

Consequences of Child Abuse and Neglect

Here is a list of just some of the broad range of physical, psychological, behavioral, cognitive, and social effects caused by this social ill:

Physical

Child maltreatment can have a multitude of long-term effects on physical health. The National Survey of Child and Adolescent Well-Being (U.S. Department of Health and Human Services, 2013) found that at some point during the three years following a maltreatment investigation, 28% of children had a chronic health condition. Although victims of physical abuse often suffer broken bones, bruising, burns, and a host of other perpetrator-inflicted wounds, abusive head trauma caused by shaking and blunt impact is the most common cause of traumatic death for infants. These injuries also may not be immediately noticeable, and, since significant brain development takes place during infancy, this process can be seriously compromised in maltreated children. Approximately 25% to 30% of infants who are victims of Shaken Baby Syndrome (SBS), the violent shaking of an infant back and forth, die from their injuries. The Center for Disease Control and Prevention (2013) found that one in every four victims of SBS dies, while all of its victims experience serious health consequences, often suffering varying degrees of visual, motor, and cognitive impairments (National Center on Shaken Baby Syndrome, 2009).

Other nonfatal results of abusive head trauma result in long-term consequences vis-à-vis cognitive, language, mental health, and academic functioning, leading to special education supports throughout the school years (Tarullo, 2012). Other studies have demonstrated a relationship between maltreatment and poor physical health (Felliti & Anda, 2009; Widom, Czaja, Bentley, & Johnson, 2012). Among these problems were

- cardiovascular disease
- lung and liver disease
- hypertension
- diabetes
- asthma
- obesity
- malnutrition

Psychological

Children who suffer maltreatment experience an elevated risk of developing not only adverse health conditions, but also many other mental health and behavioral issues. The NSCAW suggested that more than half the youth reported for maltreatment were at risk for such problems. For example, the immediate emotional effects of abuse and neglect (isolation, fear, and an inability to trust) can result in lifelong consequences related to depression, low self-esteem, and future relationship difficulties. Felitti and Anda (2009) found that approximately 54% of cases of depression and 58% of suicide attempts in women were

related to adverse childhood experiences; problems with emotional regulation which usually persists into adolescence and adulthood also were found to be another aftereffect of maltreatment (Messman-Moore, Walsh, & DiLillo, 2010).

Behavioral

Also found as a result of maltreatment were increased rates of smoking, alcoholism, substance abuse, eating disorders, depression, suicide, and sexual promiscuity (Runyan, Wattam, Ikeda, Hassan, & Ramiro, 2002; Messman-Moore et al., 2010).

Maltreated children also are more likely than non-abused peers to develop anxiety disorders, particularly posttraumatic stress disorder (PTSD), a condition whose symptoms can last years beyond the abuse itself (Weis, 2008).

Other conditions which often result from child maltreatment include a number of disruptive behavior disorders; one such condition is oppositional defiant disorder (ODD), a condition characterized by argumentativeness toward caregivers and teachers, poor self-control, and an open defiance of established rules. Older children and adolescents also may develop conduct disorder (CD), a condition which involves serious antisocial behaviors, such as stealing, cheating, animal cruelty, and physical assault (Weis, 2008). The correlation between child abuse and future juvenile delinquency has been documented with the high likelihood (nine times) that abused children would be involved in criminal activities (Gold, Sullivan, & Lewis, 2011).

Cognitive

Maltreated children also show more cognitive delays and lower IQ test scores than their non-abused peers. These problems include difficulties with executive functioning (planning, organizing, and problem solving), working memory (the ability to hold information temporarily in memory while performing some operation with it), and language (Eigsti & Cicchetti, 2004). Cognitive problems like these are long-lasting and have a significant impact on a child's performance, both outside school and within it. Academic achievement of abused children also suffers significantly across all areas of functioning, resulting in higher rates of learning disabilities, special education placement, grade retention, and school dropouts. The combination of the aforementioned behavioral difficulties associated with maltreatment as well as the cognitive sequelae of abuse contributes to the academic woes of abused children (Kolko, 2002).

