Child Abuse and Neglect

ISSUE STATEMENT

Child abuse and neglect in our nation was termed a "national emergency" by the U.S. Advisory Board on Child Abuse and Neglect in 1990; in 2013, the Institute of Medicine (IOM, 2013) finally identified it to be a serious public health issue. Child abuse and neglect continues to have major repercussions for the individuals who experience and perpetrate child maltreatment, for the service delivery systems that are intended to prevent and address this serious problem, and to society itself. The impact of child abuse and neglect cascades throughout one's lifetime with a combination of economic, social, mental health, and health consequences (Felitti, 2002; IOM, 2013). The total lifetime economic impact of just one year of confirmed cases of child abuse and neglect is estimated to be $124 billion, according to the Centers for Disease Control and Prevention (Fang, Brown, Florence, & Mercy, 2012). Gelles and Perlman (2012) estimated that, in 2012, child abuse and neglect cost the nation $80 billion.

Child abuse and neglect is defined in the Child Abuse Prevention and Treatment Reauthorization Act (P.L. 111-324) as "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" (p. 6). The legislation and most state child protection laws specifically focus on harm caused by parents or caregivers and do not include other people, such as acquaintances and strangers, making a distinction between civil and criminal definitions and actions.

Despite child abuse and neglect being a serious social problem, accurate statistics are difficult to determine in regard to its scope and severity. This is due to differing definitions across states and underreporting of the actual incidences of such maltreatment (IOM, 2013; Sedlak et al., 2010). One important annual source of data, based only on formal abuse and neglect reports to Child Protective Services (CPS) agencies, is the National Child Abuse and Neglect Data System maintained by the Children's Bureau of the U.S. Department of Health and Human Services, Administration for Children and Families (HHS, ACF) with the most recent report being *Child Maltreatment 2012*. According to that report, 3.4 million CPS referrals were made involving 6.3 million children, with 678,810 children found to have experienced abuse or neglect (9.2 per 1,000 children). The majority of children found to be abused or neglected were white (44 percent), African American (21 percent), or Hispanic (21.8 percent). About one-fifth of these children were younger than one year of age. An estimated 1,640 children died from child maltreatment in 2012, with almost three-quarters of these deaths occurring in children younger than three years of age. Boys had a slightly higher rate, and 85.5 percent of child fatalities comprised white (38.3 percent), African American (31.9 percent), and Hispanic (15.3 percent) victims, indicating some racial disparity (HHS, ACF, 2013). The child death rate is an undercount, with estimates that there may be as many as 2,500 child abuse deaths each year (Every Child Matters Education Fund, 2010; Government Accountability Office, 2011).

The National Incidence Study (NIS) looks at the scope of the problem using data sources

beyond child abuse and neglect reports and uses standardized definitions of abuse and neglect. The fourth NIS report (NIS-4), issued in 2010, noted an overall decrease in estimates for children who were sexually abused, physically abused, or emotionally abused but no change in neglect, and with the estimated number of children in danger of emotional neglect actually increasing (Sedlak et al., 2010).

Child neglect affects the largest number of children, with over 78 percent of cases experiencing neglect. Neglect may be physical, medical, emotional, or educational, or a combination of all, and may also occur along with physical or sexual abuse (Child Welfare Information Gateway, 2013). The most common occurrences of physical neglect include abandonment; medical neglect; inadequate nutrition, clothing, or hygiene; or leaving a young child unattended (Children's Bureau, Office on Child Abuse and Neglect [OCAN], 2006).

About 18.3 percent of cases experience physical abuse, and less than 10 percent experience sexual abuse (HHS, ACF, 2013). Although multiple sources of statistics suggest that the prevalence of sexual abuse and physical abuse have decreased over the last decade, there have not been similar decreases in rates of neglect or of child deaths (HHS, ACF, 2013; IOM, 2013). For those substantiated reports of child abuse and neglect, it is estimated that around 80 percent of children remain in their own home after an investigation, with the greatest likelihood for out-of-home placement being for infants (IOM, 2013).

Child maltreatment exists in a complex web of family interactions, and increasingly there has been a focus on the lifelong implications of abuse and neglect, due to findings from the Adverse Childhood Experiences Study (Felitti, 2002), among other research. Risk factors for abuse and neglect can include children's exposure to community violence, children who are bullied, children with disabilities, and children in households where there is substance abuse or maternal depression, or a history of abuse and domestic violence (Children's Bureau, OCAN, 2003; IOM, 2013). Conflict can arise when trying to protect women who are not only being abused by their partners, but also secondarily traumatized by having their children removed because of the dangerous home environment. Parents with disabilities are at high risk for having their children removed from their homes (National Council on Disability, 2012). Despite risk factors, it is also important to understand how protective factors and resilience affect outcomes for those who have experienced abuse and neglect (Children's Bureau, n.d.).

