

Child Abuse and Neglect

BACKGROUND

Assessing the scope of child abuse and neglect in our nation is challenging. Accurate statistics can be gathered only from formal abuse reports to child protective service (CPS) units. The Children's Bureau of the U.S. Department of Health and Human Services, which maintains the National Child Abuse and Neglect Data System (NCANDS), reported in *Child Maltreatment 2001* that 3 million referrals on behalf of approximately 5 million children were made to CPS agencies throughout the United States (National Clearinghouse on Child Abuse and Neglect Information [NCCANI], 2003c; U.S. Department of Health and Human Services, 2003). One-third of these reports were screened out of the investigation and assessment process, but 28 percent of the investigated reports were substantiated (NCCANI, 2003c).

In 2001 more than 903,000 children suffered from abuse or neglect, representing a rate of 12.4 maltreated children for every 1,000 children in the general population. Almost one-third of these children were younger than three. An estimated 1,300 children died from child maltreatment in 2001; 41 percent of the deaths were children 12 months or younger, and 85 percent were six years old or younger (NCCANI, 2003c). Many researchers believe that 50 percent to 60 percent of childhood deaths result from abuse and neglect, but are not included in these abuse and neglect rates because of pervasive underreporting of child maltreatment (NCCANI, 2003b). The prevalence of child maltreatment tends to decrease as children get older (NCCANI, 2003c).

Clarity about the prevalence of child abuse is complicated also by the difficulty of assessing environmental risk factors. African Americans

and Hispanics are overrepresented in the statistics. Research has suggested that poor and racial and ethnic minority children and their families are disproportionately reported, labeled, and routinely mandated into the child welfare system by professionals who are socially and culturally distant from their actual family contexts (Wells, 1995). Despite the difficulties of tracking the extent of the problem, statistics clearly reveal a national crisis.

Historical Trends

Child maltreatment can be explored in the context of anthropology and its foundations in the study of the development of cultures (Bakan, 2001; Tower, 1996). Check (1989) asserted: "During the medieval times, for instance, there was neither a definition of childhood nor a vocabulary to differentiate it from adulthood" (p. 21). The most consistent belief was that children were the property of the parents without rights of their own (Tower).

Organized efforts to protect children are evident as far back as the Elizabethan Poor Laws in England in the mid-1550s, which sought to provide care and support to impoverished children and families. Novels penned by Charles Dickens ignited some of the first social protests against societal neglect of abused, abandoned, and crippled children (Tower, 1996), and since then movements emerged across western Europe and the United States, joining activists in the cause to stop the maltreatment of children.

The history of organized protection of children in the United States began with the case of nine-year-old Mary Ellen Wilson in 1874. The child had been through successive placements

after the death of her parents. When church worker Etta Wheeler inquired, a neighbor in her New York City tenement reported the cruelties perpetrated on the child that she had heard through the thin walls. Wheeler turned to Henry Bergh, then well known as the first president of the American Society for the Prevention of Cruelty to Animals. With the help of an attorney, Mary Ellen was removed from the home, and Mary Ellen's caregiver was sentenced to a year of hard labor in a penitentiary (Tower, 1996). These landmark actions resulted in the establishment of the Society for the Prevention of Cruelty to Children and catapulted child maltreatment from the shadows of oblivion.

From then, activists made much progress in protecting children in the first half of the 20th century. The National Child Labor Committee was organized in 1904, and with the help of Jane Addams and others, the committee began working to reform child labor laws. In 1962, Kempe and colleagues published "The Battered-Child Syndrome," an article in the *Journal of the American Medical Association* about a pioneering effort to protect children from physical, sexual, and emotional abuse and neglect. For the first time, medical professionals presented epidemiological data about the frequency of physical child maltreatment and ignited a social movement (Leventhal, 2003). Leventhal concluded: "The authors' point was to inform the reader that physical abuse was not a rarely occurring phenomenon, but rather a common problem that was already recognized . . . across the country" (p. 545).

Legislation and Policy Development

The increasing awareness of the need to protect children in this country led to the establishment of the federal Children's Bureau in 1912. The Child Welfare League of America (CWLA) had its start in 1915 in efforts to create standards for services and aid to children (Tower, 1996). The Social Security Act, passed in 1935 (P.L. 74-271) sustained efforts to protect children, particularly those living in poverty. Described by Tower, the law mandated "child

welfare services for neglected dependent children and children in danger of becoming delinquent" (p. 11). Public agencies began to implement child welfare policies and laws. Bakan (2001) described the radical shift, stating: "By implication, legislation making the reporting of child abuse mandatory indicates the protection of children is not the restricted province of parents but rather the larger responsibility of the society as a whole, which is to take over when the parents fail either by willful injury or by neglect" (p. 162).

