



# LONGITUDINAL STUDIES OF CHILD ABUSE AND NEGLECT

## LONGSCAN NORTH CAROLINA Overview

LONGSCAN NORTH CAROLINA (LONGSCAN NC) is a longitudinal study of the antecedents and consequences of child abuse and neglect funded by the Children's Bureau of USDHHS' Administration on Children and Families. This study also examines family, environmental, and social factors that may affect child development. Data collection includes separate in-person and telephone interviews with participants and their primary caretakers at ages 4, 6, 8, 12, 14, 16, and 18; teachers completed mailed surveys at ages 6, 8, 12, 14, and 16.

LONGSCAN NC is one of five parallel studies, along with a coordinating center, which comprise the LONGSCAN consortium. Therefore, four other sites around the country are gathering similar data. Data are often pooled to enable greater insights into the predictors, mediators, and sequelae of child maltreatment. Unlike the other four studies primarily conducted in urban areas, LONGSCAN NC is not based in a particular geographic setting. Rather, members of this study sample include a majority of racial minorities, overwhelmingly African American, living in rural, suburban, and urban settings in at least 42 counties across North Carolina.

LONGSCAN NC began in 1986 when mothers of newborns were recruited in hospitals throughout North Carolina and adjacent South Carolina counties shortly after the births of their babies. Mothers were recruited for the study if their children were determined to be at risk for adverse health outcomes based on variety of biomedical and/or socio-demographic indicators including extreme poverty, exceedingly young maternal age, single parenthood, and low birth weight. These mother-infant pairs composed the study population of a previous longitudinal study known as the "Stress, Social Support, and Child Maltreatment" study, funded by the Maternal and Child Health Bureau of USDDHS' Health Resources and Services Administration.

The Stress and Social Support study was conducted to classify risk factors for child maltreatment and assess the roles of stress and social support in the etiology of child maltreatment. Data were collected from the mothers on average within seven weeks of the birth of their infants (years 1986-87). Mothers who agreed to participate were interviewed in their homes. The initial interview included questions about family history, the mother's feelings about herself and her baby, her knowledge and attitudes about child rearing, her health and that of her infant, stresses in her life, and support she received from her family and community. In addition, the state Central Registry of Child Abuse and Neglect was checked every 6 months until the children turned four to determine if maltreatment allegations related to the participants had been reported to Child Protective Services (CPS).

The LONGSCAN NC sample was selected from this original Stress, Social Support and Child Maltreatment sample of 1,111 mother-child pairs, 842 of whom had completed interviews. Based on logistical considerations, current



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residents of South Carolina and those not born in a North Carolina hospital were excluded from consideration, leaving 788 mother-child pairs. After eliminating 37 children who were neither non-Hispanic white nor African American, 172 eligible Stress, Social Support, and Child Maltreatment participants who had been reported to CPS by age 4 were included in the initial risk group for LONGSCAN NC.

Computer-generated randomized lists of all 172 maltreated participants and the remaining non-maltreated participants were used to select the initial 74 cases and their matched controls for the LONGSCAN NC sample. For each of the reported subjects, two non-reported subjects in list order were matched on sex, household income, race, and age, resulting in an initial comparison group of 147 pairs of mothers and children who had not been reported to Child Protective Services.

Later, in order to compensate for withdrawals between ages 4 and 6 and initial misclassifications of reported subjects who had not appeared in the Central Registry by their fourth birthdays, additional participants were added in list order for the age 6 interviews using the randomized lists originally generated at age 4 years. As with the original LONGSCAN NC sample, for every new child participant with at least one referral for suspected maltreatment by age 4, two children were matched on sex, race, age, and income. Ultimately, 22 participants added this way have subsequently been treated in an identical manner as the original 221 participants.

The confidentiality of participants is maintained at all times. Information obtained in interviews is not shared with anyone outside of LONGSCAN without the written permission of the interviewees. To insure the privacy of participants, all interviews are protected by a Federal Certificate of Confidentiality. All interview questions and procedures have been approved by the University of North Carolina at Chapel Hill Public Health-Nursing Institutional Review Board (IRB #99-0449). Identifying information about participants is never included in any documents or publications produced or distributed by the study, and is stripped from all data before pooling with other sites. Only a limited number of individuals at LONGSCAN NC are even able to access identifying information, which is strictly guarded in locked files for paper records and in a secure, password-protected server for computerized data. This study will not release the names of participants nor confirm or deny inclusion in the study without written consent from the participants.

Now in year 17 of 20 years of continuous funding from the Administration on Child and Families (ACF), LONGSCAN NC also enjoyed five years of funding from NIH between 2000 and 2005. Jonathan B. Kotch, MD, MPH, is the principal investigator. The study is based in the Department of Maternal and Child Health at the University of North Carolina at Chapel Hill School of Public Health.