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children seen and heard
Article in *Seen and Heard*, Volume 33 | Issue 4 | 2023

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nagalro@nagalro.com

EDITORIAL

Ageing, life-long health consequences and child maltreatment

Over the last few years, a host of research papers have been published that consistently demonstrate the life-long impacts of child maltreatment. Some of the individual reports are discussed in more detail elsewhere in this journal. Together, however, they raise urgent questions for the government as a whole, the Department of Health, the Department for Work and Pensions, the Ministry of Justice and the Treasury. These issues should not be pushed aside as matters for the Department for Education only.

A Japanese study, published this year and reported in this edition, follows up on several international studies looking at the rate at which mistreated children physically age. The study confirms previous work showing that children who have been abused or mistreated suffer accelerated ageing. Like barnacles on the hull of a ship, our DNA gradually gathers small changes to individual parts of the DNA of individual cells. As those changes accumulate, it is possible to measure them and thereby estimate the individual's age. These changes cause us to age generally and to become increasingly vulnerable to illnesses, such as cancers and cardiovascular disease, including heart failure. For maltreated children, that ageing process is accelerated so that their susceptibility to such conditions is increased and arises at a younger chronological age.

In 2021, an earlier paper conducted a systematic review and meta-analysis examining 18 previous studies involving 406,210 participants. The authors found that individuals who have experienced adverse childhood experiences (ACEs) were at a higher risk of developing cancer. Two years later, an American study established a clear link between child abuse and the development of adult coronary heart disease. The findings were reported to be 'generally consistent across abuse subtypes and sex'.

Published at the beginning of this year, a study from Brazil looked at the development of regions of the brain and how this differed between children who had experienced maltreatment and those who had not experienced such behaviour. The authors found that there was a 'sustained reduction' in the volume of the right hippocampus region of the brain amongst those children who had suffered maltreatment. In their conclusions, the authors speak of an 'urgent need' for work to minimise, or even remedy, the impacts of child maltreatment on the growing brain.

The Brazilian study links to a 2024 study from Norway, which looked at the impact of different forms of early-life adversity on brain maturation. Where children had suffered emotional neglect or the lack of support from a caregiver, the authors found that these children had younger-looking brains. In contrast, children who had experienced trauma, domestic violence and substance abuse had noticeably older-looking brains. Other studies have linked younger-looking brains with ADHD, anxiety and depression.

Another 2025 study (reported in this edition) examined the association of childhood maltreatment with adult obesity and type 2 diabetes. The authors of the study found that, of the 153,601 participants, those who recalled three or more types of childhood maltreatment were at a higher risk of obesity and of type 2 diabetes, due, at least in part, to that obesity.

What can we conclude from all of this? The big picture is, surely, that the welfare of children is a matter of public health because the long-term consequences of failing to deal with this will have to be paid for, with compound interest, in the spending on adult health and the inevitable costs of supporting those who cannot support themselves because of illness and disability. By the time public law proceedings are taken, the seeds of long-term sickness and disability have already been sown, and so early help and support are critical. Politically, this may seem to be a hard sell because the benefits of such actions will not be visible for several decades and long after the present administration has left office. That should not prevent action from being taken. It must be linked with educating the public about the fragility of our children and their future health, so that parents can understand the long-term effects of things which can so easily be dismissed as ‘Well, it never did me any harm.’

The second thing that can, and should, be done is to implement the recommendation made by Professor Jay in her *Independent Inquiry into Child Sexual Abuse* that there should be a separate government department for children, with a cabinet-level minister in charge. It cannot be acceptable for the welfare of children to be relegated to an annexe to the Department for Education. The welfare of children, as the driver of adult health or disability in the future, must not be either ignored or dispersed among many departments, all of whom may assume that ‘someone else’ will deal with it because they do not have the budget to do so.

The last, and simplest, thing that the government could do is to bring the laws of England and Northern Ireland into line with Scotland and Wales by prohibiting corporal punishment of children *now.* Not after a review. Not after waiting to see what happens. Now. There is more than enough evidence to show that assaulting children has public-health consequences continuing for decades into the future. A government with a comfortable majority in Parliament and overwhelming public support should have no reason to hesitate.

Rodney Noon
October 2025