Despite these efforts, legislation designed to protect children was often ineffective because of the continuing paternalistic values, particularly the philosophy that children were the property of parents. Political and societal beliefs and norms did not support efforts to intervene in the private affairs of families.

In 1974 key federal legislation addressing child abuse and neglect was enacted (NCCANI, 2003a). The Child Abuse Prevention and Treatment Act (CAPTA) (P.L. 93-247) established minimum definitions that serve as a baseline for intervention. *Child abuse* and *neglect* were described as (1) "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 (2) "an act or failure to act which presents an imminent risk of serious harm" (NCCANI, 2002b).

CAPTA also provided funding for prevention, assessment, investigation, prosecution, and treatment activities. Congress reauthorized and amended CAPTA several times to include adoption reforms, at-risk infants with life-threatening congenital impairments, children born with HIV or other life-threatening illnesses, and children who have been perinatally exposed to dangerous drugs (NCCANI, 2003d).

Public policy has also focused on what happens to children whose abuse and neglect investigations have been substantiated and whose custody issues must be decided. In 1980 Congress enacted the Adoption Assistance and Child Welfare Act (P.L. 96-272). This law requires a six-month review while a child is in care and a "permanent plan" for the child within 18 months. Permanency planning and family preservation concepts developed as a

result of studies demonstrating the negative effects of remaining in the foster care system long-term (known as "foster care drift") (National Association of Foster Care Reviewers [NAFCR], no date). This law also introduced the concept that "reasonable efforts" should be made to keep families together. In 1997, with great bipartisan approval, Congress enacted the Adoption and Safe Families Act (ASFA) (P.L. 105-89). It established funding for family preservation and support and added funds for adoption services. The law established time limits for making permanency planning decisions and initiating proceedings to terminate parental rights. ASFA requires that child safety be the paramount concern in making service provision, placement, and permanency decisions. ASFA initiated other significant changes in child welfare practice, including:

- Shortening the deadline for holding permanency hearing from 18 to 12 months
- Encouraging concurrent planning for adoption in all foster care placements
- Requiring agencies to file a petition to terminate parental rights when a child has been in foster care in 15 of the past 22 months
- Providing adoption incentives to states that increase their number of adoptions of foster children over a base year
- Clarifying what constitutes reasonable efforts and conditions under which a state is not required to work toward family reunification
- Requiring states to report track statistics reflecting the implementation and results of ASFA.

Current Status of Child Welfare

Today, the stories of children lost by social services, abused and neglected in foster care settings, and killed while in the custody of social welfare agencies fill the national news. Pear (2004) reported that "federal investigators have found widespread problems in child welfare programs intended to protect children from abuse and neglect" (p. 1). In a Dear Col-

league letter drumming up support for increased funding for state CAPTA grants, Congressmen George Miller, from California, and Jim Greenwood, from Pennsylvania, ("Changes in the 2005 CAPTA," 2004) wrote: "The nation's child welfare system has long been stretched beyond capacity to handle the full scope of child maltreatment," and also pointed out that funding has been almost static for more than a decade.

ISSUE STATEMENT

Child maltreatment exists in a complex web of family interactions, and research has suggested serious, negative consequences for children that endure well into adulthood. According to NCCANI (2002a), "There is increasing awareness that child maltreatment and domestic violence co-exist in families" (p. 1). Brown and Bzostek (2003) reported that "recent research indicates that males exposed to domestic violence as children are more likely to engage in domestic violence as adults, and females are more likely to be victims as adults" (p. 4). Baldry (2003) demonstrated that a child witnessing violence is more likely to be involved in physical aggression, such as fighting, bullying, and threatening others, at school. Additional conflict arises 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.

Furthermore, child welfare literature has suggested that "the link between substance abuse and child abuse has become stronger; parental substance abuse is highly correlated with child maltreatment and death" (Brissett-Chapman, 1995, p. 360). Some states take a highly punitive approach to parents who are substance abusers, and "this results in the substance-abusing mother not getting the treatment she needs for chemical dependency and inadequate medical care" (Alexander & McDougal, 2004, p. 5).

