

Office for Victims of Crime
Training and Technical Assistance Center

Child Abuse and Neglect

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Child Abuse and Neglect*

Victimization by child abuse and neglect presents some of the most difficult and stressful cases faced by service providers and advocates. Child victims are extremely vulnerable, often completely helpless, and are often greatly harmed by their victimizations. This paper briefly describes several basic forms of child abuse and neglect and the developmental and ecological contexts within which child maltreatment occurs. With this knowledge as a backdrop, the differential impacts of victimization across childhood stages, by type of harm done and in which family/social contexts, are briefly summarized. Given these complexities and the need to protect child victims across many systems (e.g., medical, mental health, and criminal justice), well coordinated responses are critical to successful interventions. Several models for multidisciplinary, collaborative programs are described to assist the beginning advocate and service provider.

Statistics

The following statistics come from “Crime Victimization in the United States Statistical Overviews” which the Office for Victims of Crime prepared for National Crime Victims’ Rights Week, 2012:

- In 2009, child protective services found approximately 763,000 children to be victims of maltreatment.¹
- During 2009, approximately 1,770 children died due to child abuse or neglect. More than three-quarters (80%) of children who were killed were younger than 4 years of age.²
- During 2009, 62 percent of child victims experienced neglect, 14 percent were physically abused, 8 percent were sexually abused, 6 percent were psychologically maltreated, and 2 percent were medically neglected. In addition, 8 percent of child victims experienced other types of maltreatment.³
- Fifty-one percent of child abuse or neglect victims were girls, and 49 percent were boys.⁴
- The youngest children, from birth to 3 years of age, accounted for the highest percentage of child abuse and neglect victims, at 34 percent.⁵

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- Of all child victims of maltreatment, 44 percent were white, 22 percent were black, and 21 percent were Hispanic.⁶
- In 80.7 percent of child abuse cases, parents were the perpetrators of child maltreatment.⁷
- During a one-year period, 60.6 percent of children and youth from birth to 17 years of age experienced at least one direct or indirect (as a witness) victimization.⁸
- In 2010, 1,277 children and youth under 18 years of age were victims of homicide. Of these, 890 were male and 386 were female (the sex of one victim was unknown); 48.7 percent (622) of homicide victims were black and 46.9 percent (599) were white. (The race of 56 victims was either “other” or “unknown.”)⁹
- In 2010, of the 1,277 children and youth under 18 years of age who were murdered, infants under age one represented 14.6 percent (186); children one to four years of age, 24.5 percent (313); children five to eight years of age, 6.7 percent (85); children nine to 12 years of age, 3.4 percent (43); youth 13 to 16 years of age, 28.4 percent (363); and teens age 17 were 22.5 percent (287) of all youth homicide victims.¹⁰
- The National Center for Missing and Exploited Children received 9,253 reports of unsolicited obscene material sent to a child to its CyberTipline from 2002-2011. Since 1998, the CyberTipline has received more than 900,000 reports of child pornography.¹¹
- Of children and youth from birth to 17 years of age, 46.3 percent experienced a physical assault, 1 in 4 (24.6 percent) a property offense, 1 in 10 (10.2 percent) child maltreatment, and 6.1 percent a sexual victimization.¹²

The following statistics relate specifically to child victims with disabilities:

- In 2008, 15 percent of child victims of abuse or neglect had a reported disability. Disabilities considered risk factors included intellectual disability, emotional disturbance, blind or low vision, learning disability, physical disability, behavioral problems, or other medical problems.¹³
- A study of 35 child protective services agencies across the country found that 14.1 percent of children victims of maltreatment had one or more disabilities.¹⁴
- According to the U.S. Department of Justice,¹⁵ youth with disabilities experienced violence at nearly twice the rate as those without disabilities.
- Children and youth with disabilities are more likely than children and youth without disabilities to experience physical abuse resulting in bodily injury and to experience serious sexual victimization.¹⁶

- Children with intellectual disabilities experienced violent crime at a rate higher than persons with other types of disabilities.
- According to studies including almost 160,000 children,¹⁷ children with intellectual disabilities are:
 - 2.9 – 3.7 times as likely to have been neglected.
 - 3.4 – 3.8 times as likely to be emotionally abused.
 - 3.8 – 5.3 times as likely to be physically abused.
 - 4.0 – 6.4 times as likely to be sexually abused.

The Center for Disease Control and Prevention provides more information on the scope of child victimization:¹⁸

- More than 740,000 children and youth are treated in hospital emergency departments as a result of violence each year—that’s more than 84 every hour.¹⁹
- The total lifetime cost of child maltreatment is \$124 billion each year.²⁰
- More than 3 million reports of child maltreatment are received by state and local agencies each year—that’s nearly 6 reports every minute.²¹

Definitions

This paper focuses on several basic forms of child abuse and neglect. It should be noted that there are other forms of childhood victimization that are beyond the scope of this introductory paper (e.g., computer/Internet crimes against children, Munchausen’s Syndrome by Proxy, missing and abducted children, and children harmed in methamphetamine labs).

There are often differences between legal and social science/services definitions of child abuse and neglect. Advocates and service providers should become familiar with both sets of definitions and are cautioned that legal definitions need to be strictly adhered to when formal court cases are proceeding. Each jurisdiction (state, tribal, federal) has its own child abuse laws, so it is important to understand the exact nature of the laws and the specific criminal elements in your jurisdiction. The U.S. Department of Health and Human Services has provided a good source for various definitions at www.childwelfare.gov/can/defining.

