

Costs Associated with Child Abuse and Exploitation

A Bibliography



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Scope

This bibliography provides citations and abstracts to publications regarding costs associated with child sexual abuse, exploitation, and maltreatment. This bibliography is not comprehensive.

Organization

This bibliography is arranged chronologically, from most recent to oldest publication date, within each topic area listed below. Links to open access publications are provided.

Medical/Health Costs Associated with Child Sexual Abuse	4
General Economic Impact Associated with Child Sexual Abuse	7
Costs Associated with Child Sexual Exploitation/Trafficking.....	9
Costs Associated with Child Maltreatment (abuse and neglect)	10

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Costs Associated with Child Sexual Abuse and Exploitation

A Bibliography

Medical/Health Costs Associated with Child Sexual Abuse

Dolezal, T., McCollum, D., & Callahan, M. (2009). [Hidden costs in health care: The economic impact of violence and abuse.](#) Eden Prairie, MN: Academy on Violence and Abuse.

This paper reviews a sampling of the literature that supports the contention that violence and abuse lead to a significant increase in health care utilization and costs.

Bonomi, A. E., Anderson, M. L., Rivara, F. P., Cannon, E. A., Fishman, P. A., Carrell, D., & Thompson, R. S. (2008). [Health care utilization and costs associated with childhood abuse.](#) *Journal of General Internal Medicine*, 23(3), 294-299.

Physical and sexual childhood abuse is associated with poor health across the lifespan. However, the association between these types of abuse and *actual* health care use and costs over the long run has not been documented. To examine long-term health care utilization and costs associated with physical, sexual, or both physical and sexual childhood abuse. Three thousand three hundred thirty-three women (mean age, 47 years) randomly selected from the membership files of a large integrated health care delivery system. *Automated* annual health care utilization and costs were assembled over an average of 7.4 years for women with physical only, sexual only, or both physical and sexual childhood abuse (*as reported in a telephone survey*), and for women without these abuse histories (reference group). Significantly higher annual health care use and costs were observed for women with a child abuse history compared to women without comparable abuse histories. The most pronounced use and costs were observed for women with a history of both physical and sexual child abuse. Women with both abuse types had higher annual mental health (relative risk [RR] = 2.07; 95% confidence interval [95%CI] = 1.67–2.57); emergency department (RR = 1.86; 95%CI = 1.47–2.35); hospital outpatient (RR = 1.35 = 95%CI = 1.10–1.65); pharmacy (incident rate ratio [IRR] = 1.57; 95%CI = 1.33–1.86); primary care (IRR = 1.41; 95%CI = 1.28–1.56); and specialty care use (IRR = 1.32; 95%CI = 1.13–1.54). Total adjusted annual health care costs were 36% higher for women with both abuse types, 22% higher for women with physical abuse only, and 16% higher for women with sexual abuse only. Child abuse is associated with

long-term elevated health care use and costs, particularly for women who suffer both physical and sexual abuse.

Hulme, P. A. (2000). Symptomatology and health care utilization of women primary care patients who experienced childhood sexual abuse. *Child Abuse & Neglect*, 24(11), 1471-1484.

The purpose of this study was to (1) determine the symptomatology of women primary care patients who experienced childhood sexual abuse (CSA), using both a self-report survey and a chart review, and (2) determine their health care utilization patterns, using chart and information system reviews. An ex post facto research design was used. Women primary care patients who experienced CSA were compared with those who reported no CSA. Participants were recruited from a random sample of women patients from a large primary care clinic. They were mailed the survey; chart and information system reviews were conducted on those who returned surveys. Of the 395 participants, 23% reported past CSA on the survey. Women who experienced CSA reported 44 out of 51 physical and psychosocial symptoms more frequently than their counterparts who reported no past CSA. Further, they experienced these symptoms more intensely and in greater number. In their charts, however, far fewer differences in symptoms between groups were found. Nonetheless, women who experienced CSA visited the primary care clinic an average of 1.33 more times than women with no CSA, and they incurred an average of \$150 more in primary care charges over a 2-year period. The findings indicate that many women primary care patients who experienced CSA suffer multiple symptoms that are not reflected in their charts. In addition, the findings demonstrate that not only is CSA associated with increased primary care visits, but also increased primary care costs, as measured by charges.

