Child Abuse

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Purpose

The purpose of this course is to describe the incidence of child abuse in the United States, the different types of abuse, clinical and behavioral manifestations, and reporting requirements.

Goals

Upon completion of this course, one should be able to describe:

- A brief history of child abuse.
- The incidence of abuse and the most prevalent types of abuse.
- The 4 primary types of child abuse.
- Clinical manifestations of physical abuse.
- Clinical manifestations of sexual abuse.
- The 4 different types of neglect.
- Behavioral manifestations of abuse.
- Shaken baby/shaken impact syndrome and Munchausen syndrome by proxy (MSP).

Introduction

For much of history, children were considered property of their parents, and there was little or no protection from abuse provided by the law. One of the earliest recorded cases of intervention in child abuse occurred in 1874 when the Society for the Prevention of Cruelty to Animals (SPCA) intervened in the case of Mary-Ellen Wilson, who at age 9 was found shackled to a bed, malnourished, and scarred from repeated beatings. She was discovered by a church worker, Mrs. Wheeler, who reported the abuse to the authorities, who refused to intervene because the child was property of the parents and there were no laws against abuse. However, there WERE laws against the abuse of animals, so Mrs. Wheeler appealed to the SPCA on the grounds that human beings were part of the animal kingdom. The SPCA intervened, and the child was removed from the home. As a result of this case, the Society for the Prevention of Cruelty to Children was formed in 1874. However, it wasn't until a study based on radiographic evidence of multiple fractures, *The Battered Child Syndrome*, was published in 1962 that there was increased public awareness of physical abuse.

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Sexual abuse was made public in the 1970's and emotional abuse in the 1980s. The federal government, responding to the increased awareness of abuse, passed *The Federal Child Abuse Prevention and Treatment Act* (CAPTA) in 1974, and it has been amended a number of times, including the *Keeping Children and Families Safe Act* of 2003.

While state laws may vary somewhat, CAPTA provides basic definitions of child abuse that the states use as minimum standards, and the government provides funding to the states to combat child abuse (5, 6, 7). CAPTA defines abuse as:

- Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; OR
- An act or failure to act [that] presents an imminent risk of serious harm.

Most states/territories recognize 4 types of abuse: neglect, physical, sexual, and emotional. Since 1988, the US Department of Health and Human Services has collected national data from the states, the District of Columbia, and Puerto Rico, through the National Child Abuse and Neglect Data System (NCANDS).

What is the incidence of child abuse in the United States?

Despite the trend toward a national decrease in other crimes, the number of children referred to protective service agencies for child abuse has continued to increase. Whether this is because of an actual increase in abuse or simply more effective identification of abuse is not clear, but the statistics are grim. In 2006, approximately 905,000 children were mistreated (12.1: 1000). Girls suffer abuse at a rate slightly higher than that of boys (boys, 48.2% and girls 51.5%) and the highest rates of abuse are for the youngest children, those under 1 year.

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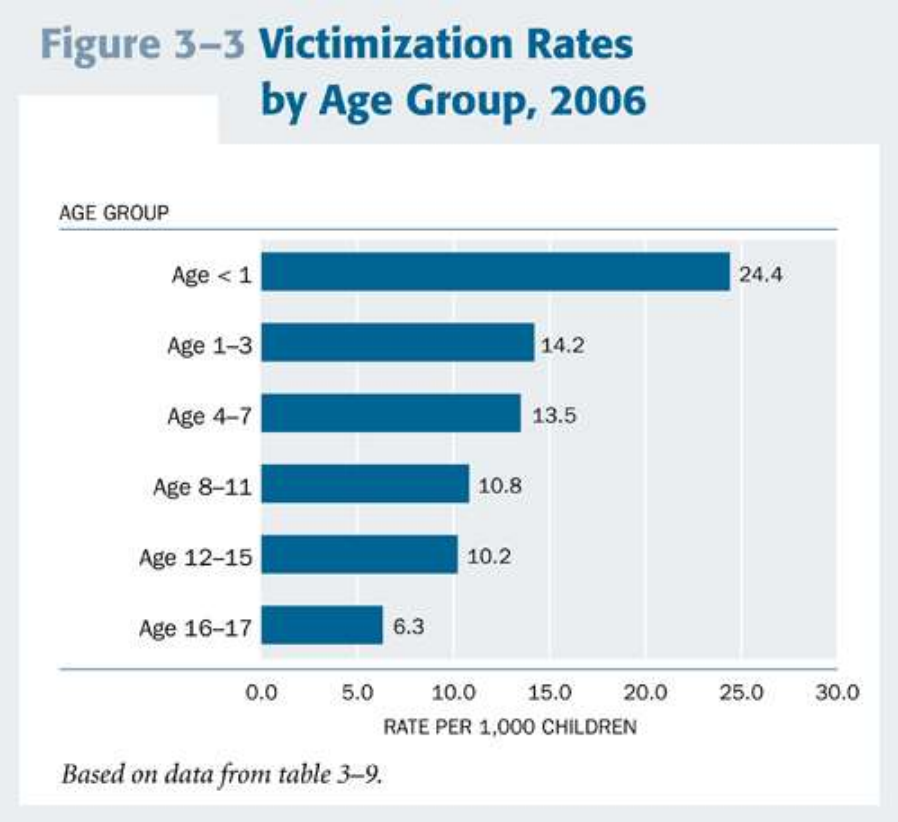


USDHHS, Administration for Children & Families

Each state's laws may vary slightly in relation to what is considered a criminal offense, but there are 4 primary types of child abuse:

- Physical abuse.
- Sexual abuse.
- Emotional abuse
- Neglect.