Physical abuse: Child physical abuse refers to the non-accidental injury of a child. It includes what is sometimes referred to as battered child syndrome, which is defined as the collection of injuries sustained by a child as a result of repeated mistreatment or beatings.²² Child physical abuse may be the result of excessive physical discipline or a lack of effective parenting skills. An abused child may experience one or more of the following: hitting, shaking, choking, biting, kicking, punching, burning, poisoning,

suffocating, or being held underwater. Physical abuse may lead to bruises, cuts, welts, burns, fractures, internal injuries, or in the most extreme cases, death.²³

Emotional abuse: A pattern of behavior that impairs a child's emotional development or sense of self-worth. This may include constant criticism, threats, or rejection, as well as withholding love, support, or guidance. Emotional abuse is often difficult to prove and, therefore, child protective services may not be able to intervene without evidence of harm to the child. Emotional abuse is almost always present when other forms are identified.²⁴

Neglect: Child neglect is the most common type of child abuse.²⁵ Since children are dependent upon others to provide their basic necessities of life, deprivation can result in nutritional neglect, abandonment, inadequate supervision, medical/dental neglect, inadequate or inappropriate housing, inadequate or insufficient clothing, neglect of personal hygiene, educational neglect, and/or failure to protect the child from abuse. In cases of neglect, intent is not a necessary criterion. For example, caregivers may not have the intention to provide inadequate supervision but could nevertheless be neglectful if they leave their 1-year-old child alone in a bathtub.

Substantiated abuse or neglect: This term indicates that the child abuse or neglect reported to child protective services has been the subject of a civil investigation and found to be a case of abuse or neglect at a particular legal standard (most often preponderance of the evidence). This is sometimes called a "founded" case of abuse/neglect. It is important to note that this level of evidentiary proof is much lower than the criminal standard of "beyond a reasonable doubt." This allows a mere preponderance of the evidence (the lower standard) to be used to demonstrate that a child has been injured and/or is at substantial risk and is in need of protective intervention.

Sexual abuse: Child sexual abuse refers to the sexual assault of a child or certain other forms of touching or fondling of a child for the sexual stimulation and gratification of the adult perpetrator. While less obvious than sexual assault, sexual abuse may include making sexual propositions, forcing a child to watch sex acts, unwanted hugs, touches, and pinches, and may include tickling. Also, age is often a factor in the law that determines if child sexual assault is aggravated (e.g., sexual assault of a younger child).

Sexual exploitation: This form of abuse involves using a child for the sexual stimulation or gratification of an adult; however, it typically also includes some commercial or financial gain. Examples of sexual exploitation include child sex rings, child pornography, and child prostitution.²⁶ Some definitions combine sexual abuse and sexual exploitation.

Mandated reporter: This refers to professionals who are required to report child abuse and neglect in each jurisdiction. While some states require that anyone who has reason to believe that a child is being abused is required to make a report, most jurisdictions list specific individuals (usually by profession) who are legally required to make a report. It is important to know which is the case in your own jurisdiction. This is governed by

specific legislative language but most often includes all medical and health service personnel, mental health and human services workers, law enforcement, educators, and others who regularly come into contact with children and families.²⁷

Child fatality: “The death of a child caused by an injury resulting from abuse or neglect, or where abuse or neglect was a contributing factor.”²⁸

Child protective services: This term generally refers to those government agencies primarily responsible for investigating and responding to child abuse and neglect cases. Child Protective Services (CPS) agencies are responsible for “civil” investigations of child abuse and neglect cases and making determinations about a child’s safety. The focus of much of this paper is civil child protection. (Law enforcement agencies conduct criminal investigations into companion areas such as physical assault and sexual assault.) The names of child protective services departments vary from state to state, but often carry titles such as Department of Children and Family Services or Department of Children and Youth Services. These also are sometimes referred to as child welfare agencies.²⁹

Unique Impact/Effects on Victims

Children and youth are particularly vulnerable to victimization and the detrimental effects of these traumatic events. The unique impacts of abuse and neglect must be understood in the context of the child’s age, the form of abuse, the relationship to the perpetrator, and many other contextual factors. Through studying the developmental and ecological perspectives on childhood victimization, advocates and service providers will better understand the differential impacts of trauma on children and have better insight into child victims’ needs and, potentially, help to develop supportive systems that can best assist young victims.

Finkelhor and his colleagues have produced very thoughtful analyses of the relative vulnerabilities for childhood victimization.³⁰ Termed “developmental victimology,” this perspective notes that children and youth experience the same sort of criminal victimizations as adults and sometimes even more so, such as the prevalence of homicide in the first months of life and then later during the teenage years. Snyder and Sickmund reported that “youth ages 12–17 were more than twice as likely as adults to be victims of serious violent crimes.”³¹ Children also are victimized in additional ways, which are termed “child maltreatment” (abuse and neglect) and “non-criminal juvenile crime equivalents,” such as sibling violence.³²

The 2008 National Survey of Children’s Exposure to Violence indicated that more than 60 percent of children were exposed to violence within the past year, either directly or indirectly.³³ Recent statistics have estimated that as many as 10 million children are

exposed to violence in their families and neighborhoods and that this results in increases in depression, anxiety, fear, anger, substance abuse, and poor school performance.³⁴ Comprehensive child maltreatment programs recognize that children also are harmed when they are exposed to the interpersonal violence between adults in their lives, both in the family and the community. Statistics about the scope and impact of domestic violence on children can be accessed from the Family Violence Prevention Fund at endabuse.org/resources/facts/Children.pdf.

The impact of traumatic events on children also can vary depending upon the child's age. The National Institute of Mental Health has briefly described the differential impact of trauma on children of different ages.³⁵

- **Children 5 years of age and younger** may exhibit responses including a fear of being separated from the parent, crying, whimpering, screaming, immobility and/or aimless motion, trembling, frightened facial expressions, and excessive clinging. Parents also may notice children returning to behaviors exhibited at earlier ages (called regressive behaviors), such as thumb-sucking, bedwetting, and fear of darkness. Children in this age bracket tend to be strongly affected by parents' reactions to the traumatic event.
- **Children 6 to 11 years old** may show extreme withdrawal, disruptive behavior, and/or inability to pay attention. Regressive behaviors, nightmares, sleep problems, irrational fears, irritability, refusal to attend school, outbursts of anger, and fighting also are common in children of this age. Also, the child may complain of stomachaches or other bodily symptoms that have no medical basis. Schoolwork often suffers. Depression, anxiety, feelings of guilt, and emotional numbing or "flatness" are often present as well.
- **Adolescents 12 to 17 years old** may exhibit responses similar to those of adults, including flashbacks, nightmares, emotional numbing, avoidance of any reminders of the traumatic event, depression, substance abuse, problems with peers, and antisocial behavior. Also common are withdrawal and isolation, physical complaints, suicidal thoughts, school avoidance, academic decline, sleep disturbances, and confusion. The adolescent may feel extreme guilt over his or her failure to prevent injury or loss of life, and may harbor revenge fantasies that interfere with recovery from the trauma.

