

**SOUTHERN CALIFORNIA ACADEMIC CENTER OF EXCELLENCE ON YOUTH
VIOLENCE PREVENTION, UNIVERSITY OF CALIFORNIA, RIVERSIDE**

Fact Sheet

CHILD MALTREATMENT

by Olivia Pillado, Tia Kim, and Carly B. Dierkhising

Introduction

Child maltreatment is a substantial problem that can affect children of all backgrounds. In 2007 there were over 3 million reports of child maltreatment in the United States (United States Department of Health and Human Services [USDHHS], 2009). Child maltreatment includes physical abuse, sexual abuse, neglect, and psychological or emotional abuse. Official numbers of maltreatment can be misleading as much abuse goes unreported and is sometimes difficult to detect. Child maltreatment puts children at risk for a variety of negative health outcomes. Yet, children can recover from maltreatment as a number of evidence-based treatments and promising practices are now available.

Scope of the Problem

Of the 3.2 million referrals for child maltreatment in 2007 nearly 800,000 of those reports were substantiated (USDHHS, 2009). The majority of these cases were very young children of one year and younger. Of the 1,760 children who died from child abuse and neglect 34% died due to neglect. Nearly 80% of the perpetrators were the parents of the children, with women slightly more likely to perpetrate (57%) compared to men (43%). Girls were slightly more likely to be victims than boys. However, infant boys (younger than one year old) were more likely to have fatalities resulting from maltreatment (USDHHS, 2009).

Description of Child Maltreatment

Neglect is the most common form of child abuse, with 59% of the substantiated reports of maltreatment classified as neglect in 2007 (USDHHS, 2009). Neglect is characterized by parents or caregivers denying children the essential care that they need. Neglect can mean not providing clothing, nutrition, shelter, or medical care. Caregivers who keep children from school or expose them to dangerous environments are committing neglect. Neglect is difficult to identify as it does not leave visible marks or scars like physical and sexual abuse can; therefore, estimates of neglect cases are much higher than official reports reflect. Signs of neglect can include inappropriately fitting or dirty clothing, poor hygiene, constant hunger or begging for food, and unattended medical problems (DePanfilis, 2006).

Physical abuse is the second most common form of child maltreatment. Physical abuse can include acts that cause or attempt to cause physical pain or injury to a child. Physical abuse can be either intentional or unintentional; some forms of punishment are considered physical abuse as well (National Child Traumatic Stress Network [NCTSN], 2009). In 2007 there were 149,000 cases of physical abuse reported in the US (DHHS, 2009). Signs of physical abuse include marks, welts, bruises, bite marks, and burns. Children's visible marks can be obscured by clothing and difficult to detect, therefore other signs might include repetitive injuries, unexplained injuries, or conflicting explanations of injuries by parents and children (NCTSN, 2009).

Sexual abuse, though the 3rd most common form of child maltreatment, is also common. Research shows that 1 in 4 girls and 1 in 6 boys may be sexually abused before adulthood (Centers for Disease Control and Prevention [CDC], 2005). Nearly 8% of the substantiated cases of child maltreated in 2007 were due to sexual abuse (USDHHS, 2009). Sexual abuse includes both direct sexual contact, such as touching a child's genitals, breasts, and other private areas, and oral or sexual intercourse, and indirect behaviors, such as exposing a child to inappropriate sexual content (e.g., pornography or exposing oneself to a child). Most sexual abuse is perpetrated by someone the child knows and perhaps trusts such as the child's parent, caregiver, or other relative (USDHHS, 2009). Children may have difficulty disclosing sexual abuse due to shame, fear, or guilt (NCTSN, 2009). Signs of sexual abuse may include withdrawal, social or emotional problems (e.g., depression, or anger), or sexual knowledge inappropriate for the child's age (NCTSN, 2009).

Psychological or emotional abuse is the least common form of child maltreatment (USDHHS, 2007). It is often difficult to validate a report of psychological abuse as it does not leave a physical mark. Psychological abuse is characterized by verbally terrorizing or threatening a child, conveying insults that degrade a child's sense of self-worth, or showing a lack of regard for a child (e.g., not displaying affection, ignoring the emotional needs of a child) (Healthy Place, 2008).

