CUTTING CHILD POVERTY IN HALF WITHIN A DECADE: A CONGRESSIONAL BRIEFING

2020 RAYBURN HOUSE OFFICE BUILDING
THURSDAY, MARCH 14, 2019
A Roadmap to Reducing Child Poverty
Study Sponsors

- Doris Duke Charitable Foundation
- The Foundation for Child Development
- The Joyce Foundation
- The Russell Sage Foundation
- The W.K. Kellogg Foundation
- The William T. Grant Foundation
- The U.S. Department of Health and Human Services
Thank You

Congresswomen Barbara Lee and Lucille Roybal-Allard for championing funding for this report with bipartisan support
Interdisciplinary Committee with Broad Perspectives

Public Policy

Developmental Psychology

Economics

Medicine

Child Welfare
The U.S. Congress asked the National Academies to provide a non-partisan, evidence-based report that:

- Reviews research on linkages between child poverty and child well-being.
- Provides objective analyses of the poverty-reducing effects of major assistance programs directed at children and families.
- Provides policy and program recommendations for reducing the number of children living in poverty (and deep poverty) in the U.S. by half within 10 years.
Impacts of Poverty on Child Well-being
Correlation and Causation:

Consistent correlations between poverty and a host of adverse childhood experiences and outcomes.

The committee’s report focused on causal studies.
Causal impacts of poverty

• The weight of the causal evidence indicates that poverty itself causes negative child outcomes, especially when poverty occurs in early childhood or persists throughout a large portion of childhood.

• Some programs that alleviate poverty—e.g., SNAP, EITC, medical insurance—have been shown to improve child well-being.
In the absence of current programs that provide income, food, housing, and medical care, child poverty rates would be much higher.
Child Poverty Rates Would Be Higher Without Existing Programs

In the absence of current programs that provide income, food, housing, and medical care, child poverty rates would be much higher.

- Federal EITC, CTC: +5.9%
- SNAP: +5.2%
- SSI: +1.8%
- Social Security: +2.3%
- UC, WC, and other social insurance: +0.7%
- Housing subsidies: +1.8%
- Other benefits: +4.1%
A 50% Reduction in Child Poverty is Achievable

- The U.K. cut its child poverty rate in half from 2001-2008
- Canada’s Child Benefit program is on course to cut child poverty in half
- The US nearly cut its child poverty rate in half between 1967 and 2016

Supplemental Poverty Measure (SPM)

Official Poverty Measure (OPM)

Anchored U.S. SPM child poverty rate. SOURCE: Original analyses commissioned by the committee from Christopher Wimer (2017, October).
The Committee developed:

- 20 individual policy and program options
- 4 policy and program packages
Criteria for Selecting Programs and Policies

- Strength of the research & evaluation evidence
- Magnitude of the reduction in child poverty
- Poverty reduction within high-risk subgroups
- Cost
- Impacts on work, marriage, opportunity & social inclusion
Summary of Simulated Programs and Policies

Program and policy options tied to work:
• Expand EITC
• Expand child care subsidies
• Raise the federal minimum wage
• Implement a promising training and employment program called WorkAdvance

Modifications to existing safety net programs:
• Expand SNAP
• Expand the Housing Choice Voucher Program
• Expand SSI

Modifications to existing provisions relating to immigrants:
• Increasing immigrants’ access to safety net programs

Policies used in other countries:
• Replace Child Tax Credit with a universal child allowance
• Introduce a child support assurance program
No Single Program or Policy Option Met the 50% Reduction Goal

- EITC 1: -1.2
- EITC 2: -2.1
- Child Care 1: -1.2
- Child Care 2: -0.6
- Minimum Wage 1: -0.2
- Minimum Wage 2: -0.1
- Work Advance 1: -0.1
- Work Advance 2: -0.2
- SNAP 1: -1.7
- SNAP 2: -2.3
- Housing Vouchers 1: -2.1
- Housing Vouchers 2: -3.0
- SSI 1: -0.2
- SSI 2: -0.4
- Child Allowance 1: -3.4
- Child Allowance 2: -5.3
- Child Support 1: -0.2
- Child Support 2: -0.4
- Immigrant 1: -0.1
- Immigrant 2: -1.1
More Effective Policies Generally Cost More

Children Lifted Above 100% TRIM3 SPM (millions)

Program Cost (billions)
Some Policies Incentivized Employment; Others Didn’t
The Committee developed:

- 20 individual policy and program options
- 4 policy and program packages
## Composition and Impacts of Program and Policy Packages

<table>
<thead>
<tr>
<th>Work-oriented package</th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand EITC</td>
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<td></td>
</tr>
<tr>
<td>Expand Child Care Tax Credit</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase the minimum wage</td>
<td>X</td>
<td></td>
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</tr>
<tr>
<td>Roll out WorkAdvance</td>
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</tr>
<tr>
<td>Expand housing voucher program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expand SNAP benefits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Begin a child allowance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Begin child support assurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eliminate 1996 immigration eligibility restrictions</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Percent Reduction in the number of poor children**: -18.8%

**Percent Reduction in the number of children in deep poverty**: -19.3%

**Change in number of low-income workers**: +1,003,000

**Annual cost, in billions**: $8.7
## Composition and Impacts of Program and Policy Packages

<table>
<thead>
<tr>
<th>Policy Package</th>
<th>Work-oriented package</th>
<th>Work-Based and Universal Support Package</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand EITC</td>
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<td>X</td>
</tr>
<tr>
<td>Expand Child Care Tax Credit</td>
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<td>Begin a child allowance</td>
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<tr>
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<td></td>
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<tr>
<td>Eliminate 1996 immigration eligibility restrictions</td>
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</tr>
<tr>
<td>Percent Reduction in the number of poor children</td>
<td>-18.8%</td>
<td>-35.6%</td>
</tr>
<tr>
<td>Percent Reduction in the number of children in deep poverty</td>
<td>-19.3%</td>
<td>-41.3%</td>
</tr>
<tr>
<td>Change in number of low-income workers</td>
<td>+1,003,000</td>
<td>+568,000</td>
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<tr>
<td>Annual cost, in billions</td>
<td>$8.7</td>
<td>$44.5</td>
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</table>
Some Program and Policy Packages DID Meet the Goal

<table>
<thead>
<tr>
<th>Package</th>
<th>Work-oriented package</th>
<th>Work-Based and Universal Support Package</th>
<th>Means-tested supports and work package</th>
<th>Universal supports and work package</th>
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<td>X</td>
<td>X</td>
</tr>
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<td>Eliminate 1996 immigration eligibility restrictions</td>
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<td></td>
<td></td>
<td>X</td>
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<tr>
<td><strong>Percent Reduction in the number of poor children</strong></td>
<td>-18.8%</td>
<td>-35.6%</td>
<td>-50.7%</td>
<td>-52.3%</td>
</tr>
<tr>
<td><strong>Percent Reduction in the number of children in deep poverty</strong></td>
<td>-19.3%</td>
<td>-41.3%</td>
<td>-51.7%</td>
<td>-55.1%</td>
</tr>
<tr>
<td><strong>Change in number of low-income workers</strong></td>
<td>+1,003,000</td>
<td>+568,000</td>
<td>+404,000</td>
<td>+611,000</td>
</tr>
<tr>
<td><strong>Annual cost, in billions</strong></td>
<td>$8.7</td>
<td>$44.5</td>
<td>$90.7</td>
<td>$108.8</td>
</tr>
</tbody>
</table>
Lessons From the Packages:

- Individual policy and program changes are insufficient
- Bundling work-oriented and income-support programs can reduce poverty AND increase employment
Contextual Factors

Stability & predictability of income

Equitable & ready access to programs

Equitable treatment across racial & ethnic groups

Equitable treatment by the criminal justice system

Positive neighborhood conditions

Health & well-being

Context can greatly influence the impact and success of anti-poverty programs and policies.
Other program ideas
Other Programs Considered

**Long-acting Reversible Contraception (LARC)**

LARC devices reduce the incidence of unplanned births, which could in turn reduce child poverty.

**Mandatory Work Policies**

Evidence is insufficient to identify policies that would reliably reduce child poverty.

**Marriage Promotion**

Likely to reduce child poverty, but no successful models of marriage promotion.
Other Programs Considered

Health insurance
- Current poverty measures (SPM) do not incorporate health spending.

Policies for Native Americans
- Small sample sizes in population surveys make it difficult to simulate effects for this group.

TANF
- TANF had mixed effects on child poverty in the SR, and little effect on the LR.
Research Priorities and Next Steps
Research Priorities

State and local waivers to test new work-related programs, supported by federal funding

More research on contextual impediments

Improve federal data on poverty
Next Steps

Establish a coordinating mechanism to ensure that the report is followed up and that well-considered decisions are made on priorities for new and improved anti-poverty programs and policies.