Karson has identified several factors that impact how a child reacts to being abused and/or neglected:³⁶

- Type and severity of the abuse.
- Age of the child when the abuse began and terminated.
- Nature of child's relationship with the perpetrator.

- Child's defense mechanisms.
- Child's resilience.

Additional factors to consider are the child's environment, including witnessing violence; mother's/caregiver's mental health; mother's/caregiver's social support; disability; and economic status.

Complementing the important developmental perspective described above is the ecological context of child development, that is, understanding the child in the context of family, neighborhood, and school.³⁷ Child abuse may be one of many types of problems facing a family. It is always important to view all the factors influencing a family, especially other types of abuse or neglect that may be occurring in the family (such as intimate partner violence or elder abuse). Holistic approaches to child abuse include examining the entirety of the family's circumstances, including environmental and system factors.³⁸ Social factors, such as poverty, unemployment, and family stress are other considerations for service providers. Parrish recommends that child abuse investigators "collect additional family history concerning connections between domestic violence and child abuse, substance abuse and child abuse, and other such connections, even apparently unrelated arrests or charges."³⁹

The Longitudinal Studies Consortium on Child Abuse and Neglect (LONGSCAN) is "a 20-year longitudinal study examining the antecedents and consequences of child maltreatment utilizing an ecological-development model of factors believed to be associated with child maltreatment."⁴⁰ The results of this study offer insight into the multidimensional factors influencing children's response to neglect and abuse. While the results are limited by the fact that the study participants are primarily African American and poor, its findings suggest potential areas for further exploration. Selected findings include:

- Children (whether in one- or two- parent families) living in adverse circumstances (poverty, poor health, poor living conditions) with known family/caregiver risk factors (caregiver young age at first birth, caregiver depression, substance use, negative partner relationships, low educational attainment, history of past or current victimization, low social supports, and inappropriate disciplinary practices) are at higher risk for adverse outcomes (lower cognitive and academic functioning, more aggression, anxiety, and depression) regardless of maltreatment status, although the data suggest that maltreatment adds to the disadvantage.⁴¹
- Findings suggest that three-generation households are associated with more problems among the maltreated children of high-risk adolescent mothers.⁴²
- Several studies present strong findings of the link between maternal depression and negative outcomes for maltreated children.⁴³

- Mothers who had been physically or sexually abused reported more behavior problems in their own children.⁴⁴
- Among victims of intimate partner violence, involvement in community and social networks appears to help protect children.⁴⁵
- Domestic violence affected family functioning, caregivers' interactions with children, and caregivers' general health and well-being. It was these factors that explained the impact of intimate partner violence on children's behavior problems and impaired health.⁴⁶
- Outcomes for children were especially poor when parents and children agreed that children had witnessed family violence.⁴⁷

In addition to the developmental and ecological issues that advocates and service providers must consider in working with maltreated children, there also are differential effects related to the various forms of child abuse and neglect. Although this very complex array of factors defies brief summary, some of the more salient points are presented here.

Impact of Physical Abuse

Child abuse victims often suffer physiological effects of physical abuse. Initial impact on children will, of course, include the immediate pain, suffering, and medical problems caused by the physical injury. However, the emotional damage typically will last long after the bruises and wounds have healed. The longer physical abuse of a child occurs, the more serious the impact. Chronic physical abuse can result in long-term physical disabilities, including brain damage, hearing loss, dental problems, or eye damage. The age at which the abuse takes place influences the impact of the damage. For example, infants who are physically abused are more likely to experience long-term physical effects and neurological alterations such as irritability, lethargy, tremors, and vomiting. In more serious cases where the abuse was more forceful or longer in duration, the infant may experience seizures, permanent blindness or deafness, intellectual or developmental delays, coma, spinal cord injury resulting in paralysis, and, in many cases, death. This is termed "shaken baby syndrome" since it most often occurs as a result of violent shaking or shaking of the head (see www.shakenbaby.org).

Beyond the physical trauma and injury experienced by children, there are other consequences of physical abuse, such as emotional, psychological, and social difficulties. Abused children may have more difficulty with academic performance, self control, self image, and social/peer relationships, and may have experienced far greater problems at home and in the community. They may be hyperactive and overly anxious. Other emotional problems include anger, hostility, fear, humiliation, and an inability to express feelings. The long-term emotional consequences can be devastating. For example,

children who are abused are at risk of experiencing low self-esteem, depression, alcohol/other drug dependence, and increased potential for child abuse as a parent.

The social impact on children who have been physically abused is perhaps less obvious, yet still substantial. Immediate social consequences can include an inability to form friendships with peers, poor social skills, poor cognitive and language skills, distrust of others, over-compliance with authority figures, and a tendency to solve interpersonal problems with aggression. Many of these children may exhibit aggression towards other children or siblings. In their adult lives, the long-term consequences can impact both their families and their communities. There are financial costs to the community and society in general, e.g., funding social welfare programs and services and the foster care system. Studies have shown children who are physically abused are at a greater risk for mental illness, homelessness, crime, and unemployment. All of these affect the community and society in general and are the social costs of physical abuse.

Impact of Neglect

Neglect can take many forms, as noted above in the definitions section (e.g., nutritional neglect, abandonment, inadequate supervision, medical/dental neglect, inadequate or inappropriate housing/shelter, inadequate or insufficient clothing, neglect of personal hygiene, and educational neglect). The impact of neglect is related to the type of neglect involved and ranges from physical difficulties (e.g., failure to thrive, malnutrition, poor brain development, and brain impairment, and other physical health problems) to behavioral-health and psycho-social problems (e.g., emotional or psychological disorders, attachment issues, and problems with trust, academic problems, and cognitive disorders). A comprehensive introduction to the literature in this area is available at www.childwelfare.gov/can/impact/types/#neglect and www.childwelfare.gov/pubs/usermanuals/neglect/chapterthree.cfm.

