



UNIVERSITY
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Te Whare Wānanga o te
NEW ZEALAND

Childhood Adversity and Mental Health: Lifecourse Implications

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Extensive research has shown that:

- The effects of adversity in childhood are accumulative
- The consequences are pervasive

The Christchurch Health & Development Study

- The Christchurch Health and Development Study is a longitudinal study of a birth cohort of 1,265 children born in Christchurch in 1977
- This cohort has been studied at birth, 4 months, 1 year, annual intervals to 16, and at 18, 21, 25, 30, 35 and 40 (a total of 24 occasions)
- As part of this research, extensive data have been gathered on childhood and family circumstances, and individual psychosocial functioning over the life course

Domains of Adversity

- Material Disadvantage
Poverty, material deprivation
- Psychosocial Adversity/Adverse Childhood Experiences (ACE)
Child abuse/neglect, family violence, family instability, family dysfunction, parental adjustment problems, ineffective parenting
- Individual/Behavioural Factors
Child mental health, behavioural adjustment

Accumulative Childhood Adversity (0-16 years)

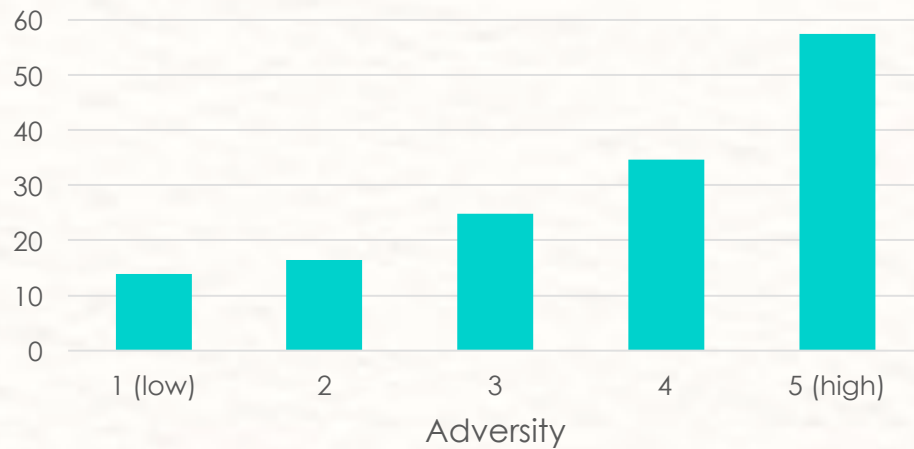
Poverty	Parental Problems	Family Violence	Adolescent Mental Health Problems	Adolescent Adjustment Problems
<ul style="list-style-type: none"> • Low family income (20%) • Low living standards (25%) • Prolonged welfare dependence (20%) 	<ul style="list-style-type: none"> • Illicit substance use (25%) • Criminal offending (13%) • Alcohol problems (12%) • Depression and anxiety (30%) 	<ul style="list-style-type: none"> • Contact sexual abuse (11%) • Regular or severe physical abuse (17%) • Inter-parental violence (22%) • High parental over-control (25%) 	<ul style="list-style-type: none"> • Depression (13%) • Anxiety (30%) • Low self-esteem (23%) • Suicidal ideation/attempt (15%) 	<ul style="list-style-type: none"> • Alcohol abuse (11%) • Cannabis use (22%) • Conduct disorder (17%) • In trouble with the police (17%)

Frequency Distribution of Number of Adversities

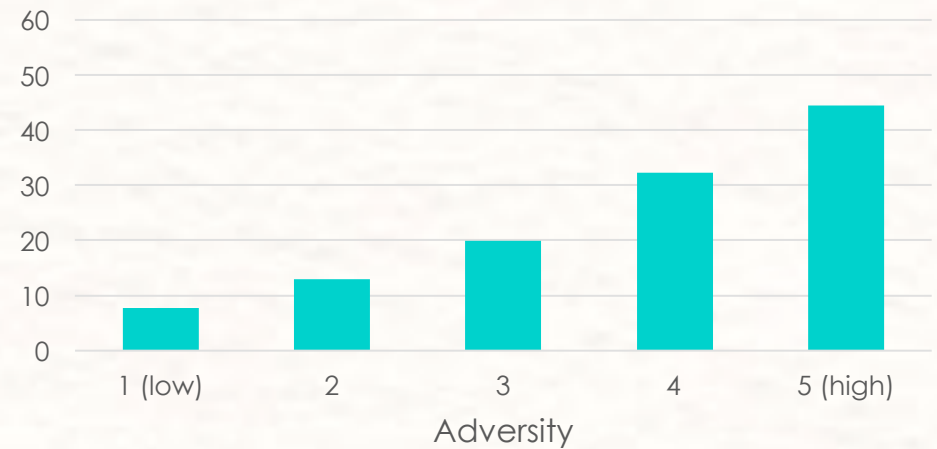
Number of Adversities	% of Cohort
0-1	30
2-3	30
4-6	20
7-10	15
11+	5

