

## CHAPTER 2

# Overview of Child Maltreatment

**C**hild maltreatment is an act or failure to act that results in significant harm or risk of harm to a minor.<sup>14</sup> It may occur by commission (actively doing something that harms a child) or omission (failure to do something that would prevent harm). Child maltreatment may be committed by a family member, caregiver, or other adult. While the exact medical, legal, and psychological definitions of child maltreatment sometimes differ, professionals typically recognize four types of child maltreatment: physical abuse, neglect, sexual abuse, and emotional/psychological abuse.

### Diagram 2.1 Type of Child Maltreatment

- > **Physical abuse** includes physical injuries that result from actions including punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting with a hand or other object, or burning. Child physical abuse may occur as a single incident or repeated incidents. Consequences can range from minor bruises to death.<sup>15</sup>
- > **Neglect** includes a wide variety of behavior. Neglect is a failure to provide for a child's basic needs - physical, educational, or emotional. Physical neglect can include refusal of or delay in healthcare; abandonment; expulsion; inadequate supervision; inadequate nutrition, clothing, or hygiene; conspicuous inattention to avoidable hazards in the home; and reckless disregard for a child's safety and welfare. Educational neglect can include permitted chronic truancy, failure to enroll a child in school; or inattention to special education needs. Emotional neglect can include inadequate nurturing or affection; exposure to chronic or extreme domestic violence; and refusal or delay in psychological care.<sup>16</sup>
- > **Sexual Abuse** is any sexual activity with a child where consent is not or cannot be given.<sup>17</sup> It can involve touching and non-touching activities. Child sexual abuse can include fondling of the genital area or breasts; masturbation; or oral, vaginal, or anal penetration by a finger, penis, or other object. Child sexual abuse also includes exhibitionism, child pornography, internet crimes, or sexually suggestive behaviors or comments.<sup>18</sup>
- > **Emotional/Psychological Abuse** is defined by the American Professional Society on the Abuse of Children (APSAC) as "a repeated pattern of caregiver behavior or extreme incident(s) that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another's needs." The terms emotional and psychological abuse are often used interchangeably. APSAC guidelines refer to six categories of psychological maltreatment that include spurning, terrorizing, isolating, exploiting/corrupting, denying emotional responsiveness, and mental health, medical, and educational neglect.<sup>19</sup>

Child maltreatment exists on a continuum of frequency and severity. In 30% to 60% of the cases, it overlaps with other forms of family violence, such as domestic violence.<sup>20</sup> Often children simultaneously experience multiple forms of maltreatment, such as a physical and emotional abuse.<sup>21</sup>