Social

A history of troubled relationships with others, even into adulthood, often characterizes the life of the maltreated child. These children may experience a lifelong pattern of absent or troubled relationships as they find it difficult to trust others and participate in interpersonal relationships (Prevent Child Abuse America, 2006). Infants and young children who suffer severe neglect also are at risk for a specific psychological condition known as reactive attachment disorder (RAD) in which children do not initiate or respond

physically or emotionally to others, even to caregivers, when physical comfort is offered; they are difficult to soothe, since they avoid close contact with caregivers. On the other hand, disinhibited social engagement disorder is marked by the child's indiscriminate sociability; that is, these children seek comfort and attention from anyone, including strangers, and are often described as "needy" and as requiring constant reassurance from others (*DSM-5*).

Abused children also were found to be more likely than non-abused children to be abusive parents themselves. Xiangming & Corso (2007) found that male victims of child sexual abuse were 1% to 17% more likely to commit interpersonal/domestic violence and girl victims were 3% to 12% more likely to do so.

The costs to society of child maltreatment are incalculable in so many ways, but some research (Fang et al., 2012) has estimated that the total lifetime economic cost resulting from new cases of fatal and nonfatal child maltreatment in the United States was \$124 billion in 2012. The researchers considered long- and short-term health care costs, lifetime productivity losses, child welfare costs, costs of involvement with the criminal justice system, and special education costs in their calculations.

Maltreatment that occurs at an early age also can damage children in ways which extend well beyond the present day. Abuse and neglect contribute to a legacy of chronic problems for children which last well into adolescence and adulthood, including poor school performance, an increased need for special education services, juvenile delinquency, relationship difficulties, and adult criminality.

Prevent Child Abuse America's Annual Report (2006) documented the following long-term effects of maltreatment.

- 90% of imprisoned male felons were abused as children;
- 70% of teenage drug abusers reported abuse in childhood;
- More than 50% of female criminals were sexually or physically abused as children;
- 95% of teenage prostitutes have child abuse histories; and
- Abused children often become adults who repeat these violent abusive acts.

Definitional Issues in Maltreatment

The key piece of federal legislation which addressed child abuse and neglect was the Child Abuse Prevention and Treatment Act (CAPTA), originally enacted in 1974 and amended and reauthorized in 2010. In addition to providing federal funding to the states in support of prevention, assessment, and treatment of child abuse and neglect, CAPTA also set forth a minimum definition of abuse and neglect and identified the federal government's role in supporting research, technical assistance, and data collection activities. It also established the Office on Child Abuse and Neglect and mandated Child Welfare Information Gateway, a service which provides access to print and electronic resources for all individuals concerned for the welfare of children and families in many areas, including child abuse and neglect.

Within CAPTA's minimum definitional standards, each state must provide its own definitions of child abuse and neglect. CAPTA's definition of child abuse and neglect refers to "Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse, or exploitation; or an act or failure to act which presents an imminent risk of serious harm."

Most states recognize four major types of child maltreatment:

- Physical abuse
- Neglect
- Sexual abuse
- Emotional abuse

Physical Abuse

Generally defined as any non-accidental physical injury to the child, the definition can include striking with a hand, stick, strap, or other object, kicking, burning, shaking, throwing, stabbing, choking, or otherwise harming a child at the hands of a parent, caregiver, or other person who has responsibility for the child. The definitions in approximately 36 states also include acts or circumstances that threaten the child with harm or create a substantial risk of harm to the child's health or welfare.

Neglect

Frequently defined in terms of deprivation to the child of adequate food, clothing, shelter, medical care, or supervision, neglect also may include the failure to provide for educational needs (failure to educate or to attend to special education needs), and emotional needs (failure to provide psychological care or permitting a child to use drugs or alcohol). Approximately 21 states actually include failure to educate in their definitions of neglect, and seven states define as medical neglect the withholding of medical or mental health care needed by the child.