Walker, E. A., Unutzer, J., Rutter, C., Gelfand, A., Saunders, K., VonKorff, M., & Katon, W. (1999). [Costs of health care use by women HMO members with a history of childhood abuse and neglect.](#) *Archives of General Psychiatry*, 56(7), 609-613.

Early childhood maltreatment has been associated with adverse adult health outcomes, but little is known about the magnitude of adult health care use and costs that accompany maltreatment. We examined differences in annual health care use and costs in women with and without histories of childhood sexual, emotional, or physical abuse or neglect. A random sample of 1225 women

members of a health maintenance organization completed a 22-page questionnaire inquiring into childhood maltreatment experiences as measured by the Childhood Trauma Questionnaire. Health care costs and use data were obtained from the automated cost-accounting system of the health maintenance organization, including total costs, outpatient and primary care costs, and emergency department visits. Women who reported any abuse or neglect had median annual health care costs that were \$97 (95% confidence interval, \$0.47-\$188.26) greater than women who did not report maltreatment. Women who reported sexual abuse had median annual health care costs that were \$245 (95% confidence interval, \$132.32-\$381.93) greater than costs among women who did not report abuse. Women with sexual abuse histories had significantly higher primary care and outpatient costs and more frequent emergency department visits than women without these histories. Although the absolute cost differences per year per woman were relatively modest, the large number of women in the population with these experiences suggests that the total costs to society are substantial.

Hankivsky, O., & Draker, D. A. (2003). The economic costs of child sexual abuse in Canada: A preliminary analysis. *Journal of Health & Social Policy, 17*(2), 1-33.

This paper describes a study of the economic costs attributable to child sexual abuse in Canada for the 1997-98 Fiscal Year. The preliminary cost estimate of child sexual abuse in Canada exceeds \$3.6 billion dollars annually. This includes both public and private costs across four policy areas: health, social/public services, justice, and education/research and employment. These estimates have important policy implications in the area of child sexual abuse. The effectiveness of remedies, and options for new initiatives, policies and programs can be further evaluated using these economic calculations.

General Economic Impact Associated with Child Sexual Abuse

Gelles, R. J., & Perlman, S. (2012). [Estimated Annual Cost of Child Abuse and Neglect](#). Chicago IL: Prevent Child Abuse America.

The present report addresses the Corso and Fertig (2010) critique and includes additional refinements. We use Wang and Holton's (2007) categories of direct and indirect costs and add two additional indirect costs: early intervention and homelessness. Cost estimates for each of the indirect costs (early intervention, special education, adult homelessness, juvenile delinquency, and involvement in the criminal justice system (i.e. the additional cost of treating a maltreated child, over and above the cost of treating a child who has not been victimized). For the hospitalization calculation for treating severe abuse, we addressed the Corso and Fertig critique by employing the cost-to-charge ratio. Additionally, all costs reported are the annual costs associated with child maltreatment – and not lifetime costs.

Zielinski, D. S. (2009). Child maltreatment and adult socioeconomic well-being. *Child Abuse & Neglect*, 33(10), 666-678.

Little empirical research has examined the impact that child maltreatment may have on victims' long-term socioeconomic well-being. The current study sought to address this gap by exploring the relationship between childhood experiences of abuse and neglect and several indicators of socioeconomic well-being in adulthood. Data from the nationally representative National Comorbidity Survey (NCS) ($n = 5004$) were analyzed using logistic regression models to examine whether maltreatment in childhood (any maltreatment, physical abuse, sexual abuse, severe neglect, and multiple types of maltreatment) affected employment status, income, and health care coverage in adulthood. Several potential confounds of this relationship were included as covariates in the models, including race, sex, age, and several indicators of childhood socioeconomic status (SES). The results show that adults who had experienced maltreatment differed significantly from non-maltreated adults across each of the socioeconomic domains examined. Effects were additionally found to differ depending on the number of types of maltreatment experienced. Increased rates of unemployment, poverty, and Medicaid usage indicate the significant long-term personal impact of early victimization. They also suggest a substantial societal cost from this problem through lost economic productivity and tax revenue, and increased social spending. Low

socioeconomic status among parents has also been identified as a salient risk factor for the perpetration of maltreatment, and, as such, these results indicate a potential mechanism in the intergenerational transmission of violence.