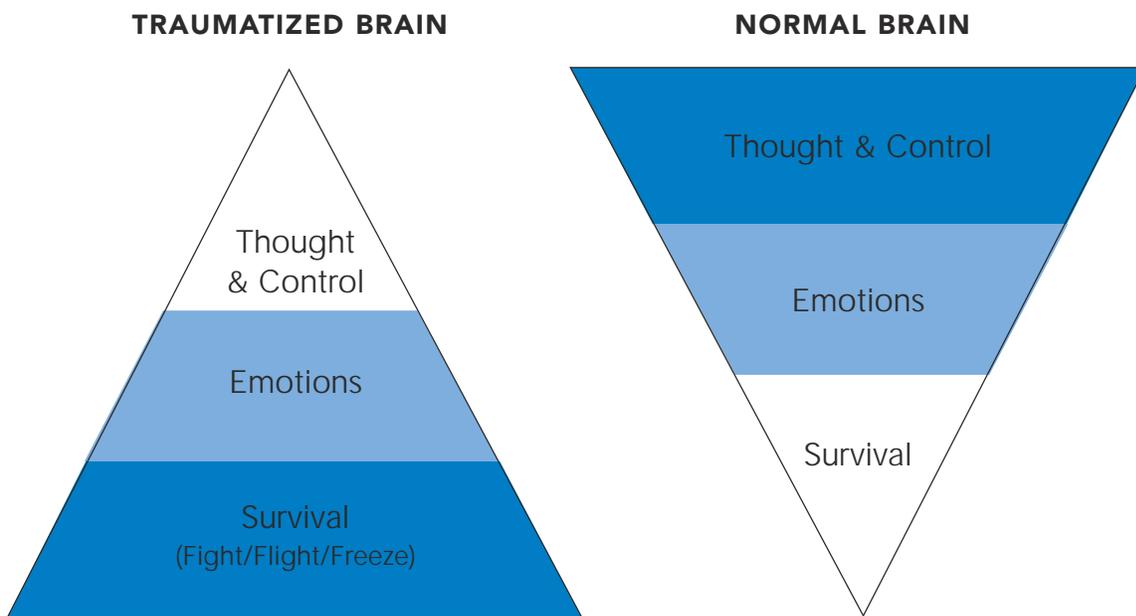
## Consequences of Child Maltreatment

Child maltreatment is a form of trauma. Trauma is an experience or exposure that is sudden, uncomfortable, uncontrollable, and negative.<sup>22</sup> The impact of child maltreatment trauma on child development can be significant and lead to altered brain activity and structure among some children. Multiple factors determine the effects of maltreatment and trauma on a child's development, including the age of the child when the trauma occurred, frequency and severity of trauma, and the existence of other protective factors that may buffer the child from adverse effects.<sup>23</sup>

As children are exposed to traumatic situations, their neuroendocrine and immune systems respond to the stressful stimuli by releasing various hormones into the bloodstream that produce arousal and stress responses to the situation.<sup>24</sup> Children who are repeatedly maltreated experience a prolonged stress response that may alter the brain's activities and structure. That is, the brains of some maltreated children look physically different from the brains of non-maltreated children. Several studies using magnetic resonance imaging (MRI) with healthy children and children exposed to trauma, including abuse and neglect, have shown adverse brain development because of maltreatment. In one study of forty-four maltreated children and adolescents with post-traumatic stress disorder and sixty-one matched control individuals, researchers found intracranial volume decrease by 7% and total brain volume decrease by 8% in the maltreated children with post-traumatic stress disorder as compared to the control group.<sup>25</sup>

These studies suggest that recurrent and chronic maltreatment may have a harmful effect on brain development and on children's cognitive abilities. For example, healthy children who are not maltreated have significant brain activity in the frontal cortex - the part of the brain that deals with the ability to understand consequences and that regulates impulse control, higher-level thinking, and connections to memory. A healthy child can usually make good decisions and has good impulse control. In an abused child, there is often significantly less activity in the frontal cortex. Brain activity is instead concentrated in the brain stem and mid-brain; this more primitive part of the brain controls survival functions and emotions - fight, flight, or freeze responses. Diagram 2.1 illustrates the difference in brain activity between a non-maltreated child and a maltreated child.

**Diagram 2.1** Brain Activity Differences



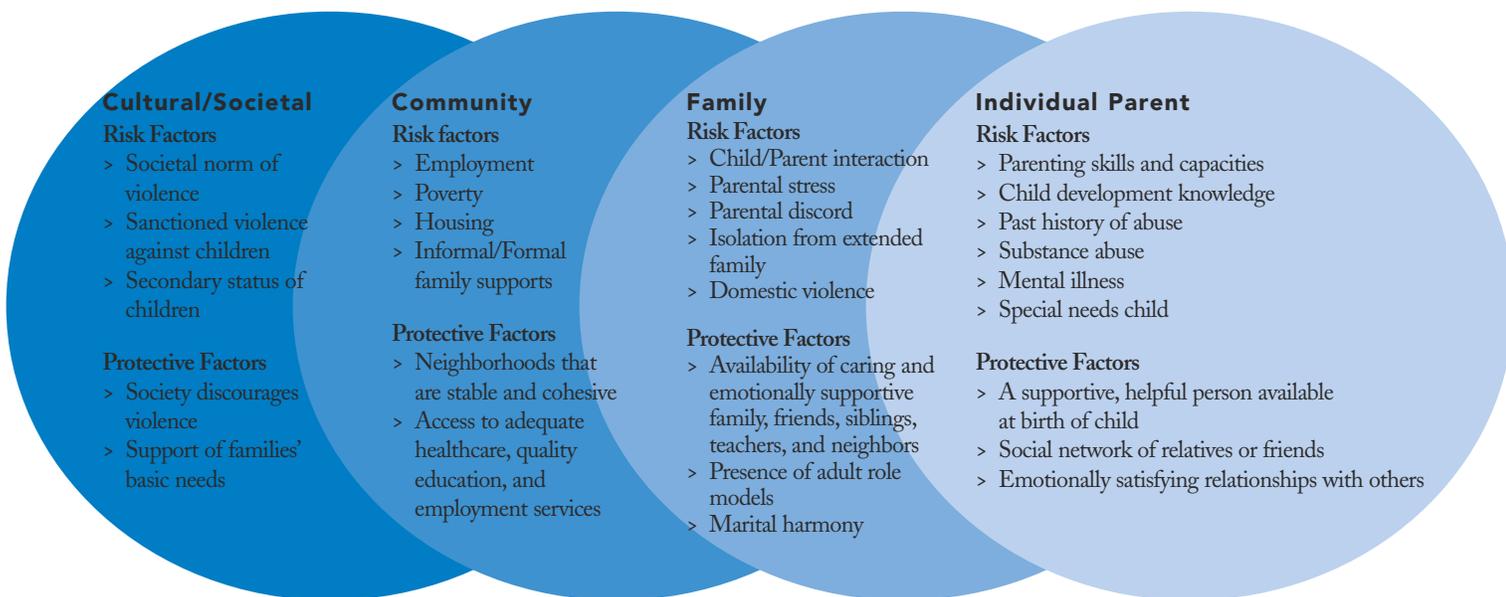
Overall, maltreated children are less able to perform in school or problem-solve and have little impulse control. They make poor choices with peers in school and life situations. Specifically, developmental impacts of maltreatment include:

- > **Behavioral and emotional effects:** Maltreated children have a higher disposition to post-traumatic stress disorder; depression and mood disorders; suicidal ideation, gestures, or attempts; aggression; alcohol, drug and nicotine dependence; and personality disorders.<sup>26</sup>
- > **Cognition effects:** Maltreated children are more likely to have attention deficits, problems in abstract reasoning and executive functioning, memory deficits, and lower IQs. This results in poor academic performance, grade repetition, and a high demand for special education.<sup>27</sup>
- > **Developmental effects:** Maltreated children are more likely to have speech delays or deficits in interpreting language, gross motor delays, poor fine motor coordination, and sensory integration problems.<sup>28</sup>

## Why Does Child Maltreatment Happen?

Child maltreatment is a complex phenomenon. Current models of child maltreatment suggest there are multiple personal and environmental factors that interact to contribute to child maltreatment. One such model is an ecological model of child abuse and neglect that theorizes that factors at the individual, family, community, and societal levels interact to contribute to child maltreatment.<sup>29</sup> Diagram 2.2 is an ecological model of child abuse and neglect.

**Diagram 2.2** An Ecological Model of Child Maltreatment



The factors included in the model above are typically grouped as either risk factors or protective factors.

- > Risk factors increase the likelihood of negative outcomes occurring.
- > Protective factors are those characteristics that protect individuals or families from stress and other negative influences, and increase the likelihood of positive outcomes occurring.

Rather than one single risk factor that leads families to maltreat their children, the ecological model asserts that it is multiple factors interacting at different levels - individual, family, community, and societal - that lead to abusive or neglectful behavior in families.<sup>30</sup> Specifically, when risk factors outweigh protective factors, negative outcomes, such as child maltreatment, are more likely to occur.<sup>31</sup>

## **Risk Factors**

Research has identified numerous risk factors that increase the likelihood of child maltreatment.<sup>32</sup> It should be noted that there are multiple pathways leading to child maltreatment. Risk factors should not be viewed as direct causal links to child abuse or neglect. In other words, many families with multiple risk factors never maltreat their children. It is important to view a specific risk factor or a combination of risk factors as characteristics that increase the likelihood of maltreatment occurring, but do not necessarily cause it to happen. While we may not be able to establish causality, the consideration of risk and protective factors in program and policy development is critically important to successful prevention efforts.