Childhood Adversity and Adult Mental Health

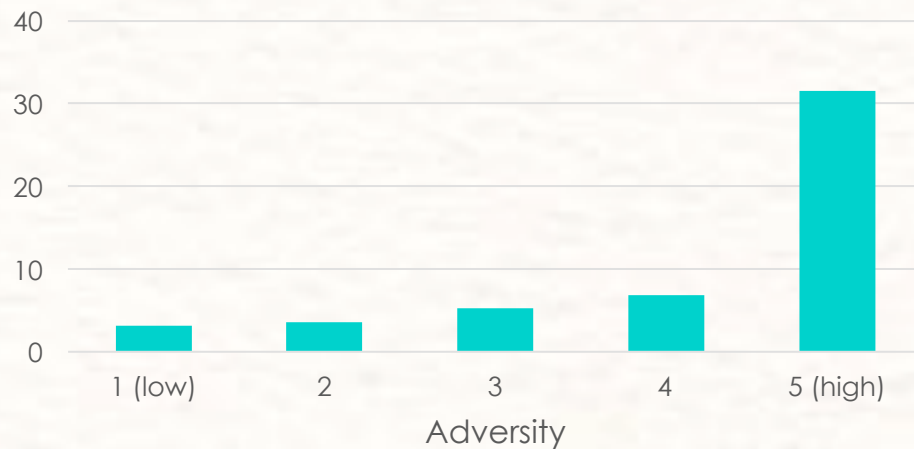
Depression %



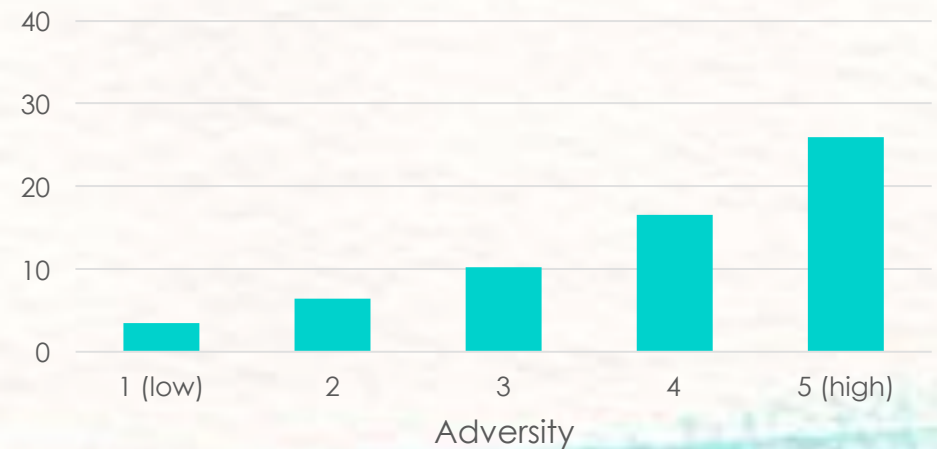
Anxiety Disorder %



Suicide Attempt %

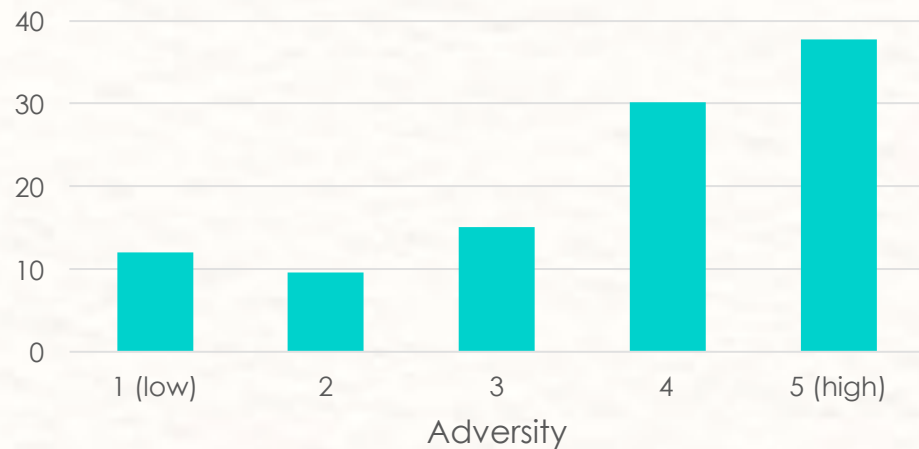


Substance Dependence %