Rovi, S., Chen, P., & Johnson, M. S. (2004). The economic burden of hospitalizations associated with child abuse and neglect. *American Journal of Public Health, 94*(4), 586-590.

This study assessed the economic burden of child abuse-related hospitalizations. We compared inpatient stays coded with a diagnosis of child abuse or neglect with stays of other hospitalized children using the 1999 National Inpatient Sample of the Healthcare Costs and Utilization Project. Children whose hospital stays were coded with a diagnosis of abuse or neglect were significantly more likely to have died during hospitalization (4.0% vs 0.5%), have longer stays (8.2 vs 4.0 days), twice the number of diagnoses (6.3 vs 2.8), and double the total charges (\$19 266 vs \$9513) than were other hospitalized children. Furthermore, the primary payer was typically Medicaid (66.5% vs 37.0%). Earlier identification of children at risk for child abuse and neglect might reduce the individual, medical, and societal costs.

Hyman, B. (2000). The economic consequences of child sexual abuse for adult lesbian women. *Journal of Marriage & Family, 62*(1), 199-211.

This study is designed to extend the investigation of the long-term consequences of child sexual abuse (CSA) into the workplace and to consider the effects on the economic welfare of 1,925 lesbian women from the National Lesbian Health Care Survey. It seeks to develop a two-stage, least-squares model that considers simultaneously the effects of child sexual abuse on four spheres of a woman's life--her physical health, mental health, educational attainment, and economic welfare; and to investigate the differential impacts of diverse forms of child sexual abuse on the adult woman's functioning. The CSA survivors experienced adverse health and mental health consequences. The type of CSA experienced was also a significant predictor of a woman's educational attainment and annual earnings.

Miller, T. R., Cohen, M. A., & Wiersema, B. (1996). [Victim costs and consequences: A new look](#). Washington, DC: U.S. Department of Justice.

This Research Report documents the results of a 2-year multidisciplinary research effort to estimate the costs and consequences of personal crime for Americans. Personal crime is estimated to cost \$105 billion annually in medical costs, lost earnings, and public program costs related to victim assistance. These tangible losses do not account for the full impact of crime on victims, however, because they ignore pain, suffering, and lost quality of life. Including pain, suffering, and the reduced quality of life increases the cost of crime to victims to an estimated \$450 billion annually.

Costs Associated with Child Sexual Exploitation/Trafficking

Willis, B. M., & Levy, B. S. (2002). [Child prostitution: Global health burden, research needs, and interventions](#). *The Lancet*, 359(9315), 1417-1422.

Child prostitution is a significant global problem that has yet to receive appropriate medical and public health attention. Worldwide, an estimated 1 million children are forced into prostitution every year and the total number of prostituted children could be as high as 10 million. Inadequate data exist on the health problems faced by prostituted children, who are at high risk of infectious disease, pregnancy, mental illness, substance abuse, and violence. Child prostitution, like other forms of child sexual abuse, is not only a cause of death and high morbidity in millions of children, but also a gross violation of their rights and dignity. In this article we estimate morbidity and mortality among prostituted children, and propose research strategies and interventions to mitigate such health consequences. Our estimates underscore the need for health professionals to collaborate with individuals and organisations that provide direct services to prostituted children. Health professionals can help efforts to prevent child prostitution through identifying contributing factors, recording the magnitude and health effects of the problem, and assisting children who have escaped prostitution. They can also help governments, UN agencies, and non-governmental organisations (NGOs) to implement policies, laws, and programmes to prevent child prostitution and mitigate its effects on children's health.