Impact of Child Maltreatment

Child maltreatment can have long lasting effects on a child's development and general physical health later in life. Maltreated children have been found to be at greater risk for depression, suicide, posttraumatic stress disorder, and alcohol and drug abuse (Putnam, 2006). Children who experience maltreatment have also been found to have altered biological stress systems compared to their non-maltreated counterparts (DeBellis & Thomas, 2003). The Adverse Life Experiences (ACE) Study, a collaboration between the CDC and Kaiser Permanente, has found in a sample of nearly 10,000 adults that exposure to early adversities, such as child maltreatment, can have long lasting negative effects on physical health (Felitti et al. 1998). For example, adults in the study who were exposed to early adverse life experiences were found to be at greater risk for heart disease, chronic lung disease, HIV and other STDs, and other leading causes of death (Felitti et al., 1998).

Risk Factors

Child maltreatment is common across all groups of children though there are some risk factors that tend to be associated with maltreatment. Parental stress, substance abuse, and mental health disorders (e.g., depression) are found to co-occur with child maltreatment (CDC, 2009). Other types of exposure to violence within the family put children at risk for maltreatment such as exposure to community violence, intimate partner violence, or parental history of child maltreatment in their family of origin (CDC, 2009). For example, a study by McKibben and colleagues (1989) found that 40-60% of mothers of abused children were also victimized compared to 13% of matched mothers of children with no record of abuse. In another study, McGuigan and Pratt (2001) found that among at-risk parents, domestic violence during the first six months of child-rearing tripled the likelihood of physical abuse during the child's first five years. Yet, it is important to remember that not all children who experience these risk factors will necessarily be maltreated.

Protective Factors

Protective factors are not as well understood for child maltreatment though there is growing research in this area. Supportive family and social environments has been found to be the most salient protective factor. Other potential protective factors include parenting skills, stable families, structure and rule-setting in households, parental monitoring, and access to health care, social services, and other caring adults (CDC, 2009).

Reporting guidelines

In most states, reporting suspected child maltreatment is required by law. Federal agencies have no jurisdiction to intervene in child maltreatment cases; therefore the state agency must be contacted. Further, states vary on who is considered a mandated reporter; though typically, all mental health professionals, school teachers, and other child care workers are required to report suspected child maltreatment by law. Local agencies should be contacted in order to determine who is mandated to report as well as what is reportable. For further help or information the Childhelp National Child Abuse Hotline can provide assistance at 1-800-4A-CHILD.

Promising Strategies

There are a number of effective treatments available for child maltreatment. Programs that incorporate parent training such as Parent-Child Interaction Therapy (PCIT) and The Incredible Years are evidence-based practices for maltreatment. Mental health interventions such as Multi-Dimensional Foster Care (MDFC) and Multi-Systemic Therapy (MST) also have a strong evidence base. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is another evidence-based psychosocial treatment for children exposed to trauma such as child maltreatment. For more information on these

interventions or details on other interventions suitable for child maltreatment please visit the California Evidence-Based Clearing House for Child Welfare at <http://www.cebc4cw.org/>.

Various preventive strategies have also been used to combat child abuse. In an increased effort to reduce risk factors leading to child maltreatment, preventive services used include respite care, parenting education, housing assistance, substance abuse treatment, day care, home visits, individual and family counseling, and crisis and domestic violence services (USDHHS, 2004).

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Internet Resources

American Academy of Child and Adolescent Psychiatry: <http://www.aacap.org>

California Evidence-Based Clearing House for Child Welfare: <http://www.cebc4cw.org/>.

Child Abuse Prevention Network: <http://child-abuse.com/>

Children's Defense Fund: <http://www.childrensdefense.org/>

National Child Traumatic Stress Network: www.nctsn.org

National Center for Injury Prevention and Control Home Page: <http://www.cdc.gov/ncipc>

National Clearinghouse on Child Abuse and Neglect Information:
<http://www.childwelfare.gov/>

Prevent Child Abuse- California: <http://www.pca-ca.org/>

U.S. Department of Health and Human Services-The Administration for Children and Families: <http://www.acf.hhs.gov/index.html>