Impact of Sexual Abuse

The American Psychological Association offers the following description of the impact of child sexual abuse:

Children and adolescents who have been sexually abused can suffer a range of psychological and behavioral problems, from mild to severe, in both the short and long term. These problems typically include depression, anxiety, guilt, fear, sexual dysfunction, withdrawal, and acting out. Depending on the severity of the incident, victims of sexual abuse also may develop fear and anxiety regarding the opposite sex or sexual issues and may display inappropriate sexual behavior. However, the strongest indication that a child has been sexually abused is inappropriate sexual knowledge, sexual interest, and sexual acting out by that

child. The initial or short-term effects of abuse usually occur within two years of the termination of the abuse. These effects vary depending upon the circumstances of the abuse and the child's developmental stage but may include regressive behaviors (such as a return to thumb-sucking or bed wetting), sleep disturbances, eating problems, behavior and/or performance problems at school, and nonparticipation in school and social activities. But the negative effects of child sexual abuse can affect the victim for many years and into adulthood. Adults who were sexually abused as children commonly experience depression. Additionally, high levels of anxiety in these adults can result in self-destructive behaviors, such as alcoholism or drug abuse, anxiety attacks, situation-specific anxiety disorders, and insomnia. Many victims also encounter problems in their adult relationships and in their adult sexual functioning.⁴⁸

Revictimization also is a common phenomenon among people abused as children. Research has shown that child sexual abuse victims are more likely to be the victims of rape or to be involved in physically abusive relationships in adulthood.

In short, the ill effects of child sexual abuse are wide ranging. There is no one set of symptoms or outcomes that victims experience. Some children even report little or no psychological distress from the abuse, but these children may be either afraid to express their true emotions or may be denying their feelings as a coping mechanism. Other children may have what is called "sleeper effects." They may experience no harm in the short run, but suffer serious problems later in life.

Impact of Sexual Exploitation of Children

The commercial sexual exploitation of children involves sociological, economic, political, spiritual, cultural, and legal factors. It is a complex and often highly organized form of child abuse. Although the sexual exploitation of children and youth certainly can be perpetrated by lone individuals or small, insular groups, most often more sophisticated child sex rings operate to lure victims into exploitation, such as organized child prostitution. It has long been known that a majority of victims of child prostitution were previously victims of other forms of child abuse.⁴⁹ The fact that victims of exploitation have been victimized before; are victimized multiple times over long periods of time while being sexually exploited; are often beaten and terrorized (physically and psychologically); and are often deliberately addicted to drugs and alcohol further exacerbate the impact of this crime on these young victims. Moreover, victims often feel extremely isolated and helpless, which are purposeful forms of control employed by the exploiter.

Treatment and intervention strategies need to address these multidimensional aspects of the problem. While children can be sexually exploited outside of the commercial realm, this section will focus on children who are commercially exploited. The discussion of child sexual abuse in the previous sections of this paper addressed many of the issues

involved in noncommercial sexual exploitation of children. O’Connell Davidson defines “sex exploiters” as “those who take unfair advantage of some imbalance of power between themselves and a person under the age of 18 in order to sexually use them for either profit or personal pleasure.”⁵⁰ This definition includes not only the direct person who engages in sexual abuse of children but also those who benefit financially from such sexual abuse. Today, international relief organizations suggest there are 300,000 children working as prostitutes in the U.S. It is estimated that somewhere between one and one-half million children run away from home each year. It is safe to estimate that about one-third of those children have some type of involvement or brush with prostitution and/or pornography. (Visit www.childrenofthenight.org/faq.html and www.childrenofthenight.net/tragedy.html.)

Effective Responses for Victim Support and Advocacy, Medical and Mental Health Treatment, and Advocacy for Justice System Participation

Multidisciplinary Teams

Child abuse and neglect cases involve a complex array of contributory factors and effects and must involve well coordinated responses by child protective services, law enforcement, victim assistance, prosecution, health, mental health and other human service agencies in order to effectively investigate and prosecute the cases and, most importantly, protect the child victims from further harm. Hundreds of communities have developed multidisciplinary teams (based in hospitals, police departments, prosecutors’ offices, and child protection and nonprofit agencies) to improve coordination and communication among the personnel involved in these cases. While some states mandate such cooperation, most states’ agencies form these efforts voluntarily. One of the most important reforms brought about by multidisciplinary teams is the ability to conduct joint interviews of child victims, reducing the number of interviews and interviewers to which child victims are exposed in the course of an investigation.⁵¹ These enhancements have the goal of reducing the trauma experienced by child victims in the child protective and criminal justice systems. These teams have different titles, such as Multidisciplinary Investigative Teams (MITs), Multidisciplinary Treatment Teams, or Child Protection Teams. Regardless of the specific title, these teams involve cooperative efforts among the relevant agencies and organizations that participate in child abuse investigation, prosecution, and treatment.

While the ultimate goal of each individual participating agency or organization is to protect the child, each agency nevertheless operates with different policies, procedures, and goals. One significant difference is the burden of proof required for certain actions, such as preponderance of evidence needed for child protection/removal actions, probable

cause for criminal arrest, and beyond a reasonable doubt for criminal conviction. The civil child protection system and the criminal justice system, therefore, are complex parallel systems and, while they collaborate in a multidisciplinary approach, the victim assistance professional must appreciate the distinct roles of the entities: the child protection workers, the court appointed special advocates (CASAs, see www.nationalcasa.org), law enforcement, prosecution, victim/witness assistance providers, guardians ad litem, physicians and/or nurses, and mental health, social and human services. The potential for the duplication or overlapping of services and procedures is high. To reduce this possibility, many states have incorporated a multidisciplinary team approach to do the following:

- Share information, expertise, and experiences.
- Determine the need for intervention and to coordinate the best approach for action.
- Assess risk factors for the child.
- Determine service needs.
- Determine the child's ability to participate in justice processes.
- Ease the trauma of the child's participation in the process through the reduction of multiple interviews, exams, and the number of protective and criminal justice personnel interactions with the child and/or family members.
- Reduce replication of services to the child victim and family.