Sexual Abuse

All states include sexual abuse in their definitions of child abuse. States vary in how it is defined; however, some states refer to it in general terms, whereas others specify various acts as sexual abuse. This form of abuse typically includes activities by a parent or caretaker, such as fondling a child's genitals, penetration, incest, rape, sodomy, indecent exposure, and exploitation of children through prostitution or the production of pornographic materials.

Emotional Abuse

All states except two include emotional maltreatment as part of their definitions of child abuse and neglect. Approximately 22 states provide specific definitions of emotional abuse or mental injury to the child. Although difficult to define, the language usually used in these definitions include "injury to the psychological capacity or emotional stability of the child as evidenced by an observable or substantial change in behavior, emotional response, or cognition" or by "anxiety, depression, withdrawal, or aggressive behavior." It is generally agreed, however, that the definition of emotional abuse involves those behaviors which impair a child's emotional development or sense of self-worth, such as constant criticism, threats, or rejection, as well as withholding love, support, or guidance.

The problem with this type of abuse lies in the fact that it is difficult to prove, thereby preventing the local Child Protective Services (CPS) personnel from intervening; without evidence of harm to the child, CPS help is not likely. However, emotional abuse is considered to be almost always present when other forms of abuse are identified and documented.

Prevalence of Child Abuse and Neglect

Among the many amendments to CAPTA was the mandate for the Department of Health and Human Services (DHHS) to establish a national data and analysis program for child abuse and neglect reporting information. Because of this mandate, the DHHS created the National Child Abuse and Neglect Data System (NCANDS) as a voluntary national reporting system. The National Data Archive on Child Abuse and Neglect (NDACAN) promotes secondary analysis of child abuse and neglect data by providing researchers with high quality datasets, documentation, and technical support, and encourages collaboration within the scientific community. NCANDS 2014 data included in its report statistics on types of maltreatment, victim characteristics, and perpetrator characteristics.

In NCANDS's *Child Maltreatment 2014*, 6.6 million children were referred to Child Protective Services (CPS) for investigations of child maltreatment. Of these referrals, approximately 3.9 million children were deemed appropriate for CPS response. An estimated 1,580 children died from documented abuse and neglect, 70% of whom were children younger than three years of age. According to this report, however, these data reflect only a small part of the problem, since many cases of abuse and neglect are never reported to the police or to social service agencies. The report also included the following data:

Types of Maltreatment

- 75% of the confirmed child victims experienced neglect
- 17% were physically abused
- 8.3% were sexually abused
- 6% were psychologically maltreated
- 2.2% were medically neglected
- 6.8% experienced other maltreatment like threatened abuse of parents' substance abuse

Victim Characteristics

- 51% of the victims were girls; 47% of victims were boys
- the youngest children were the most victimized of all age groups, with the highest rate of victimization (27%) occurring among infants and children from birth through three years of age; shaken baby syndrome alone, the violent shaking of an infant or child, affects 1,200 to 1,600 children each year (National Center on Shaken Baby Syndrome, 2009).
- the rate of victimization was inversely related to the age of the child, with ages 4 through 7 listed as the second most victimized group, followed by ages 8 through 11, ages 12 through 15, and ages 16 through 17
- about one-half of all victims were white, one-quarter were African American, and 17% were Hispanic; highest rates of victimization by race were found among African American children followed by American Indian/Alaska Native children and Pacific Islander children; white children and Hispanic children had similar rates of victimization

- although living arrangements of victims were not reported by many states, more than 20% of victims were living with a single parent
- children with a disability requiring more care and attention than is typically required of children without a disability accounted for nearly 8% of the victims of abuse and neglect

Perpetrator Characteristics

- most abusers (79% of victims) were parents acting alone or with another person
- 28% of victims were maltreated by their mothers acting alone; 15% by fathers acting alone, and 21.8% by both parents
- women abusers typically were younger than men (31 years versus 34 years, respectively); almost half of these women (45%) were younger than 30 years
- 55% of abusers were white, 21% African American, and 18% Hispanic
- most abusers (61%) neglected children, whereas 11% physically abused them and approximately 8% sexually abused them
- non-parents (kin and child care workers) accounted for 15.7% of child fatalities

Although there is no single profile of the child abuser, multiple risk factors that contribute to child maltreatment include mental health problems and substance abuse in the parent or caregiver, ineffective and coercive discipline practices used, domestic violence, and single parenthood which often means high stress, low income, and poverty.