This mechanism should also ensure that the associated research and data needed for monitoring, evaluating, and further improvement are supported as well.
Summary

Substantial reductions in U.S. child poverty are an attainable goal.
The Report

www.nap.edu/child-poverty
Thank you!

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Email: slemenestrel@nas.edu

Liz Townsend, Associate Program Officer
Phone: 202-334-1527
Email: etownsend@nas.edu
Stable Scheduling Study

Economic impact of unstable schedules:

• 20% very or extremely difficult to cover basic living expenses

• 19% delayed getting prescriptions filled or going to the doctor due to money concerns (in past 3 months)

• 26% late on phone, gas, or electric bill (in past 3 months)

• 37% food didn’t last and no money to buy more
Prefrontal cortex
Decision making, working memory, Self regulatory behaviors: mood, impulses
Impaired with early life abuse

Hippocampus
Contextual, episodic, spatial memory
Smaller and less active
- Poverty
- Low self esteem
- Risk for PTSD

Amygdala
Emotion, fear, anxiety, aggression
Larger and more active in
- Depression
- Anxiety disorders
- Children living with a depressed mother
Financial Insufficiency and Reduced Cortical Volume

- Postcentral gyrus
- Insula
- Superior Frontal gyrus
- Rostral Middle Frontal gyrus
- Anterior Temporal lobe

Right hemisphere

(17.90, 64.62, 12.36) Vertex #54 value -2.21 rostralmiddlefrontal
Financial Insufficiency and Reduced Cortical Volume

Lateral Orbitofrontal Cortex

Middle Temporal gyrus

Left hemisphere

(-39.14, -29.51, -45.57) Vertex #84 value -2.74 middle temporal
Witnessing Interparental Violence

Adjusted Probability (95% Conf Int)

Financial Sufficiency During Childhood

March 15, 2019
Emotional Neglect

Adjusted Probability (95% Conf Int)

Financial Sufficiency During Childhood

March 15, 2019
Parental Verbal Abuse

Adjusted Probability (95% Conf Int)

Financial Sufficiency During Childhood
Parental Physical Abuse

Adjusted Probability (95% Conf Int)

Financial Sufficiency During Childhood

March 15, 2019
Sexual Abuse (Familial and Extrafamilial)

Probability of Occurrence (95% Conf Int)

Financial Sufficiency During Childhood

March 15, 2019
Mount Sinai Adolescent Health Center

SERVICES

- Medical Care
  - Comprehensive Medical Care
  - Vaccines
  - Routine/Scheduled Care
  - Walk-In Urgent Care
  - 24-Hour On Call
  - Prevention-Education
  - Psychosocial & Support Services

- Sexual & Reproductive Health
  - Health Education–Risk Reduction
  - Routine GYN Care
  - STI / HIV Education, Evaluation, and Treatment
  - Family Planning
  - Pregnancy Prevention, Testing, and Evaluation
  - Colposcopy
  - Male Services
  - Rape/Sexual abuse evaluation

- Behavioral & Mental Health
  - Intake and Assessment
  - Individual, Family, & Group Therapies
  - Psychiatry Services
  - Evaluation, Psychopharmacology, Monitoring
  - Psychological Services
  - Psychosocial and Support Services
  - Trauma Services
  - Violence Prevention and Treatment
  - Rape / Sexual Abuse Services

TRAINING

- Training Services
  - Behavioral & Mental Health
  - Intake and Assessment
  - Individual, Family, & Group Therapies
  - Psychiatry Services
  - Evaluation, Psychopharmacology, Monitoring
  - Psychological Services
  - Psychosocial and Support Services
  - Trauma Services
  - Violence Prevention and Treatment
  - Rape / Sexual Abuse Services

RESEARCH

- Research Services
  - Behavioral & Mental Health
  - Intake and Assessment
  - Individual, Family, & Group Therapies
  - Psychiatry Services
  - Evaluation, Psychopharmacology, Monitoring
  - Psychological Services
  - Psychosocial and Support Services
  - Trauma Services
  - Violence Prevention and Treatment
  - Rape / Sexual Abuse Services

ADVOCACY AND POLICY

- Advocacy and Policy
  - Outreach, Collaboration, Youth Leadership, Peer Education
  - Risk Reduction, Community-Based Pregnancy Prevention
  - HIV/AIDS Treatment and Support Services
  - Mental behavioral health–primary care, community outreach, case management