Child welfare agencies and their staff are under increased scrutiny to address institutional racism and racial inequity in decision making (Center for the Study of Social Policy [CSSP], 2010; Child Welfare League of America, 2013). It should also be recognized that population-level analyses do indicate greater child and family risk for some racial and ethnic groups (Drake et al., 2011; Putnam-Hornstein, 2012). It is important to address racial equity in child welfare agency practices as there are concerns about African American, Native American, and Hispanic children being inadequately or inappropriately involved with the child welfare system (Annie E. Casey Foundation [AECF]/Casey Family Programs, n.d.; IOM, 2013). There is also evidence that African American and Native American children are more seriously abused and at greater risk of death from accidental injury, even after becoming involved with child welfare services (Putnam-Hornstein, 2012). Clarity about the prevalence of child abuse and neglect is further complicated by the difficulty of assessing environmental, economic, and social risk factors. These issues call attention to the importance of examining cultural processes, social stratification, ecological variations, and immigrant and acculturation status at every step—from child abuse reporting to prevention and intervention services, to agency and court decision making (CSSP, 2009, 2010; IOM, 2013). The growing number of military and veterans families with young children; overinvolvement of children with disabilities; and risk factors for lesbian, gay, bisexual, transgender, and questioning youths further demand careful attention to these factors (IOM, 2013; Social Work Policy Institute, 2013).

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Policy Developments

Organized efforts to protect children are long-standing, with the history of organized protection of children in the United States dating back to 1874, when the cruelties perpetrated on Mary Ellen Wilson resulted in referral to the American Society for the Prevention of Cruelty to Animals, spurring creation of the New York Society for the Prevention of Cruelty to Children in 1875, with 250 such societies by 1900 (McGowan, 2013). The creation of the Children's Aid Society in New York City in 1853, moving children from childhood labor and homelessness in New York City to farm families, also brought attention to children in need of protection (Children's Aid Society, n.d.; for an overview, see http://www.childrensaidsociety.org/about). However, this narrative pertains to protection of white children, as African American children and Native American children were not served by these agencies. For Native American children, between 1870 and the 1930s, there were often forced disruptions of family connections through placement in boarding schools, where the school staff sometimes abused the children.

The creation of the Children's Bureau in 1912 brought federal focus to children, highlighting child labor, infant mortality, poverty, and delinquency. The Social Security Act, passed in 1935 (P.L. 74-271), intended to protect children living in poverty through the creation of Aid to Dependent Children and a foster care program for children unable to stay with family. As services expanded in both private and public agencies, there was tension between protection of children by placing them out of the home and family support—helping families to preserve the home for the child (McGowan, 2013). This tension continues today.

The publication of "The Battered-Child Syndrome" (Kempe, Silverman, Steele, Droegemueller, & Silver, 1962), describing physical abuse, ignited public concern focusing on the potential value of reporting and investigating child abuse. In 1974, the Child Abuse Prevention and Treatment Act (CAPTA) (P.L. 93-247) was passed, and has been reauthorized and amended regularly, most recently in 2010 (42 U.S.C.A. §5106g). Legislation making the reporting of child abuse mandatory created a societal responsibility for the protection of children and established parameters for the degree to which parents could use physical or other means to punish their children. Concerns about physical punishment of children that might border on abuse are concerns that continue today.

CAPTA provides funding for prevention, assessment, investigation, prosecution, and treatment activities and the development of community-based prevention efforts. Beyond CAPTA, states also use other federal funds (for example, Title IV-B; Title IV-E Waiver Demonstrations; Temporary Assistance for Needy Families; the Maternal and Child Health block grant; Children's Justice Act; the Social Services block grant; and Medicaid), along with state and foundation dollars, to finance an array of child abuse prevention and intervention strategies (AECF, 2010; McGowan, 2013).

The codification of safety as one of the three child welfare goals—with the other two being permanence and well-being—occurred in the Adoption and Safe Families Act of 1997 (P.L. 105-89). This law also created time limits for children in out-of-home care before calling for termination of parental rights, and created new mandates around permanency planning, a practice that began with the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) (see NASW's Foster Care and Adoption policy statement). The Indian Child Welfare Act (P.L. 95-608), passed in 1978, requires active efforts to prevent out-of-home placement of American Indian and Alaska Native children and returning children to family, tribe, or tribal culture in a timely way (Whitekiller, Cahn, Craig-Oldsen, & Caringi, 2013); however, the intent of the law is yet to be fully realized (Crofoot & Harris, 2012). Also unrealized are the requirements of CAPTA that all substantiated cases of child abuse of children under the age of three be referred to early intervention services and that all children born prenatally drug exposed receive a referral to Child Protective Services (CPS).

In 2010, several legislative efforts strengthened child protection, including the Maternal and Child Health Early Intervention Home Visiting provision of the Patient Protection and

Affordable Care Act of 2010 (P.L. 111-148), using evidence-based home visiting programs to support high-risk families, and the Fostering Connections to Success and Increasing Adoptions Act of 2010 (P.L. 110-351) expanded kinship guardianship and provided funds for Family Connections grants to keep children in out-of-home care. The 2010 CAPTA reauthorization required state plans to include information on how states offer "differential response"—making referrals to community services for children not in imminent harm—and required states to report information about their CPS workforce. These emerging differential response or "alternative response" efforts are now underway in at least 21 states (National Quality Improvement Center on Differential Response in Child Protective Services, 2011).

