Teen Dating Violence

- YRBSS – US high school (grades 9-12) 1999-2005 (6%-18%)

"ever hit, slapped, physically hurt on purpose" – **10%** avg. endorsement – no gender difference

- 7 items tapping teen dating violence (1) **victimization** and (2) perpetration, over the past 12 months
- ***Physical Abuse (3 items)***:

"kicked, hit, or punched partner"	**26**%; 34%
"slapped or pulled partner's hair"	**22**%; 27%
"pushed,shoved,shook,pinned down partner"	**29**%; 30%

- ***Emotional Abuse (4 items)***:

"said things to make partner angry"	**66**%; 62%
"threatened to hurt partner"	**21**%; 24%
"threatened partner in attempt to have sex"	**17**%; 14%
"threatened to hit or throw something at"	**22**%; 27%

Posttraumatic Stress Disorder (PTSD) Symptomatology Mediation Model

Male Mediation Model: Goodman, p<.05

Direct effect of **Emotional Abuse** on dating violence **perpetration**: .40 (.20)

Direct effect dropped to non-significant [.26(.16)] after controlling for TSCC

Direct effect of **Emotional-Physical Abuse** on **victimization** in dating violence: .98 (.49)

Direct effect dropped to non-significant [.53(.49)] after controlling for TSCC

Female Mediation Model: Goodman=2.26, p<.05

Self-Compassion (Self-Compassion Scale, Neff, 2003):

Healthy form of self-acceptance,
Tendency to treat self kindly in face of perceived inadequacy, by engaging in self-soothing and positive self-talk;
Recognizing discomfort as part of being human, promoting a sense of connection to others,
Able to face painful thoughts by quelling self-pity and "melodrama."
Protect against *excessive* or *unrealistic* negative self-feelings or self-thoughts

(Neely et al., 2009)

<u>MAPS Preliminary Data</u>:
Higher Self-Compassion Scores, Lower PA, EA, EN scores
Higher Self-Compassion Scores, Lower TSCC scores