To determine if allegations of child abuse or neglect are "founded," the following formal procedures should, ideally, be initiated in a multidisciplinary approach including several components, such as those listed below. Regrettably, the ideal is often not met due to a combination of inadequate funding, training, and interagency cooperation. However, successful multidisciplinary efforts include the following:

- Law enforcement and the child protective service agency, either jointly or individually, should conduct an investigation of the alleged offender that includes a record check for previous criminal offenses and previous child protective services reports that might involve charges or allegations of child, familial, or spousal abuse, substance abuse, or other behaviors that would increase the likelihood of child abuse and neglect. They should interview the complaining victims ("outcry victim"), alleged offender(s), and where appropriate, other family members, neighbors, and medical personnel. In the case of juveniles, the parent or caregiver should be present. Concurrently, they should conduct a visit to the home of the victim who has alleged abuse to observe family dynamics, and to check for other conditions that might indicate abuse or neglect (such as poor sanitation and lack of heat or electricity).

- The victim who has alleged abuse and other children in the family should be physically examined by a medical professional for additional evidence of abuse or neglect.
- The victim who has alleged abuse and other children in the family should be assessed by a mental health professional for evidence of emotional abuse or neglect.
- Appropriate victim assistance services should be provided, particularly in cases that result in criminal prosecution or juvenile court adjudication.

While the information in this paper most often deals with child abuse and neglect perpetrated by family members, other individuals can and do commit abusive acts against children. These individuals may include teachers, coaches, clergy, youth group leaders, institutional or paid caregivers, etc. Because specific laws have been enacted to address maltreatment of children by professionals and acquaintances such as these, they will often be charged with criminal or civil violations and the primary investigator will be a law enforcement agency and not a child protective services agency. Although child protection agencies may not be investigating these cases when they are in the hands of law enforcement agencies, they should involve police-based victim assistance personnel to provide appropriate support to child victims.

Children's Advocacy Centers

Perhaps the best examples of the team approach to handling child victim cases are children's advocacy centers (CAC) (see www.nationalcac.org). More than 675 communities have established or are developing children's advocacy center programs, which allow law enforcement officers, prosecutors, child protection workers, victim advocates, and therapists to interview children and provide services in a single, "child-friendly" location rather than in several environments, which may be intimidating to the child. Children's advocacy centers provide holistic multidisciplinary case responses to children during various stages of treatment and criminal justice intervention. Some centers have facilities for medical examinations, many are equipped with one-way mirrors and videotaping capability, and all are designed and furnished with young children in mind. The U.S. Department of Justice Office of Juvenile Justice and Delinquency Prevention (OJJDP) provides funds to communities seeking to establish or strengthen children's advocacy centers. The funds are administered by the National Children's Alliance (formerly National Network of Children's Advocacy Centers).⁵² Forensic interviewing is a key part of the CAC model. These structured interviews conducted by trained professionals utilize recognized protocols and approaches for interviewing children such that necessary information is elicited with the least effect on the child and so as to avoid evidentiary challenges in court.

Finding Words

Finding Words is a child forensic interviewing program developed by the American Prosecutors Research Institute,⁵³ which recognizes the complexities of child abuse investigations and fosters a competency-based, skills-building approach to training forensic interviewers. This is done in the context of the multidisciplinary team approach discussed above.⁵⁴ Multidisciplinary teams are trained in the various aspects of a coordinated approach to obtaining accurate information from children, while limiting the numbers of interviews they are required to participate in, and also while serving the needs of investigatory and prosecutorial agencies responsible for bringing criminal cases to court.

Child Development – Community Policing (CD-CP)

The CD-CP model originated as a collaboration between the Yale Child Study Center and the New Haven (CT) Police Department in 1991 and is a highly successful collaborative model that is now being replicated in approximately 17 cities across the United States (see www.nceev.org/initiatives/cdcp/index.html). CD-CP is a multidisciplinary model that teams clinicians (who are available 24/7 by pager) with police officers who may call or consult with them on any case where a child has experienced or is exposed to trauma. CD-CP also provides coordinated case management for all accepted cases and incorporates the following components:

- Acute response and consultation service.
- Child development fellowships for police supervisors.
- Police fellowships for clinical faculty.
- Seminar on child development, human functioning, and policing strategies.
- Weekly case conferencing.
- Death notification protocol.⁵⁵

Related to the CD-CP program, and also housed at the Yale Child Study Center, is the National Center for Children Exposed to Violence (www.nceev.org).

Child Fatality Review/Child Death Review

Homicide has consistently been found to be the leading cause of death for children. The first large-scale study of injury deaths from 1983 through 1991 looked at the first year of life and reported that 23 percent of the 10,370 injury-related infant deaths reported during this 9-year period were murders.⁵⁶ More recent studies have confirmed the significance of

child fatalities. The National Child Abuse and Neglect Data System (NCANDS) reported an estimated 1,637 child fatalities in 2010. Based on these data, a nationally estimated 1,560 children died from abuse and neglect in 2010. This translates to a rate of 2.07 children per 100,000 children in the general population and an average of four children dying every day from abuse or neglect.⁵⁷

Infants were more likely to die of injuries, including murder, if their mothers were young, unmarried, and had little education.⁵⁸ The factors most associated with infants being abused were that they were the second or later born child of a teenage mother, or had a mother who was less than 15 years old, had fewer than 12 years of school, or did not have prenatal care. One-half of the infants killed were dead by the fourth month of life.⁵⁹

Until recently, the death of a child as a result of chronic abuse was not recognized under most state laws as an intentional homicide nor prosecuted as first-degree murder. As of 2006, approximately 33 states have adopted child “homicide by abuse” laws that do not require proof of specific intent to kill when a child’s death results from abuse, thus allowing stiffer sentences, sanctions, and penalties.⁶⁰ Child fatality review teams now exist in all 50 states and are charged with examining the circumstances surrounding certain fatalities known or suspected to be the result of child abuse or neglect. The goal is to identify indicators or risk factors to signal earlier intervention in hopes of preventing future deaths and to foster a team approach to reviewing child fatalities.⁶¹

In November 1996, the Interagency Council on Child Abuse and Neglect (ICAN, <http://ican.co.la.ca.us>) launched the National Center on Child Fatality Review (www.ican-ncfr.org) with support from the Times Mirror Foundation, the U.S. Department of Justice, OJJDP, and others. The Center serves as a repository of information from case reviews and provides a valuable resource to prevent future child fatalities, serious abuse and neglect, and accidental injuries and death. Additionally, the Center develops services to provide accountability for the deaths of innocent children as well as services for surviving parents or caregivers of child victims of fatal abuse.