### *Child Risk Factors*

- > Young children (under thirty-six months) are at the highest risk for physical maltreatment, neglect, and homicide. Pubescent children are at highest risk for sexual abuse reporting, although case histories suggest that the abuse may start earlier.<sup>33</sup>
- > There are few gender differences in physical abuse and neglect, however, girls are at higher risk for sexual abuse.<sup>34</sup>
- > Conduct problems and children with difficult temperaments have been identified as higher risk. However, this risk factor should be viewed with caution as many children may develop behavioral problems because of maltreatment.<sup>35</sup>
- > Children with disabilities (physical handicaps, developmental disabilities, birth complications) have a higher probability of abuse or neglect.<sup>36</sup>

### *Parental Risk Factors*

- > Single parenting, low education levels, and teen parenting all seem to increase risk for maltreatment. Maltreatment occurs among all socio-economic levels; however, there is still relatively higher risk for maltreatment among families with low-income, low socioeconomic status.<sup>37</sup>
- > There is a higher risk of maltreatment among parents who were past perpetrators of maltreatment and those who have a history of being maltreated as a child (although two-thirds of victims do not maltreat their own offspring).<sup>38</sup>
- > Maltreating parents often have inadequate knowledge of child development leading to unrealistic expectations of what children know or can do. Other risk factors include parental beliefs about child rearing, negative affect in the parent-child relationship, substance abuse problems, depression, and loneliness.<sup>39</sup>
- > Child sex offenders may demonstrate cognitive distortions, lack of empathy, negative affect, poor social skills, alcohol or substance abuse problems, and deviant sexual interests.<sup>40</sup>

### *Family Risk Factors*

- > Lack of resources, a large number of children (four or more), closely spaced pregnancies, current stressors (financial, job, health, loss of loved ones), marital conflict or violence, social isolation from other families, other family members with a history of maltreatment, and inadequate monitoring by other family members are all risk factors for maltreatment.<sup>41</sup>
- > Family disruption, separation, and divorce are risk factors. As well, children living with a mother and non-biological father have an increased risk for child sexual abuse.<sup>42</sup>

### *Community Risk Factors*

- > Neighborhoods with high mobility, unemployment, poverty, and a lack of monitoring and connectedness show greater rates of maltreatment.<sup>43</sup>
- > Communities with a military presence, natural disasters or crises, inadequate financing of human services, or inadequate human service coordination also demonstrate higher rates of maltreatment.<sup>44</sup>

### *Cultural Risk Factors*

- > The risk for child maltreatment is higher in those cultures where it is the societal norm to spank or victimize children or corporal punishment is legally allowed. Societies in which children have poor legal status or children are

viewed as possessions also have higher risk factors for maltreatment. Finally, children are at greater risk for maltreatment in cultures where understanding of child development is weak or media portrayal of violence is common.<sup>45</sup>

## **Protective Factors**

Although the literature is not as extensive with regard to factors that protect against maltreatment, there are some characteristics that have been identified as both protecting against maltreatment and contributing to general child and family well-being.

### *Child Protective Factors*

- > Children with easy temperaments, high cognitive abilities, and competence in normative roles have decreased risk of maltreatment.<sup>46</sup>

### *Parent Protective Factors*

- > Psychological health and maturity enables parents to form positive attachments to their children and to others. Social competence, self-esteem, and self-efficacy are parental qualities that help protect against child maltreatment.<sup>47</sup>
- > Additionally, a parent's own childhood experiences and family history contribute to the parent's ability to function effectively. The nurturing, stimulation, and appropriate care that a parent received as a child serves as an enduring protective factor.<sup>48</sup>

### *Family Protective Factors*

- > Supportive relationships with family, friends, and neighbors are critical in helping parents navigate and overcome the daily stresses of parenting. Social support networks help parents do a better job of parenting through sharing of resources and information, offering temporary or permanent alternative shelter for children when needed, and providing collective standards of parenting behavior.<sup>49</sup>
- > The family strengths literature points to a number of characteristics that contribute to family well-being. These characteristics include regular and consistent household routines, shared parent-child activities, respectful and trusting communication, monitoring, supervision and involvement, parent-child warmth and supportiveness, good quality relationship between parents, children's participation in extracurricular school activities, and parents' involvement in religious and volunteer activities.<sup>50</sup>

### *Community Protective Factors*

- > Access to adequate healthcare, quality education, and employment services benefit adult caretakers and protect children. Families will find support for raising their children in neighborhoods where there is friendship among neighbors, watchfulness for other families, physical safety of the environment, common knowledge of community resources, and perhaps most critically a sense of "belonging" that fosters feelings of ownership and responsibility.<sup>51</sup>

### *Societal Protective Factors*

- > There is some evidence that cultures that discourage violence, support basic family needs, and discourage physical punishment do a better job of preventing maltreatment.<sup>52</sup>

## **Incidence and Prevalence of Child Maltreatment**

The following section provides basic information about the incidence and prevalence of child maltreatment in North Carolina. There are many difficulties getting an accurate count of the number of children who have been mistreated. For a full discussion of the many issues associated with measuring incidence of maltreatment, please see Chapter Five - Monitoring the Problem of Child Maltreatment.