SPECIALIZED SERVICES

- Teen Fit – Exercise, nutritional education and counseling, psychosocial support and lifestyle change for overweight / obese teens
- Trauma Services: Violence Prevention & Treatment – Prevention education, secondary prevention, psychosocial & support services, sexual abuse, sexual assault and crime victims services
- Sex Trafficking
- Substance Abuse Prevention and Treatment

DENTAL SERVICES

- Dental Services

OPTICAL SERVICES

- Optical Services
  - Free Eyeglasses

SCHOOL-BASED HEALTH CENTERS

- School-Based Health Centers
  - Teen Parenting Services – Prevention education, secondary prevention, psychosocial & support services, reproductive health, primary health care
  - HIV/AIDS Treatment and Support Services – Mental behavioral health–primary care, community outreach, case management
  - LGBTQ Services
  - Transgender Services
  - Medical Legal Services

INTEGRATED PRIMARY CARE
Geographic Origins of Mount Sinai Adolescent Health Center Patients
Mount Sinai Adolescent Health Center’s Patients

- In 2018 we served over 12,000 youths at no cost to them
- Are ages 10 – 24
- Are poor (98%)
- Insurance Status
  - Medicaid 28%
  - Private Insurance 6%
  - Have No Insurance 66%
- Are urban Youth of-color
  - Latino (46%)
  - Non-Latino Black (43%)
  - Non-Latino Asian (2%)
  - Non-Latino White and “Other” (9%)
Research at Mount Sinai Adolescent Health Center: Disclosure of childhood abuse and neglect in a cohort of adolescent and young adult females

- Sexual Abuse: 17.5% Low, 6.2% Moderate, 7.3% Severe
- Physical Abuse: 19.5% Low, 4.2% Moderate, 5.8% Severe
- Emotional Abuse: 30.7% Low, 18.7% Moderate, 6.6% Severe
- Physical Neglect: 26.2% Low, 14.1% Moderate, 5.1% Severe
- Emotional Neglect: 40.4% Low, 23.0% Moderate, 8.3% Severe
Research at Mount Sinai Adolescent Health Center: Disclosure of Childhood Physical and sexual abuse in primary care

- 2005 to 2007
- 506 participants females and males
  - 44.5% of the participants disclosed childhood physical abuse
  - 25% of participants disclosed childhood sexual abuse
Profile of Sexual Abuse Survivors

Age of Survivors at First Episode*

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>N</th>
</tr>
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<tbody>
<tr>
<td>3-4</td>
<td>12</td>
</tr>
<tr>
<td>5-6</td>
<td>19</td>
</tr>
<tr>
<td>7-8</td>
<td>16</td>
</tr>
<tr>
<td>9-10</td>
<td>22</td>
</tr>
<tr>
<td>11-12</td>
<td>13</td>
</tr>
<tr>
<td>13-14</td>
<td>11</td>
</tr>
<tr>
<td>15-17</td>
<td>7</td>
</tr>
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</table>

*mean age at first episodes was 8.8 years
Profile of Sexual Abuse Survivors

### Total Number of Perpetrators

<table>
<thead>
<tr>
<th></th>
<th>Survivors</th>
<th>Perpetrators</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>67</td>
<td>67</td>
</tr>
<tr>
<td>Multiple</td>
<td>33</td>
<td>98</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>165</td>
</tr>
</tbody>
</table>
### Profile of Sexual Abuse Perpetrators

**Who were the Perpetrators?**

<table>
<thead>
<tr>
<th></th>
<th>First Episode</th>
<th>All Episodes</th>
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</thead>
<tbody>
<tr>
<td></td>
<td><strong>N</strong></td>
<td><strong>N</strong></td>
</tr>
<tr>
<td>Father</td>
<td>31</td>
<td>34</td>
</tr>
<tr>
<td>Father surrogate</td>
<td>22</td>
<td>32</td>
</tr>
<tr>
<td>Mother or surrogate</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Siblings</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>Other relatives</td>
<td>23</td>
<td>36</td>
</tr>
<tr>
<td>Nonrelatives</td>
<td>15</td>
<td>47</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
<td><strong>165</strong></td>
</tr>
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</table>