Childhood trauma has connections to heart disease, diabetes, obesity, unintended pregnancy, and alcoholism (Felitti, 2002). Childhood trauma can lead to significant mental health

problems, such as posttraumatic stress disorder, depression, anxiety, and other disorders that impede an individual's ability to make healthy decisions concerning parenting, relationships, and health issues (Schnurr & Green, 2004). Hillis and colleagues (2000) found that being abused as a child may have long-term consequences for adult sexual behaviors that increase the risk of sexually transmitted diseases. Wyatt and colleagues (2002) warned that "the associations between child sexual abuse and HIV-related risks in adulthood have been well documented" (p. 661). The social costs of ignoring the effect of child maltreatment on physical health are enormous and impede our ability to break the cycle of family abuse.

While looking for the solutions in the United States, social workers also must advocate globally for coalitions designed to protect children around the world. More than 300,000 children worldwide are engaged as soldiers, abducted and forced to take up arms in bloody battles by political dissidents (Wadhams, 2004). Sexual exploitation of children occurs internationally with children being sold into prostitution and slavery. The United Nations Convention on the Rights of the Child (1989) is an important international child advocacy effort that "sets minimum international standards for the treatment of children to ensure their safety, survival and development" (Malcolm, 2000, p. 1). A total of 192 countries already have signed it. Somalia and the United States are the only member states that have not ratified this treaty.

Social workers have battled child maltreatment for more than 100 years, and to the battle they bring a unique body of knowledge. Concepts of working with people in their environments and of the primacy of the family help professionals understand that when dealing with child maltreatment, helping the child means working with the whole family and with other environmental factors in a culturally competent 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. As the United Nations Declaration on the Rights of the Child states, children "should grow up in a family environment, in

an atmosphere of happiness, love and understanding."

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. Miller and Greenwood (2004) pointed out that "if we could invest in proven prevention programs and strategies designed at the local level to meet individual, family and community needs, we could reduce the expenditure for costly back end crisis services."

POLICY STATEMENT

The National Association of Social Workers takes the following positions as an organization:

- Children have the right to be treated with respect as individuals and to receive culturally sensitive services. Children have a right to express their opinions about their lives and have those opinions considered in all placement and judicial proceedings.
- 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, and they should provide service that reflects evidence-based or current best practices to address the problem of child abuse and neglect.
- Communities, including extended family members, kinship networks, and neighborhoods must be involved in supporting children and caregivers to ensure a safe, secure, and consistently stable living environment.
- 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 and remove the batterers to preserve the stability of children's caregiving and residence in domestic violence cases.

- 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.
- Policies and procedures should be developed in human services organizations to address and ensure the safety of social workers and other professionals working with abuse and neglect.
- 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.
- A bachelor's degree in social work is preferred for staff in child protective services. At the supervisory level, a master's degree in social work is recommended.
- Child maltreatment issues should be part of the curricula of all programs that train health professionals.
- Systematic changes are needed in child abuse reporting systems to ensure more standardized and effective intake assessments.
- Standardized definitions of child abuse and neglect must include identification of emotional and psychological abuse and risks and harm to children exposed to violence, and they must state the responsibility to provide intervention for such conditions no matter the etiology.
- 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 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.
- 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.

- To truly help protect children by preventing child maltreatment, social workers and other professionals must also help families by identifying and addressing the individual, familial, and community challenges they encounter (NASW, 2004).

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

REFERENCES

- Adoption Assistance and Child Welfare Act of 1980, Pub. L. 96-272, 94 Stat. 500.
- Adoption and Safe Families Act of 1997, Pub. L. 105-89, 111 Stat. 2115.
- Alexander, L., & McDougal, T. (2004). *Drug screening substance abusing parents*. Unpublished manuscript, University of North Carolina at Greensboro and North Carolina A&T University.
- Baldry, A. C. (2003) Bullying in schools and exposure to domestic violence. *Child Abuse & Neglect*, 27, 713-732.
- Bakan, D. (April, 2001). Slaughter of the innocents: A study of the battered child phenomenon. *Journal of Social Distress and the Homeless*, 10, 147-216.
- Brissett-Chapman, S. (1995). Child abuse and neglect: Direct practice. In R. L. Edwards (Ed.-in-Chief), *Encyclopedia of social work* (19th ed., Vol. 1, pp. 353-366). Washington, DC: NASW Press.
- Brown, B. V., & Bzostek, S. (2003). Violence in the lives of children [Child Trends Data-Bank Data Brief]. *CrossCurrents*, 1, 1-13. Child Trends. Available at <http://www.childtrendsdatbank.org>
- Check, W. A. (1989). *The encyclopedia of health, psychological disorders and their treatment: Child abuse*. New York: Chelsea House.