Court Appointed Special Advocates

For children who are the subject of protection proceedings, typically in a juvenile or family court, the Child Abuse Prevention and Treatment Act requires states to provide them with independent representation. Traditionally, children were represented in such cases by an attorney appointed to act as guardian ad litem. Courts in hundreds of communities, however, also are utilizing volunteer court appointed special advocates (CASAs) who perform independent investigations of the children’s circumstances and file their own reports. A national organization, the National Court Appointed Special Advocate Association (www.nationalcasa.org/), is funded by OJJDP, private foundations and donations, to help courts establish a volunteer program and to standardize training for volunteer advocates who provide support for children who choose to address the court at sentencing hearings.⁶²

Justice System and Juvenile and Family Court Programming

Given that a large proportion of child abuse matters are handled in the juvenile and family courts, comprehensive models fostering collaboration among the various components of this system and allied agencies are imperative. The National Council on Juvenile and Family Court Judges (www.ncjfcj.org) has developed a variety of programs and training materials for court officials in this area. An excellent summary of efforts across the justice systems was published in 2005 in the OJJDP Juvenile Justice Bulletin.⁶³

Kids' Court

Children face many obstacles related to their participation in court. Regardless of which court is involved (criminal, juvenile, dependency, etc.), child victims often are intimidated by the prospect of appearing in court and recounting the details of the victimization that they have suffered. Kids' Court and similar programs assist children in learning about the court system and provide them with comfort and support. The American Prosecutors Research Institute published a primer on the development and running of a Kids' Court program.⁶⁴ A well-known example of a Kids' Court program Web site is the one for the King County Superior Court in Seattle, Washington (www.kingcounty.gov/prosecutor/kidscourt.aspx). Additional resources on child-friendly court programs are available from the Office for Victims of Crime at <http://ovc.ncjrs.gov/topic.aspx?topicid=24> and www.ncjrs.gov/ovc_archives/factsheets/childabu.htm.

Cultural Issues and Barriers to Reporting and Accessing Services

Issues related to the developmental stages certainly impinge on child victims' ability to access services. Child victims, at young ages in particular, often do not even realize the wrongness of their being victimized. Because the abuse is often perpetrated by a parent or authority figure, someone that the child loves, these situations are extremely confusing to children. Add to this the cognitive and language limitations typical to young children, and there are multilayered barriers to reporting and accessing services in many cases. Even with older children and youth there are substantial barriers, such as embarrassment about the details of the abuse becoming public and the reality of the harm with which they have been threatened.

Child victims come from all social and economic strata and from all manner of family and surrogate family environments. Therefore, it is essential to be sensitive to their particular needs in a cultural context. Many good resources can be found through the Child Welfare Gateway, a service provided by the Children's Bureau, Administration for

Children and Families, U.S. Department of Health and Human Services (www.childwelfare.gov/systemwide/cultural/can.cfm and www.childwelfare.gov/systemwide/cultural/minority.cfm). For example, Fontes discusses important issues such as the accuracy of abuse assessments for physical and sexual abuse in multicultural contexts; overcoming language barriers; building rapport; respecting families' values and beliefs while ensuring children's safety; collaborating with clergy, the family and the child's support system; and creating a welcoming and respectful environment.⁶⁵ A useful fact sheet on the topic also has been produced by the Coalition for Asian-American Children and Families and is available at www.cacf.org/documents/FS_Abuse.pdf.

Immigrant and ethnic minority families experience many disparities in our responses to child abuse and neglect caused, or contributed to, by myriad factors ranging from economic deprivation to poor staff training. These barriers to service result in an increased risk of child abuse and neglect continuing if it is not detected or if it is not responded to appropriately. It is our collective task to better assure that cultural competency will increase in the field of child maltreatment.

Additional Web-Based Resources

www.webwisekids.org

www.childadvocacy.com

www.nationaldec.org

www.missingkids.com

Endnotes

¹ Office of Juvenile Justice and Delinquency Prevention, “Statistical Briefing Book,” Washington, DC: U.S. Department of Justice. Retrieved June 18, 2012, from www.ojjdp.gov/ojstatbb/victims/qa02102.asp?qaDate=2009.

² Ibid.

³ Ibid.

⁴ Ibid., *calculation*.

⁵ Ibid.

⁶ Ibid.

⁷ Ibid.

⁸ David Finkelhor et al., 2009, “Violence, Abuse, and Crime Exposure in a National Sample of Children and Youth,” *Pediatrics* 124, no. 5: 1411. Retrieved June 18, 2012, from www.pediatricsdigest.mobi/content/124/5/1411.full.pdf.

⁹ Federal Bureau of Investigation, 2011, “Crime in the United States, 2010, Expanded Homicide Data,” Washington, DC: GPO, Table 2. Retrieved June 18, 2012, from www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2010/crime-in-the-u.s.-2010/tables/10shrtb102.xls.

¹⁰ Ibid.

¹¹ National Center for Missing and Exploited Children, 2011, “Cyber Tipline Statistics, January 31, 2011,” Alexandria, VA: Author. Retrieved June 18, 2012, from www.missingkids.com/en_US/documents/CyberTiplineFactSheet.pdf.

¹² See note 8 above, Finkelhor, 2009, 1411.

¹³ Administration on Children, Youth, and Families, 2010, “Child Maltreatment, 2008,” Washington, DC: U.S. Department of Health and Human Services, 27. Retrieved June 18, 2012, from www.acf.hhs.gov/programs/cb/pubs/cm08/cm08.pdf.