Numerous evidence-based prevention and intervention services programs have been identified that work, such as parent education and training, professional practice reforms (screening, family engagement), early home visiting, public awareness campaigns, parent management training, and trauma-focused clinical interventions (IOM, 2013).

Concerns are continually raised, however, that implementation of these interventions in child welfare systems are often plagued by high caseloads, staff turnover, and staff without the competencies to implement the interventions. Although federal policy has focused on working to keep children in their homes and to find children permanent and stable homes, there is continued concern about insufficient attention to prevention. The majority of federal funds support out-of-home care, and despite policy proposals to change financing of child welfare services and to focus on prevention and support to families, these changes have not been realized (AECF, 2013; American Public Human Services Association, 2012) (see NASW's Foster Care and Adoption Policy statement).

Although child abuse and neglect work is a multidisciplinary field, the social work profession has a long-standing and important role to play. Social workers bring a unique body of knowledge, including concepts of working with people in their environments and the primacy of the family, understanding that helping the child means working with the whole family and with other environmental factors in a culturally responsive way. It means that they understand the devastating impact of poverty on children. Trained social workers understand the consequences of having natural and healthy developmental processes interrupted by traumatic events. Social workers are taught that prevention should be at the front end of all interventions. Prevention of child maltreatment is obviously a better strategy than dealing with the aftermath of child abuse and neglect.

POLICY STATEMENT

NASW asserts the following positions:

- Children have the right to be treated with respect as individuals and to receive culturally responsive services. Children have the right to express their opinions about their lives and have those opinions considered in all placement and judicial proceedings.
- Communities, including family members, kinship networks, and neighborhoods, must be involved in supporting children and caregivers to ensure a safe, secure, and consistently stable living environment.
- Immigrant children should have the same rights and protections as children who are citizens of this country.
- Systems in place to protect children should be adequately staffed and fully funded.
- A BSW degree is recommended as the minimum requirement for staff in all child welfare services, including child protective services. At the supervisory level, an MSW degree is recommended.
- Services provided should reflect culturally responsive evidence-based practices to address the problem of child abuse and neglect, and workplace organizational culture and climate and supervisory and administrative support should be aligned to implement such practices.
- Policies and procedures in human services organizations should address and ensure the safety of social workers and other professionals working with abuse and neglect cases and

should include strategies for helping the staff deal with secondary trauma as well as processes to assist staff who are dealing with the death or serious injury of a child or children involved with the agency.

- Child abuse and neglect investigations and substantiations are best conducted using a specially trained, multidisciplinary team, including social workers, law enforcement, and health and mental health professionals.

- Standardized definitions of child abuse and neglect must include identification of emotional, medical, and psychological abuse and neglect, and risks and harm to children exposed to violence, as well as abuse that occurs through current and emerging technologies; they must state the responsibility to provide intervention for such conditions no matter the etiology.

- Systematic changes are needed in child abuse reporting systems to ensure more standardized and effective intake and assessment systems.

- Services to prevent and ameliorate child abuse and neglect, and the systems in which they are embedded, must be culturally responsive to the diverse characteristics of parents, caregivers, and communities; and must address disparities, disproportionality, and structural racism in decision making and service access.

- All states must create and enforce laws that protect child witnesses of domestic violence and provide appropriate care for nonoffending parents and the children.

- Authorities should leave nonoffending parents or guardians and their children in their own homes, when it is safe, and remove the batterers to preserve the stability of children's caregiving and residence in domestic violence cases.

- Staff with social work degrees should be employed in schools, mental health programs, hospitals, and other human services organizations that deal with children and their families.

- All comprehensive medical assessments should address abuse and neglect issues.

- Child maltreatment issues should be part of the curriculums of all programs that train early childhood, school, and health and mental health professionals.

- Family-centered residential treatment programs for substance-abusing parents should be available to facilitate opportunities to help parents and children maintain the parent–child bond.

- Public awareness, media, and educational campaigns are needed to highlight the significance of child abuse and neglect issues, and the related legal requirements of reporting systems.

- Sexual abuse and physical abuse prevention programs should be mandated in all schools from kindergarten to high school, and all parents should have access to training and support to learn nonviolent disciplinary techniques.

- The United States should ratify the United Nations Convention on the Rights of the Child.

- Funding should be dramatically increased for research, prevention, and services in all areas of child maltreatment, including attention to the intersection with poverty and strategies to achieve racial equity.

- To truly help protect children by preventing child maltreatment, social workers and other professionals must help families by identifying and addressing the individual, familial, and community challenges they encounter so that children's basic needs are met and parents have the energy and emotional resources to use nonviolent disciplinary practices.

- Child maltreatment issues and concerns do not operate in isolation. To improve service delivery in the area of child abuse and neglect, those systems that run parallel—mental health, substance abuse, domestic abuse, homelessness, education, and health care—need to be enhanced to effectively develop a service continuum directed at safety for children.

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