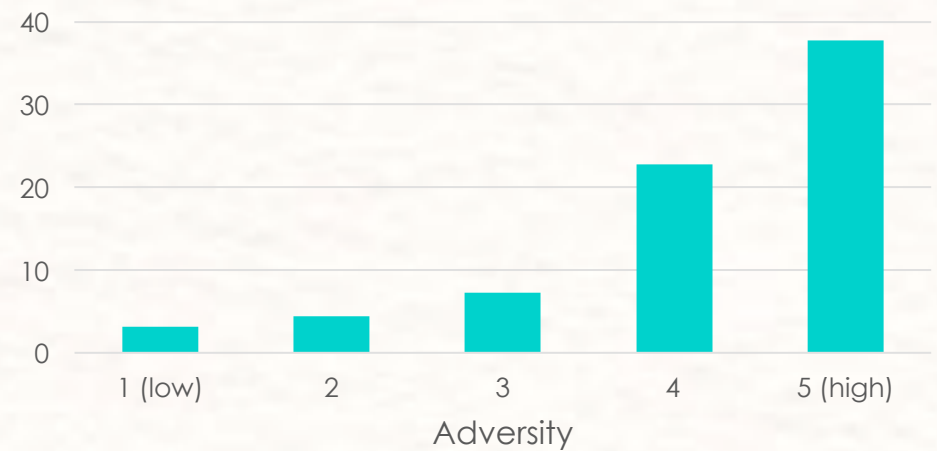


Childhood Adversity and Adult Material Wellbeing

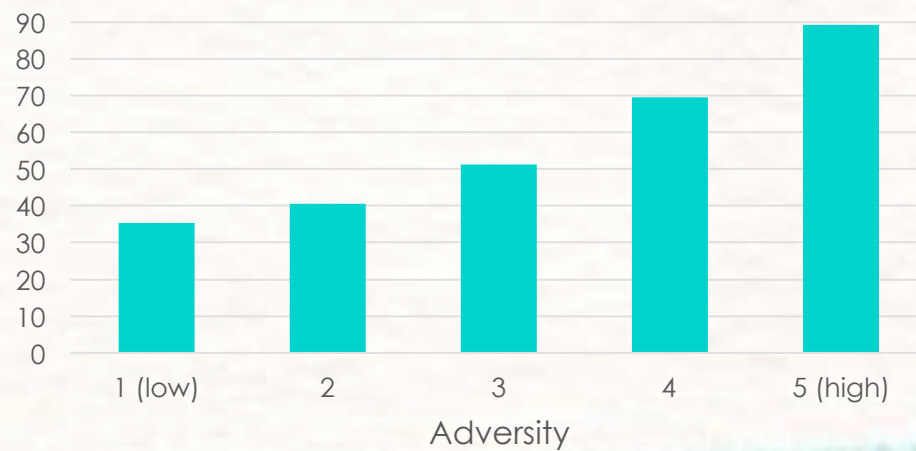
Income Poverty %



Material Hardship %

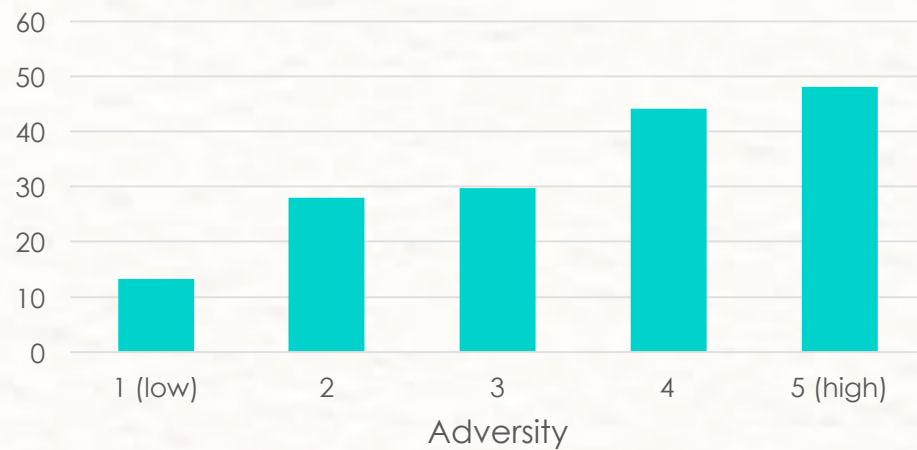


Welfare Dependence %