In North Carolina, the principal means of collecting data on the incidence of maltreatment is the Central Registry. The Central Registry tracks information from each county department of social services on the number of children who are investigated for child maltreatment; the number of children who are substantiated; the types of maltreatment reported and substantiated; race, gender, and age of the child victims; and race, gender, and age of perpetrators. In 2003-04, the Central Registry reported that 113,557 children were subject to an investigative or family assessment, and 27,310 children were substantiated or found in need of services. Thirty children were the victims of child abuse homicides in 2003. The Central Registry does not collect data on every child who has been maltreated; just those that come to the attention of the department of social services, were perpetrated by a caretaker (parent, guardian, or childcare provider), and meet the statutory definitions of abuse and neglect.

Between 1996 and 2003, the number of North Carolina children investigated by child protection agencies increased by 29%, from 83,257 to 107,218. Even taking into consideration North Carolina's increase in the child population and fluctuations in the investigation rate over time, the rate of children who were investigated for maltreatment increased from 45.8 per 1,000 children to 51.8 per 1,000 children for those same years. However, it is unclear whether the increase in the numbers of investigations is due to increased incidence of child maltreatment, increased public awareness of the issue and reporting, or another factor. While the investigation rates have been increasing over time, the substantiation rates have been moving in the opposite direction with the rate of children substantiated for maltreatment decreasing during the period 1996-2003 from 15.75 per 1,000 children to 14.52 per 1,000 children.<sup>53</sup>

Despite these trends, North Carolina's child victimization rate (14.52 per 1,000 children) remains higher than the national average (12.3 per 1,000 children in 2002) with approximately 1.4% of North Carolina's child population having been substantiated as victims of maltreatment in each year.

### **Characteristics of Children Abused and Neglected in NC**

According to the Central Registry, the majority of child maltreatment victims in North Carolina suffer from:

- > Neglect 90.9%
- > Sexual abuse 3.5%
- > Physical abuse 3.2%
- > Psychological/emotional maltreatment 0.2%

This differs substantially from the national average, where 60.5% of child maltreatment victims are classified as having been subject to neglect, 18.6% physical abuse, 9.9% sexual abuse and 6.5% from psychological/emotional maltreatment.<sup>54</sup> The high percentage of children substantiated as neglected in North Carolina and the low percentage of children substantiated as physically abused may be due, in part, to the state's legal definition of neglect, which includes maltreated children with injuries not characterized as "serious" and result from inappropriate care, supervision, or discipline.

North Carolina's youngest children are at greatest risk of maltreatment with almost half, 48.5%, of the children substantiated as victims being birth-six years of age.<sup>55</sup> Boys and girls are represented almost equally as victims of maltreatment, although national studies show that girls are more frequently reported and investigated.<sup>56</sup>

Data from North Carolina also indicates differences in substantiation rates of racial groups in the state. However, there are many complex issues that may contribute to such differences; this data should not be interpreted to mean that any specific racial or ethnic group has a higher rate of maltreatment than any other does. In fact, despite the overrepresentation of minority children in the child welfare system in North Carolina and in the rest of the country, national population-based studies that identify child victims who may or who may not have been reported to child protection agencies have not found significant differences between races.<sup>57</sup> In North Carolina, data indicates that Caucasian children comprise 60% of

all children investigated and substantiated for maltreatment (59% and 57% respectively) and make up approximately 72% of the population. African American children comprise on average about 36% of all children investigated and 38% of all children substantiated despite the fact that they only make up 21.6% of the population. Hispanic children comprise just over 7% of the children investigated and almost 8% of the children substantiated, more than their representation in the general population (4.7%).<sup>58</sup> Minority families are more likely to be reported to the Child Protective Services system and more likely to have their cases substantiated.

