Early years and Life course effects

Background Child maltreatment (neglect and abuse) is not uncommon and has established associations with adverse socioeconomic and health outcomes; however there is sparse evidence on its relationship with premature mortality in adulthood. While different types of maltreatment co-occur, previous studies have examined types of maltreatment separately or as a combined score and there is little understanding of possible differential effects. Using a general population birth cohort, we aimed to establish whether different types of maltreatment were associated with risk of all-cause mortality in mid-adulthood.

Methods Using data from the 1958 British cohort (N=9311), we examined associations between child neglect (prospectively recorded at 7y and 11y) and physical, psychological, witnessing and sexual abuse (retrospectively recorded at 44/45y) with risk of all-cause mortality between 2002/3 (when participants were 44/45y) and December 2016. Death was ascertained through receipt of certificates from the NHS Central Register (n=296) and from information from relatives or close friends (n=16). Associations were examined for each type of maltreatment separately and also combined as a score, to assess cumulative burden, using Cox proportional hazard models with and without adjustment for gender, early-life covariates (e.g. childhood socioeconomic position) and for other maltreatment types to allow for co-occurrence.

Results Approximately 22% of participants reported at least one type of maltreatment in childhood and 3.4% had died between 2002/3 and 2016. Individuals identified with neglect (10.4% of the population), physical (6%) or sexual abuse (1.6%) were at increased risk for all-cause mortality during the follow-up period, independent of other types of maltreatment and childhood socioeconomic position: adjusted Hazard Ratios (HRs) were 1.43 (95% CI:1.04,1.95), 1.76(1.11,2.80) and 3.07(1.77, 5.33) respectively. Childhood psychological and witnessing abuse were not associated with mortality after allowing for other factors.

Conclusion Adult survivors of child neglect, physical and sexual abuse are at increased risk of premature mortality in mid-adulthood. Findings suggest that periodic health assessments for survivors of specific types of child maltreatment over the life-course may help eradicate differences in premature mortality. Child abuse was reported retrospectively in adulthood, although child neglect and potential confounding factors were ascertained prospectively.