(%)
Profile of Sexual Abuse Perpetrators

Age of Perpetrator at First Episode

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-19</td>
<td>20</td>
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<tr>
<td>20-29</td>
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</tr>
<tr>
<td>30-39</td>
<td>28</td>
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<tr>
<td>40-49</td>
<td>20</td>
</tr>
<tr>
<td>50-59</td>
<td>5</td>
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<tr>
<td>60-69</td>
<td>7</td>
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<tr>
<td>70-79</td>
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<tr>
<td>unknown</td>
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</table>

*mean age of perpetrator was 32.0 years*
# Profile of Sexual Abuse Victimization

## Duration of Abuse by First Perpetrator

<table>
<thead>
<tr>
<th>Duration</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>One day</td>
<td>21</td>
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<tr>
<td>2-6 days</td>
<td>1</td>
</tr>
<tr>
<td>1-3 weeks</td>
<td>3</td>
</tr>
<tr>
<td>1-5 months</td>
<td>9</td>
</tr>
<tr>
<td>6-11 months</td>
<td>4</td>
</tr>
<tr>
<td>12-23 months</td>
<td>11</td>
</tr>
<tr>
<td>2-5 years</td>
<td>30</td>
</tr>
<tr>
<td>6-10 years</td>
<td>18</td>
</tr>
<tr>
<td>&gt;10 years</td>
<td>2</td>
</tr>
<tr>
<td>Did not remember</td>
<td>2</td>
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</tbody>
</table>
## Profile of Sexual Abuse Victimization

### Frequency of Abuse by First Perpetrator

<table>
<thead>
<tr>
<th>Frequency</th>
<th>N</th>
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</thead>
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<tr>
<td>Once</td>
<td>21</td>
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<tr>
<td>Over 1 month apart</td>
<td>9</td>
</tr>
<tr>
<td>1-3 times per month</td>
<td>13</td>
</tr>
<tr>
<td>1-4 times per week</td>
<td>31</td>
</tr>
<tr>
<td>5-7 times per week</td>
<td>20</td>
</tr>
<tr>
<td>Do not remember</td>
<td>6</td>
</tr>
</tbody>
</table>
### Multiple Types of Violence/Violence is a continuum

#### Additional Victimization

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<th>Abuse</th>
<th>N</th>
</tr>
</thead>
<tbody>
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<td>100</td>
</tr>
<tr>
<td>physical</td>
<td>68</td>
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<tr>
<td>emotional</td>
<td>59</td>
</tr>
<tr>
<td>other sexual assault</td>
<td>28</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship status</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>current</td>
<td>52</td>
</tr>
<tr>
<td>never</td>
<td>17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship abuse</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ever</td>
<td>25</td>
</tr>
</tbody>
</table>
Sequella to Sexual Abuse Victimization

Percentage with Depressive Symptoms

![Beck Depression Inventory Graph]

- Survivors: 19
- Controls: 11.5

March 15, 2019
Sequella to Sexual Abuse Victimization

Percentage with Suicidality

![Bar chart showing the percentage of ideation and attempts among survivors and controls.](chart.png)
Independent Associations Between Abuse, Mental Health, and Health Status

- **Sexual & Physical**
- **Physical only**
- **Sexual only**
- **No abuse**

Odds Ratio

- **Moderate/High Depressive Symptoms**
- **Low Self-Esteem**
- **Moderate/High Life Stress**
- **Fair/Poor Health**
Independent Associations Between Abuse and Substance Use

<table>
<thead>
<tr>
<th>Odds Ratio</th>
<th>Regular Smoker</th>
<th>Regular Drinker</th>
</tr>
</thead>
<tbody>
<tr>
<td>No abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical only</td>
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<td></td>
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<tr>
<td>Sexual &amp; Physical</td>
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</tbody>
</table>

- Regular Smoker:
  - No abuse: Odds Ratio = 0
  - Sexual only: Odds Ratio = 3
  - Physical only: Odds Ratio = 4
  - Sexual & Physical: Odds Ratio = 6

- Regular Drinker: No abuse: Odds Ratio = 0
Independent Associations Between Abuse, Illicit Drug Use and Binge/Purge Behaviors

- Sexual & Physical
- Physical only
- Sexual only
- No abuse

Odds Ratio

Ever Binged/Purged

Used Drugs in Past Month
In terms of gene expression, life is a “one way street”
There is no such thing as true “reversal”; rather “resilience” and “recovery” Changing trajectory for positive or negative
Mount Sinai Adolescent Health Center is a resource for you

angela.diaz@mountsinai.org

website: teenhealthcare.org

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