Costs associated with child maltreatment (abuse and neglect)

Pereira, S. M. P., Li, L., & Power, C. (2016). [Child maltreatment and adult living standards at 50 years](#). *Pediatrics*, e20161595. Online ahead of print. DOI: 10.1542/peds.2016-1595

Child maltreatment (abuse and neglect) has established effects on mental health. Less is known about its influence on adult economic circumstances. We aimed to establish associations of child maltreatment with such outcomes and explore potential pathways. We used 1958 British birth cohort data (N = 8076) to examine associations of child neglect and abuse with adult (50 years) long-term sickness absence, not in employment, education or training (NEET), lacking assets, income-related support, poor qualifications, financial insecurity, manual social class, and social mobility. We assessed mediation of associations by 16-year cognition and mental health. Abuse prevalence varied from 1% (sexual) to 10% (psychological); 16% were neglected. A total of 21% experienced 1 maltreatment type, 10% experienced ≥ 2 types. Sexual and nonsexual abuse were associated with several outcomes; eg, for sexual abuse, adjusted odds ratio (aOR) of income-related support was 1.75 (95% confidence interval[CI], 1.12–2.72). Associations were little affected by potential mediating factors. Neglect was associated with several adult outcomes (eg, aOR of NEET was 1.43 [95% CI, 1.10–1.85]) and associations were mediated by cognition and mental health (primarily by cognition): percent explained varied between 4% (NEET) to 70% (poor qualifications). In general, the risk of poor outcome increased by number of maltreatment types (eg, aOR for long-term sickness absence increased from 1.0 [reference] to 1.76 [95% CI, 1.32–2.35] to 2.69 [95% CI, 1.96–3.68], respectively, for 0, 1, and ≥ 2 types of maltreatment). Childhood maltreatment is associated with poor mid adulthood socioeconomic outcomes, with accumulating risk for those experiencing multiple types of maltreatment. Cognitive ability and mental health are implicated in the pathway to outcome for neglect but not abuse.

College of Human Environmental Sciences, Center for Business and Economic Research
Culverhouse College of Commerce, University of Alabama (2015). [The Cost of Child Maltreatment to the Alabama Economy in 2013](#). Tuscaloosa, AL: Author.

This report presents the cost of child maltreatment (or child abuse and neglect) to the Alabama economy in 2013. Child abuse is defined by the Federal Child Abuse Prevention and Treatment Act as any recent act or failure to act on the part of a parent or caretaker that results in death,

serious physical or emotional harm, sexual abuse, or exploitation; or an act or failure to act that presents an imminent risk of serious harm. Four common types of child maltreatment—physical, sexual, emotional, and neglect—are recognized by the Centers for Disease Control and Prevention (CDC).

DeVooght, K., Fletcher, M., & Cooper, H. (2014). [Federal, state, and local spending to address child abuse and neglect in SFY 2012](#). Bethesda, MD: Child Trends.

Key findings show some continued trends, but also reveal new and interesting spending patterns. Most notably, the data show an overall decline in expenditures by child welfare agencies in the U.S.—the first decline since the survey began in SFY 1996. Also of particular note is the measurable decrease in federal funds over the two year period the survey examined (SFYs 2010-2012), and the finding that federal expenditures on child welfare activities are at their lowest level since the SFY 1998 survey.

[Suffer the Little Children: An Assessment of the Economic Cost of Child Maltreatment](#) (2014). Waco, TX: The Perryman Group.

The physical and emotional consequences to the victims of child maltreatment represent a truly incalculable and often irreparable harm which should be sufficient justification for a massive national effort to both address the underlying causes and minimize the impacts on the victims. In reality, however, budget constraints and changing priorities have led to reduced funding to the agencies confronting the issue and fewer public resources for prevention, investigation, and amelioration. In addition to the very real effects on the individuals involved, child maltreatment imposes substantial economic costs which can be quantified in a comprehensive manner. When properly measured, every year that the situation is allowed to persist at current levels drains literally trillions of dollars in long-term business activity.