¹⁴ Roberta A. Hibbard et al., 2007, “Maltreatment of Children With Disabilities,” *Pediatrics* 119: 1019. Retrieved June 18, 2012, from <http://pediatrics.aappublications.org/content/119/5/1018.full.pdf+html>.

¹⁵ Bureau of Justice Statistics, 2009, “Crimes Against People With Disabilities, 2007,” Washington, DC: U.S. Department of Justice. Retrieved June 18, 2012, from bjs.ojp.usdoj.gov/content/pub/pdf/capd07.pdf.

¹⁶ L. Hershkowitz, M. Lamb, and D. Horowitz, 2007, “Victimization of Children with Disabilities.” *American Journal of Orthopsychiatry*, 77(4), 629–635.

¹⁷ N. Spencer, E. Devereux, A. Wallace, R. Sundrum, M. Shenoy, C. Bacchus, and S. Logan, 2005, “Disabling Conditions and Registration for Child Abuse and Neglect: A Population Based Study,” *Pediatrics* 116, 609–613; P.M. Sullivan and J.F. Knutson, 2000, “Maltreatment and Disabilities: A Population-Based Epidemiological Study,” *Child Abuse & Neglect* 24, 1257–1274.

¹⁸ Centers for Disease Control and Prevention, n.d., “Child Maltreatment Prevention.” Retrieved June 18, 2012, from www.cdc.gov/ViolencePrevention/childmaltreatment.

¹⁹ Ibid.

²⁰ X. Fang, D.S. Brown, C. Florence, and J. Mercy, January 2012. “The Economic Burden of Child Maltreatment in the United States and Implications for Prevention,” *Child Abuse and Neglect* 36:2, 156–165.

- ²¹ Administration on Children, Youth, and Families, 2010, "Child Maltreatment 2008: Summary," Washington, DC: U.S. Department of Health and Human Services. Retrieved June 18, 2012, from www.acf.hhs.gov/programs/cb/pubs/cm08/summary.html.
- ²² R. Parrish, 2002, "Battered Child Syndrome: Investigating Child Physical Abuse and Homicide." Washington, DC: U.S. Department of Justice.
- ²³ B.D. Perry, D. Mann, A. Palker-Corell, C. Ludy-Dobson, and S. Schick, 2002, "Child Physical Abuse," in *Encyclopedia of Crime and Punishment Vol 1*, ed. D. Levinson, Thousand Oaks, CA.: Sage Publications, 197–202.
- ²⁴ Administration on Children, Youth and Families, 2008, "What is Child Abuse and Neglect?" Washington, DC: U.S. Department of Health and Human Services. Retrieved June 18, 2012, from www.childwelfare.gov/pubs/factsheets/whatiscan.cfm.
- ²⁵ U.S. Department of Health and Human Services, Administration on Children, Youth and Families, 2006. Available at www.childwelfare.gov/can/statistics/stat_neglect.cfm.
- ²⁶ K. Lanning and A.W. Burgess, 1984, "Child Pornography and Sex Rings," *FBI Law Enforcement Bulletin* (January), 10–16.
- ²⁷ Administration on Children, Youth and Families, n.d., "Mandated Reporting," Washington, DC: U.S. Department of Health and Human Services. Retrieved June 18, 2012, from www.childwelfare.gov/responding/mandated.cfm.
- ²⁸ Administration on Children, Youth and Families, 2012, "Child Abuse and Neglect Fatalities, 2010: Statistics and Interventions," Washington, DC: U.S. Department of Health and Human Services. Retrieved June 18, 2012, from www.childwelfare.gov/pubs/factsheets/fatality.cfm.
- ²⁹ See Child Welfare Information Gateway at www.childwelfare.gov.
- ³⁰ D. Finkelhor, 2007, "Developmental Victimology: The Comprehensive Study of Childhood Victimization," in *Victims of Crime* (3rd Ed.), eds. R. C. Davis, A.J. Lurigion, and S. Herman, Los Angeles: Sage Publications, 9–34; D. Finkelhor and P.Y. Hashima, 2001, "The Victimization of Youth: A Comprehensive Overview," in *Handbook of Youth and Justice*, ed. K. White, New York: Plenum Publishers, 49–78; D. Finkelhor and R. Ormrod, 2000, "Characteristics of Crimes Against Juveniles," *OJJDP Bulletin*. Retrieved June 18, 2012, from https://www.ncjrs.gov/html/ojjdp/2000_6_4/contents.html.
- ³¹ H.N. Snyder and M. Sickmund, 1999, "Juvenile Offenders and Victims: 1999 National Report" (Publication No. NCJ178257), Washington, DC: Office of Juvenile Justice and Delinquency Prevention, 26.
- ³² See note 30 above, Finkelhor, 2007, 10–11.
- ³³ Office of Juvenile Justice and Delinquency Prevention, October 2009, "Children's Exposure to Violence: A Comprehensive National Survey," Washington, DC: U.S. Department of Justice. Retrieved June 18, 2012, from www.ojjdp.gov/ojstatbb/publications/StatBBAAbstract.asp?BibID=249751.
- ³⁴ K. Kracke, 2001, "Children Exposed to Violence: The Safe Start Initiative," Washington, DC: Office of Juvenile Justice and Delinquency Prevention, retrieved June 18, 2012, from www.ncjrs.gov/pdffiles1/ojjdp/fs200113.pdf; A. Summers, 2002, "Children's Exposure to Domestic Violence: A Guide to Research and Resources," Reno, NV: National Council of Juvenile and Family Court Judges, retrieved June 18, 2012, from www.safestartcenter.org/pdf/childrensexpostoviolence.pdf.
- ³⁵ National Institute of Mental Health, 2001, "Helping Children and Adolescents Cope With Violence and Disaster." Retrieved June 18, 2012, from www.nimh.nih.gov/publicat/violence.cfm.
- ³⁶ M. Karson, 2001, *Patterns of Child Abuse: How Dysfunctional Transactions are Replicated in Individuals, Families, and the Child Welfare System*. New York: Haworth Press.

