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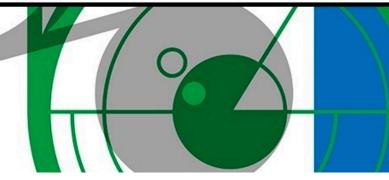
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BOOK OF ABSTRACTS



Developmental trajectories of children who have experienced abuse in infancy: The Saint-Ex study

Wednesday, 14th September - 16:54 - International perspectives, practices and programmes on safeguarding very young children from abuse

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Developmental trajectories of children who have experienced abuse in infancy : The Saint-Ex study Introduction

This study traced the long-term outcomes for a cohort of French children who were abused or neglected in infancy and placed in long-term care. A specific feature of the care system in France is that children placed in out of home care are rarely adopted, but remain in foster or residential homes throughout their childhood.

Aim

The purpose of the study was to identify factors related to long term outcomes for children who had been abused or neglected in infancy before being placed in care.

Methods

The Saint-Ex study has been able to describe the outcomes of 129 children who were taken into care between 1994 and 2001, before their 4th birthdays and were followed until they reached the age of 21, keeping track of every one of them

Comprehensive data has been collected on over 280 variables throughout children's trajectories and includes: pregnancy and birth data, monitoring before admission into care, circumstances of placement, succession of placements, and then, social, educative, administrative, medical, judicial follow-ups, schooling, specialised education, economic and sometimes criminal follow-ups. It also covers some aspects that have not been previously explored such as experience of specialised medical and social education, of the criminal justice system, hospitalisation admissions and psychiatric care, evolution of the quality of the relationship between parents and child over time, medical and economic costs.

Findings

At admission many children displayed evidence of poor physical and mental health. Many came from turbulent families showing factors such as parental mental health problems and numerous children placed in care. The findings revealed that all children benefited from their placement. For some it simply saved their lives. However, they went on to follow contrasting pathways.

The principal finding was that one in four children suffered from debilitating pathologies in adulthood. They suffered from psychological and/or psychiatric disorders and social maladjustment, and developed a dependency on social welfare. In contrast, another 25% who suffered from somatic and still reversible psychological disorders, had more positive outcomes. Their medical and financial costs were less than half those of the preceding group. The remaining 50% presented psychological problems and difficulties of adaptation when adults, but did not suffer from de-socialisation. Three quarters of the children who became adults presented psychological and/or psychiatric disorders, amongst which, a quarter suffered from debilitating pathologies. The quality of the outcome was statistically linked to early intervention and satisfactory management. It was inversely proportionate to the seriousness of the risk to which the child has been exposed.

Conclusion

Some children who experience maltreatment and/or are taken into care at a very young age show positive developmental outcomes. Pejorative trajectories can be avoided and could be considerably minimised with better screening and early intervention. The study shows that, for some of the children, placement was not enough to reverse the destructive processes at play, while for others, it addressed the needs for personal fulfilment. The results of the Saint-Ex study are all the more relevant as they consider the outcomes of very young children, who are more vulnerable to maltreatment and separation, who may experience a long succession of placements under Child Protection Services. The benefits and harmful effects of the latter remain controversial issues. One of the limitations of the Saint-Ex study was the absence of a control group made up of children close to the cohort in terms of their living circumstances, but who have never been taken into care, or were taken into care at a later stage.