### **Child Fatalities**

Child fatalities are rare, but they have been increasing slowly. In 2003, thirty children died from child abuse in North Carolina at a rate of 1.52 per 100,000 children.<sup>59</sup> While North Carolina's child abuse fatality rate seems lower than the national average of 2 per 100,000 children, it should be noted that in North Carolina only deaths from physical abuse are included in child fatality data. While many other states include children who die from physical abuse and neglect in their child maltreatment fatalities statistics, North Carolina reports only child abuse homicides. Nevertheless, the NC Division of Social Services issues a report of children who die from abuse or neglect within one year of the child or family being involved with county department of social services. In state fiscal year 2003-2004, there were thirty-eight such deaths, thirty-two from suspected neglect and six from suspected abuse.<sup>60</sup>

Calculating the numbers of child abuse homicides over a longer period also provides a more accurate rate. Between 1985 and 2002, 445 children in North Carolina were killed by their parent or a caretaker at a rate of 2.2 per 100,000 children over the nineteen year period. Children in North Carolina are killed by a parent or caregiver at a rate of slightly more than two each month.<sup>61</sup>

### **CarolinaSAFE**

Other sources of data about the incidence of maltreatment lead researchers to believe that the incidence of maltreatment is much higher than what is reported in the Central Registry. For example, CarolinaSAFE was an anonymous, random telephone survey conducted with mothers of children aged birth to seventeen years. Over 50% of the mothers interviewed had achieved some college level education or beyond; 83% were married; the vast majority was the biological mother of the child; and nearly 70% reported an annual household income of more than \$40,000.<sup>62</sup>

Mothers were asked about community support and potentially abusive behaviors by either themselves or their husband or partner in the context of other disciplinary practices. They were also asked about any possible sexual abuse their child may have experienced. The results were then statistically weighted so that the surveyed sample would accurately reflect the socioeconomic status and racial/ethnic balance of North and South Carolina.

The study found the following:

- > Mothers self-reported physical abuse of their child (by either themselves or their husband or partner) at a rate more than forty times higher than the official substantiated rate of physical abuse in either state. While previous reports from North and South Carolina to the National Center on Child Abuse and Neglect estimated the rate of physical abuse at one per 1,000, CarolinaSafe found the rate to be forty-three per 1,000.
- > The estimate of sexual abuse was over fifteen times higher than official state-level statistics. Official substantiated rates of sexual abuse for both states were .6 per 1,000; CarolinaSAFE found the rate of sexual abuse to be 10.5 per 1,000. One possible explanation for this difference is that this study asked the mother if she had knowledge of any adult or older child sexually abusing her child, not just an adult in a caretaker role.
- > For every child under two years of age who sustains a serious head injury because of shaking or other abusive head trauma, another 152 children may be shaken by their caregivers, sustaining brain trauma that goes undetected.
- > Other results more closely related to neglect were equally disconcerting with twenty out of 1,000 families responding that they were unable to provide enough food for their child in the past month; two per 1,000 children aged birth-six

being left alone; seventy-five per 1,000 children (all ages) being injured due to lack of supervision; and 8.5% of children unable to access medical care when needed in the past year.

> Finally, a very high number of families, almost 50%, indicated intimate partner violence in the home.<sup>63</sup>

Thus, CarolinaSAFE results indicate that the true incidence of child maltreatment may be significantly higher than what is reported by the Central Registry. Caution should be taken when using Central Registry data because it most likely significantly underestimates the number of children who are impacted by child maltreatment in North Carolina.

## Conclusion

While multiple disciplines utilize a specialized definition of child maltreatment for the purposes of their profession, child maltreatment should be understood as an exposure or experience introduced by an adult through omission or commission that results in significant harm or risk of harm to a minor. Children experience child maltreatment as a form of trauma that can cause serious, damaging effects on their neurobiological development. Child maltreatment can physically alter the activity and structure of the brain resulting in impaired social, cognitive, and psychological development for a child. The costs of maltreatment are staggering, both in terms of human costs and economic costs. A significant portion of our country's most pressing social issues - substance abuse, school drop-outs, juvenile delinquency and adult crime, special education services, adults with chronic health problems and mental health issues, and welfare dependency - are outcomes associated with child maltreatment. Finally, while official statistics of child maltreatment convey a tragic picture, they most likely greatly underestimate the actual incidence of maltreatment in North Carolina.