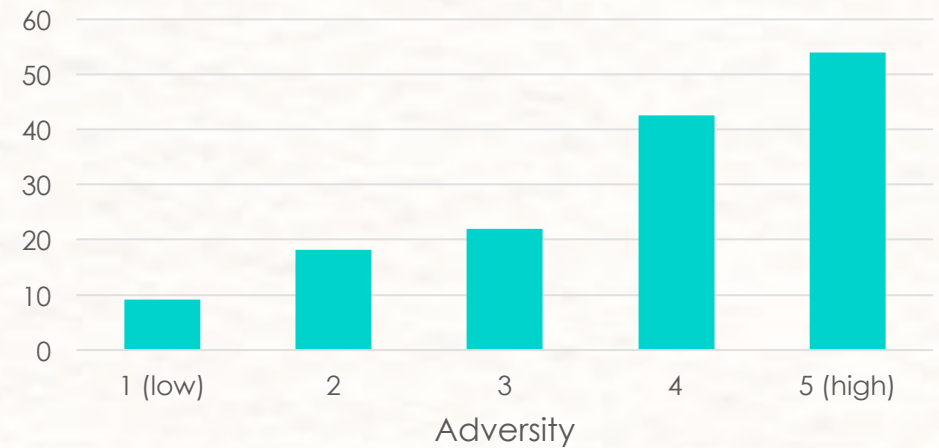


Childhood Adversity and Adult Family Violence

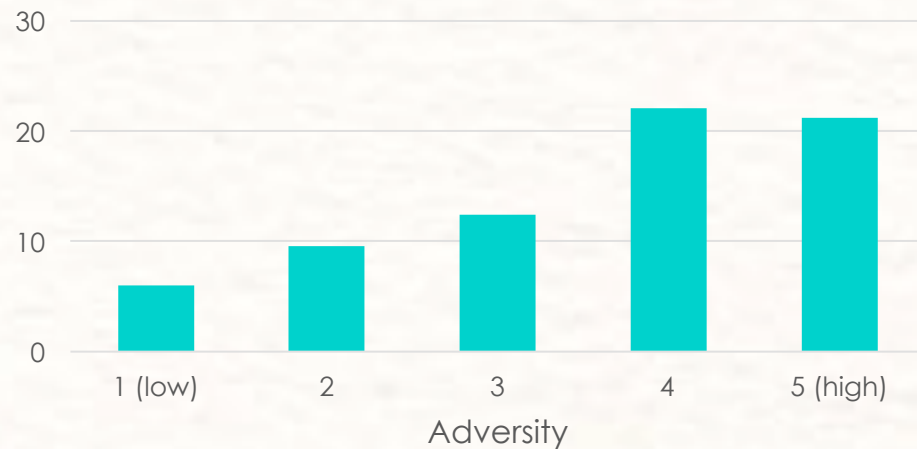
Intimate Partner Violence Victimization %



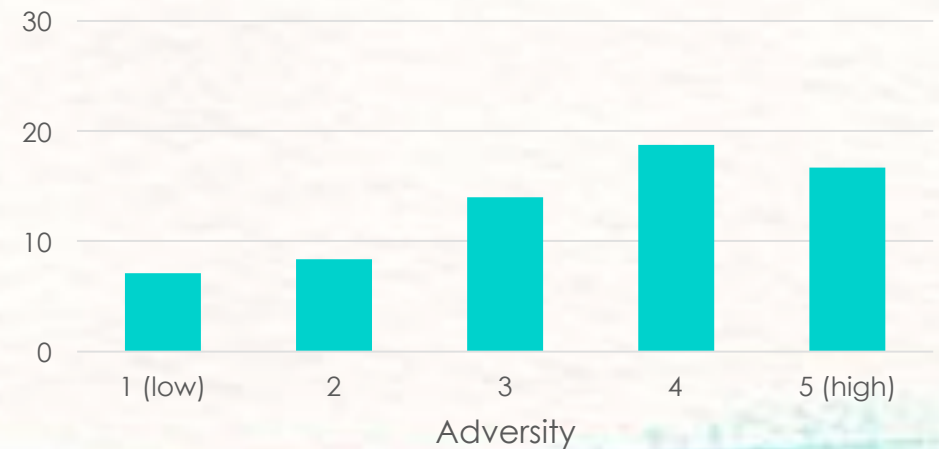
Intimate Partner Violence Perpetration %