- Child Abuse Prevention and Treatment Act, Pub. L. 93-247, 88 Stat. 4 (1974).
- Children's Defense Fund. (2000). Issue Basics, Adoption and Safe Families Act (ASFA). Retrieved October 10, 2004 from, <http://www.cdfactioncouncil.org>
- Felitti, V. J. (2002). The relation between adverse childhood experiences and adult health: Turning gold into lead. *Permanente Journal*, 6(1), 44-47.
- Hillis, S. D., Anda, R. F., Felitti, V. J., Nordenberg, D., & Marchbanks, P. A. (2000). Adverse childhood experiences and sexually transmitted diseases in men and women: A retrospective study. *Pediatrics*, 106, e11.
- Kempe, C. H., Silverman, F. N., Steele, B. F., Droegemueller, W., & Silver, H. K. (1962). The battered-child syndrome. *JAMA*, 181, 17-24.
- Leventhal, J. (2003). 'The Battered-Child Syndrome' 40 years later. *Clinical Child Psychology and Psychiatry*, 8, 543-545.
- Malcolm, T. (2000, April 14). Advocates call for welcome for U.N. child rights document. Retrieved October 20, 2005, from http://natcath.org/NCR_Online/archives2/2000b/041400/041400l.htm
- Miller, G., & Greenwood, J. (2004). Colleague letter in support of increased funding for fiscal year 2005 CAPTA appropriations. Washington, DC: 108th Congress.
- National Association of Foster Care Reviewers. (n.d.). *Foster care review: past & present. Helping systems work for children*. Salt Lake City: Author. Available at http://www.nafcr.org/docs/foster_care_review.pdf
- National Association of Social Workers. (2004, June). "If you're right for the job, it's the best job in the world": The National Association of Social Workers' Child Welfare Specialty Practice Section members describe their experiences in child welfare. Washington, DC: Author.
- National Clearinghouse on Child Abuse and Neglect Information. (2002a). *Child abuse and neglect state statutes series, compendium of laws, child witness to domestic violence*. Washington, DC: U.S. Department of Health and Human Services.
- National Clearinghouse on Child Abuse and Neglect Information. (2002b). *What is child maltreatment?* Washington, DC: U.S. Department of Health and Human Services.
- National Clearinghouse on Child Abuse and Neglect Information. (2003a). *About the federal Child Abuse Prevention and Treatment Act*. Washington, DC: U.S. Department of Health and Human Services.
- National Clearinghouse on Child Abuse and Neglect Information. (2003b). *Child abuse and neglect fatalities: Statistics and interventions*. Washington, DC: U.S. Department of Health and Human Services.
- National Clearinghouse on Child Abuse and Neglect Information. (2003c). *Child maltreatment 2001: Summary of key findings*. Washington, DC: U.S. Department of Health and Human Services.
- National Clearinghouse on Child Abuse and Neglect Information. (2003d). *Major federal legislation concerned with child protection, child welfare, and adoption*. Washington, DC: U.S. Department of Health and Human Services.
- Pear, R. (2004, April 26). U.S. finds fault in all 50 states' child welfare programs. *New York Times*, p. A17.
- Schnurr, P. P., & Green, B. L. (2004). *Trauma and health: Physical health consequences of exposure to extreme stress*. Washington, DC: American Psychological Association.
- Social Security Act of 1935, Pub. L. 74-271, 49 Stat. 620.
- Tower, C. C. (1996). *Understanding child abuse and neglect* (3rd ed.). Boston: Allyn & Bacon.
- United Nations. (1989). Convention on the Rights of the Child (Resolution 44/25). New York: Author. Available at <http://www.unicef.org/crc/fulltext.htm>
- U.S. Department of Health and Human Services, Administration for Children and Families. (2003). *Child maltreatment, 2001*. Washington, DC: U.S. Government Printing Office
- Wadhams, N. (2004, January 20). United Nations seeks to end use of child soldiers. Retrieved October 20, 2005, from <http://www.globalpolicy.org/security/issues/040120child.htm>
- Wells, S. J. (1995). Child abuse and neglect overview. In R. L. Edwards (Ed.-in-Chief),

Encyclopedia of social work (19th ed., Vol. 1, pp. 346-353). Washington, DC: NASW Press.

Wyatt, G. E., Myers, H. F., Williams, J. K., Kitchen, C. R., Loeb, T., Carmona, J. V.,

Wyatt, L. E., Chin, D., & Presley, N. (2002). Does a history of trauma contribute to HIV risk for women of color? Implications for prevention and policy. *American Journal of Public Health*, 92, 660-665.

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