Possible Indicators of Child Abuse and Neglect

There is no single indicator of child maltreatment, nor is there a “profile” of a maltreated child. Physical signs or behavioral problems alone are unreliable indicators of abuse. A child’s direct verbal report is far more reliable (McConaughy, 2005). Nevertheless, those who work with children should be aware of some of the more common signs of child maltreatment. The Child Welfare Information Gateway and the National Children’s Advocacy Center provide information on these signs and symptoms:

The following four cases are varied; the first two involve the events surrounding the reporting of child abuse by responsible adults, and the second two concern intervention directly with an abused child.

Case Presentation: Physical Neglect and the Neighbor

Billy was a seven-year-old boy who frequently played an assortment of games and activities with his neighbor’s five-year-old son, David, in a neighborhood which was short of school-age children and long on older, mature families. As a result of this demographic, the two boys were locked into a friendship due to mutual need rather than to a true friendship bond. Billy had Fetal Alcohol Syndrome (FAS), a condition caused by his mother’s excessive use of alcohol during her pregnancy with him. He was undersized for his age, very thin and frail, and his facial features were distinctive and were characteristic of others with FAS. Billy’s mother had not been employed in some time, and she had recently been widowed, leaving her as the sole caregiver for Billy. After repeated suspicions among the neighbors that Billy had been unsupervised for extended periods of time, these suspicions became acute when Billy was invited to have dinner with his friend’s family. The way he ate ravenously, as if he hadn’t eaten in a while, prompted his friend’s father to inquire about his eating habits at home.

Table 4.1 Indicators of Abuse

Type of Abuse		
	<p>Child Indicators</p> <ul style="list-style-type: none"> ● unexplained bruises in various stages of healing ● unexplained burns, especially cigarette burns or immersion burns 	<p>Child Indicators</p> <ul style="list-style-type: none"> ● self-destructive ● behavioral extremes: withdrawn and/or aggressive ● arrives at school early or stays late as if afraid to be at home ● seems frightened of the parents and protests or cries when it is time to go home ● shrinks at the approach of adults ● reports injury by a parent or another adult caregiver ● chronic runaway (adolescents)

Abuse	<ul style="list-style-type: none"> • unexplained fractures, lacerations, or abrasions • swollen areas • evidence of delayed or inappropriate treatment for injuries 	<ul style="list-style-type: none"> • complains of soreness or moves uncomfortably • wears clothing inappropriate to the weather in order to cover body • bizarre explanation of injuries <p>Parent Indicators</p> <ul style="list-style-type: none"> • offers conflicting, unconvincing, or no explanation for the child's injury • describes the child as "evil" or in some other very negative way • uses harsh physical punishment with the child • has a history of abuse as a child
Physical Neglect	<p>Child Indicators</p> <ul style="list-style-type: none"> • abandonment • unattended medical, dental needs, immunizations, or eyeglasses • consistent lack of supervision • consistent hunger, inappropriate dress, poor hygiene • lice, distended stomach, emaciated • inadequate nutrition 	<p>Child Indicators</p> <ul style="list-style-type: none"> • states that there is no one at home to provide care • frequent absences from school; tardy often • begs or steals food or money • regularly displays fatigue or listlessness, falls asleep in class • self-destructive • school dropout (adolescents) • extreme loneliness and need for affection <p>Parent Indicators</p> <ul style="list-style-type: none"> • appears to be indifferent to the child • seems apathetic or depressed • behaves irrationally or in a bizarre manner • is abusing drugs or alcohol
	<p>Child Indicators</p> <ul style="list-style-type: none"> • torn, stained, or bloody underclothing • pain, swelling, or itching in genital area • difficulty walking or 	<p>Child Indicators</p> <ul style="list-style-type: none"> • suddenly refuses to change for gym or to participate in physical activities • reports nightmares or bedwetting • sudden change in appetite • demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior • runs away