Currie, J., & Widom, C. S. (2010). [Long-term consequences of child abuse and neglect on adult economic well-being](#). *Child Maltreatment*, 15(2), 111-120.

Child abuse and neglect represent major threats to child health and well-being; however, little is known about consequences for adult economic outcomes. Using a prospective cohort design, court substantiated cases of childhood physical and sexual abuse and neglect during 1967–1971 were matched with nonabused and nonneglected children and followed into adulthood (mean age 41). Outcome measures of economic status and productivity were assessed in 2003–2004 (N = 807). Results indicate that adults with documented histories of childhood abuse and/or neglect have lower levels of education, employment, earnings, and fewer assets as adults, compared to matched control children. There is a 14% gap between individuals with histories of abuse/neglect and controls in the probability of employment in middle age, controlling for background characteristics. Maltreatment appears to affect men and women differently, with larger effects for women than men. These new findings demonstrate that abused and neglected children experience large and enduring economic consequences.

Fang, X., Brown, D. S., Florence, C. S., & Mercy, J. A. (2012). [The economic burden of child maltreatment in the United States and implications for prevention](#). *Child Abuse & Neglect*, 36(2), 156-165.

The objectives were to present new estimates of the average lifetime costs per child maltreatment victim and aggregate lifetime costs for all new child maltreatment cases incurred in 2008 using an incidence-based approach. This study used the best available secondary data to develop cost per case estimates. For each cost category, the paper used attributable costs whenever possible. For those categories that attributable cost data were not available, costs were estimated as the product of incremental effect of child maltreatment on a specific outcome multiplied by the estimated cost associated with that outcome. The estimate of the aggregate lifetime cost of child maltreatment in 2008 was obtained by multiplying per-victim lifetime cost estimates by the estimated cases of new child maltreatment in 2008. The estimated average lifetime cost per victim of nonfatal child maltreatment is \$210,012 in 2010 dollars, including \$32,648 in childhood health care costs; \$10,530 in adult medical costs; \$144,360 in productivity losses; \$7,728 in child welfare costs; \$6,747 in criminal justice costs; and \$7,999 in special education costs. The estimated average lifetime cost per death is \$1,272,900, including \$14,100 in medical costs and \$1,258,800 in

productivity losses. The total lifetime economic burden resulting from new cases of fatal and nonfatal child maltreatment in the United States in 2008 is approximately \$124 billion. In sensitivity analysis, the total burden is estimated to be as large as \$585 billion. Compared with other health problems, the burden of child maltreatment is substantial, indicating the importance of prevention efforts to address the high prevalence of child maltreatment.

Wang, C. T., & Holton, J. (2007). [Total estimated cost of child abuse and neglect in the United States](#). Chicago, IL: Prevent Child Abuse America.

The costs of responding to the impact of child abuse and neglect are borne by the victims and their families but also by society. This brief updates an earlier publication documenting the nationwide costs as a result of child abuse and neglect (Fromm, 2001). Similar to the earlier document, this brief places costs in two categories: direct costs, that is, those costs associated with the immediate needs of children who are abused or neglected; and indirect costs, that is, those costs associated with the long-term and/or secondary effects of child abuse and neglect. All estimated costs are presented in 2007 dollars. Adjustments for inflation have been conducted using the price indexes for gross domestic product published by the Bureau of Economic Analysis (<http://www.bea.gov>).

Scarcella, C. A., Bess, R., Zielewski, E. H., & Green, R. (2006). [The cost of protecting vulnerable children V: Understanding state variation in child welfare financing](#). Washington, DC: Urban Institute.

This survey was the fifth in a series analyzing states' financing of child welfare activities. The methodology was the same as previous rounds of the survey. In April 2005, we mailed the survey to each state child welfare director. Urban Institute staff conducted extensive phone, facsimile, and e-mail follow-up with each state to ensure data were properly interpreted. We received survey responses from 48 states and the District of Columbia. For the purposes of this paper, the District of Columbia is treated as a state.