- ³⁷ J. Belsky, 1980, "Child Maltreatment: An Ecological Integration," *American Psychologist* 4, 320–335; J. Garbarino, 1977, "The Human Ecology of Child Maltreatment: A Conceptual Model for Research," *Journal of Marriage and Family*, 39:721–735; J. Garbarino, 1977, "The Human Ecology of Child Maltreatment: A Conceptual Model for Research," *Journal of Marriage and the Family* 39:721-735; J. Garbarino and K. Kostelny, 1991, "Child Maltreatment as a Community Problem," *Child Abuse and Neglect*, 16:455–464.
- ³⁸ M. Karson, 2001, *Patterns of Child Abuse: How Dysfunctional Transactions are Replicated in Individuals, Families, and the Child Welfare System*, New York: Haworth Press.
- ³⁹ R. Parrish, 2002, "Battered Child Syndrome: Investigating Child Physical Abuse and Homicide," Washington, DC: U.S. Department of Justice.
- ⁴⁰ LONGSCAN Investigators, 2006, *LONGSCAN Research Briefs* (2), Baltimore, MD: Author, 4.
- ⁴¹ *Ibid.*, 11.
- ⁴² *Ibid.*, 12.
- ⁴³ *Ibid.*, 12.
- ⁴⁴ *Ibid.*, 12.
- ⁴⁵ *Ibid.*, 12.
- ⁴⁶ *Ibid.*, 12.
- ⁴⁷ *Ibid.*, 12.
- ⁴⁸ American Psychological Association, 2001, "What Are the Effects of Child Sexual Abuse?" Retrieved June 18, 2012, from www.apa.org/pubs/info/brochures/sex-abuse.aspx .
- ⁴⁹ National Center for Missing and Exploited Children, 1992, *Juvenile Female Prostitution: Problem and Response*. Arlington, VA: Author.
- ⁵⁰ J. O'Connell Davidson, 2001, "The Sex Exploiter: Theme Paper for the Second World Congress Against Commercial Sexual Exploitation of Children." Retrieved June 18, 2012, from http://lastradainternational.org/lisidocs/627%20yokohama_theme_sex_exploiter.pdf.
- ⁵¹ Office for Victims of Crime, 1998, *New Directions from the Field: Victims' Rights and Services for the 21st Century*. Washington, DC: U.S. Department of Justice. Retrieved June 18, 2012, from https://www.ncjrs.gov/ovc_archives/directions/pdftxt/direct.pdf.
- ⁵² *Ibid.*, 390.
- ⁵³ V. Vieth, 2006, "Finding Words in Court: The Forensic Interviewer as Expert Witness," Alexandria, VA: American Prosecutors Research Institute. Retrieved June 18, 2012, from www.ndaa.org/pdf/reasonable_efforts_vol_3_no_2_2006.pdf.
- ⁵⁴ American Prosecutors Research Institute, 2003, "Finding Words: Half a Nation by 2010 – Interviewing Children and Preparing for Court," Alexandria, VA: Author. Retrieved July 15, 2007, from www.ndaa.org/pdf/finding_words_2003.pdf.
- ⁵⁵ S. Marans, R.A. Murphy, and S.J. Berkowitz, 2002, "Police-Mental Health Responses to Children Exposed to Violence: The Child Development-Community Policing Program," in ed. M. Lewis, *Child and Adolescent Psychiatry: A Comprehensive Textbook, 3rd Edition*, Baltimore: Lippincott, Williams, and Wilkinson, 1406–1416.; R. Murphy, 2000, "Mental Health, Juvenile Law Enforcement Responses to Youth Psychopathology," in eds. D.T. Marsh and M. Fristad, *Handbook of Serious Emotional Disturbance in Children and Adolescents*, New York: Wiley.

-
- ⁵⁶ National Institute of Child Health and Human Development, 1999, "Major Causes of Early Childhood Death From Injury Identified." Retrieved June 18, 2012, from www.nichd.nih.gov/news/releases/deaths2.cfm.
- ⁵⁷ Child Welfare Information Gateway, 2012, *Child Abuse and Neglect Fatalities 2010: Statistics and Interventions*, Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved June 18, 2012, from www.childwelfare.gov/pubs/factsheets/fatality.pdf#Page=2&view=Fit.
- ⁵⁸ *USA Today*, 1999.
- ⁵⁹ National Institute of Child Health and Human Development, 2006, "Researchers Identify Risk Factors for Infants Most Likely to be Homicide Victims." Retrieved June 18, 2012, from www.nichd.nih.gov/news/releases/homicid.cfm.
- ⁶⁰ National Center for Prosecution of Child Abuse, 2006, "Child Homicide;" NDAA Child Homicide Compilation (Last updated September, 2010)," Alexandria, VA: National District Attorneys Association. Retrieved June 18, 2012, from www.ndaa.org/pdf/Child%20Homicide%20Sept%202010.pdf.
- ⁶¹ S. Broderick, 2004, "Reducing Child Fatalities Through a Team Approach," Alexandria, VA: American Prosecutors Research Institute. Retrieved June 18, 2012, from <http://courts.delaware.gov/childdeath/pdcc/ReducingChildFatalitiesThroug%20aTeamApproach.pdf>.
- ⁶² Office for Victims of Crime, 1998, *New Directions from the Field: Victims' Rights and Services for the 21st Century*, Washington, DC: U.S. Department of Justice, 391.
- ⁶³ D. Finkelhor, T.P. Cross, and E.N. Cantor, 2005, "How the Justice System Responds to Juvenile Victims: A Comprehensive Model," Washington, DC: Office of Juvenile Justice and Delinquency Prevention. Retrieved June 18, 2012, from www.ncjrs.gov/pdffiles1/ojjdp/210951.pdf.
- ⁶⁴ M.J. Finnegan, 2000, "Creating and Administering a Kids Court Program," *Update* 13:5, Alexandria, VA: APRI's National Center for Prosecution of Child Abuse.
- ⁶⁵ L.A. Fontes, 2005, *Child Abuse and Culture: Working With Diverse Families*, New York: Guilford Press.