Relationship Conflict %

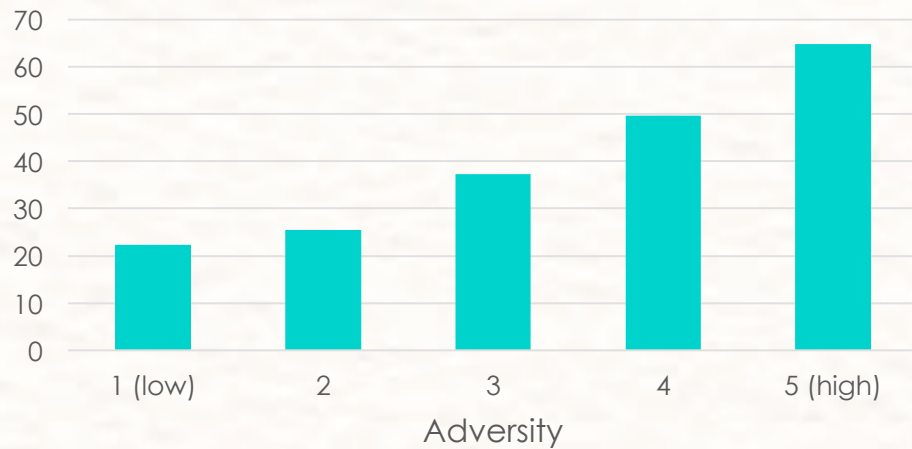


Child Physical Punishment %

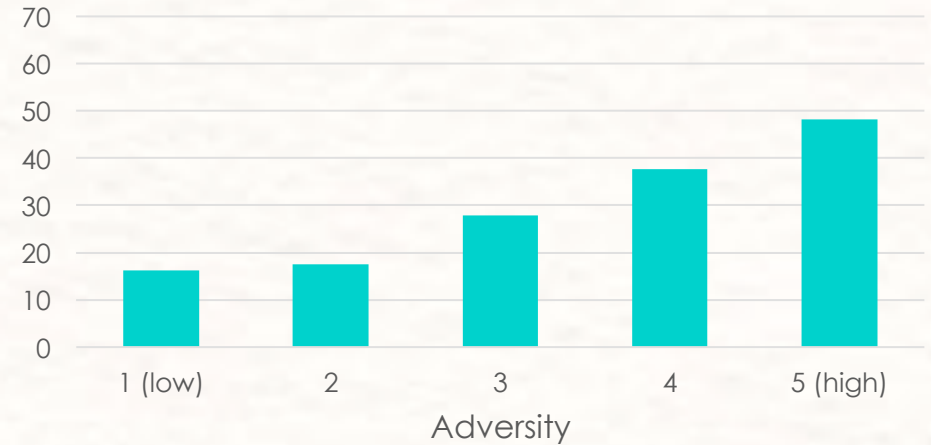


Childhood Adversity and Adult Antisocial Behaviour

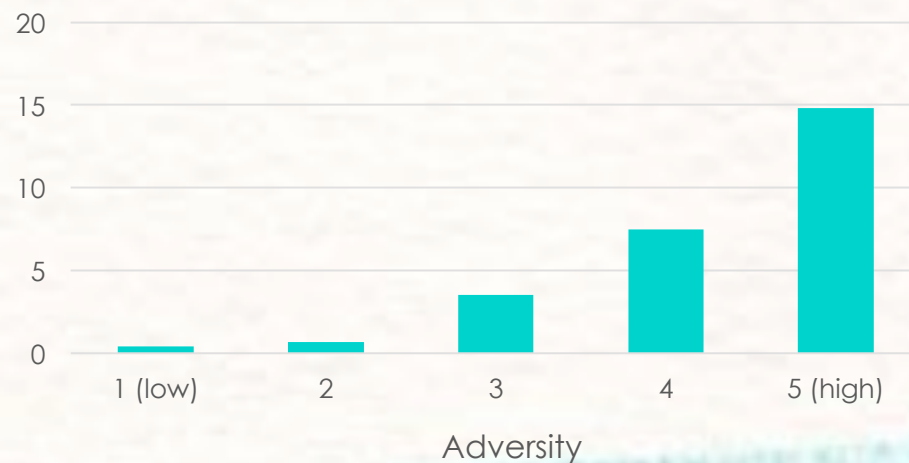
Property/Violent Offending %



Arrest/Conviction %



Imprisonment %



Summary

- Accumulative childhood adversity is strongly predictive of adult functional outcomes across multiple domains
- The 5% of the cohort with the highest level of childhood adversity had rates of adverse adult functional outcomes that were between 2.5 to 40 times higher than for those with the lowest exposure to childhood adversity

Implications

- The underlying processes that drive adversity are highly stable over the life course
- The complex nature of adversity requires a whole of government approach to social investment
 - long term investment strategies
 - increased monitoring, evaluation and assessment of long term outcome
- What about disparities?
- Is the nature of diversity changing?