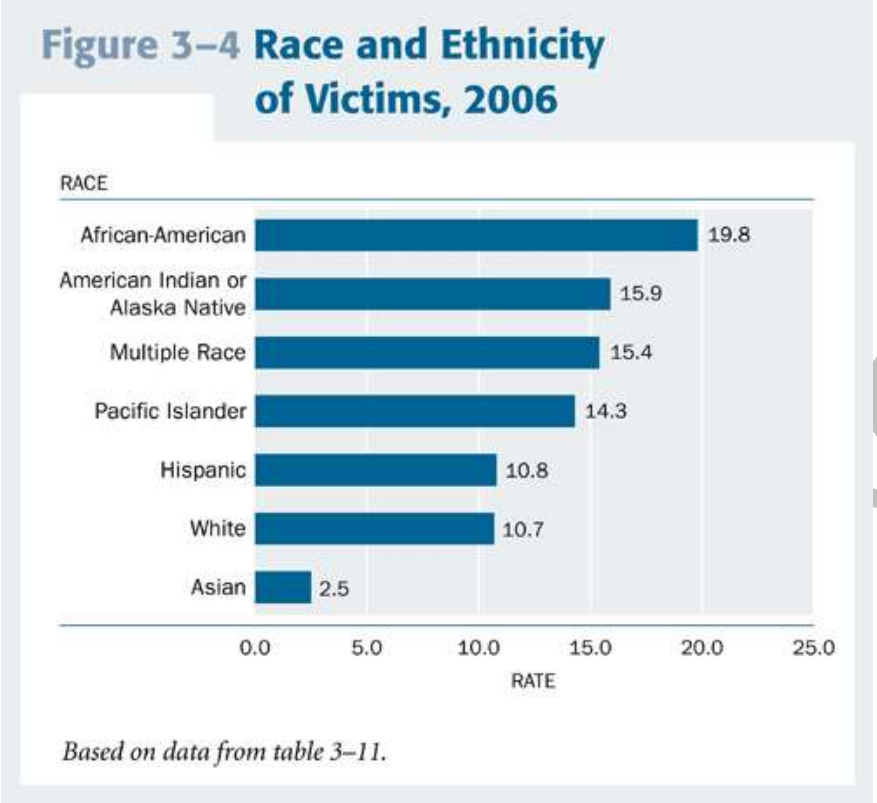
Neglect, which is the broadest category of abuse, is by far the most common type of child abuse, accounting for about two-thirds of the cases (2006 data):

Category	Number	Percentage
Neglect	567,787	64.1%
Physical abuse	142,041	16.0
Medical Neglect	19,180	2.2
Sexual abuse	78,120	8.8
Psychological abuse	58,577	6.6
Other abuse	133,978	15.1
Unknown type abuse	10,221	1.2
TOTAL:	1,009,004	114.1%•

Note: This figures exceeds 100% because some children suffer more than one type of abuse.

Almost 80% of child abuse is perpetrated by parents, and another 6.7% by relatives, so most intervention programs are focused on the family. Women (57.9%) commit more acts of child abuse than men (42.1%), possibly because

women are more commonly the caregivers for children. There are some differences according to ethnicity as well:



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While abuse by caregivers and foster parents is often highlighted by the media, almost 83% of child abuse is perpetrated by a parent acting along or with others.

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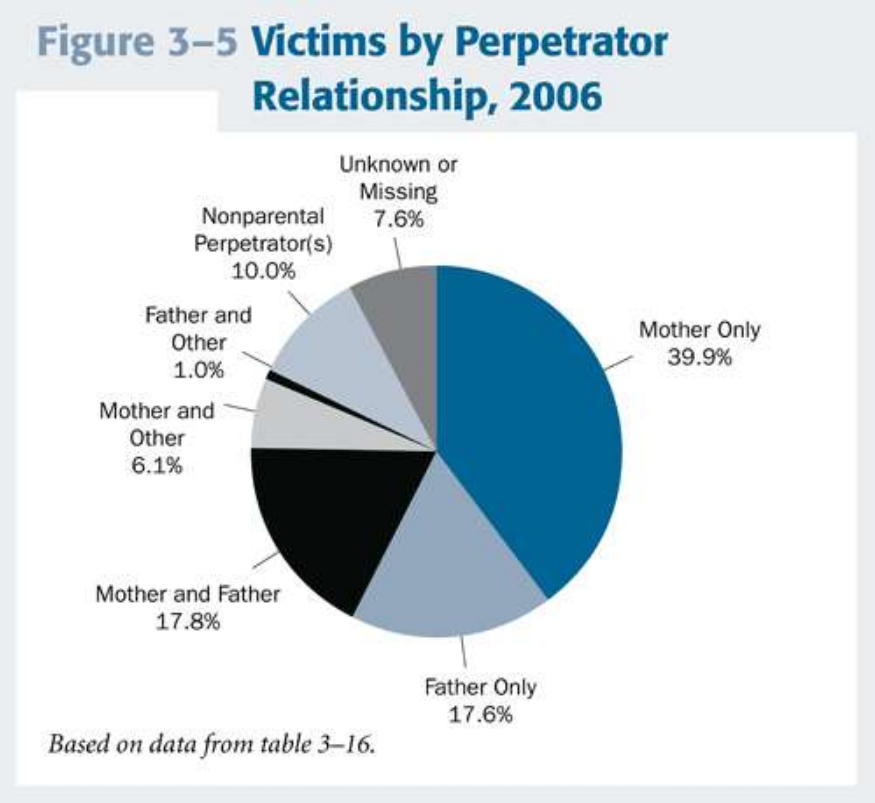

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In the United States in 2005, 1460 children died because of abuse and neglect, and this figure rose to 1530 in 2006. Most fatalities occurred in children under 4 years of age. These fatalities were directly caused by one or both parents in 75.9% with 27.4% by the mother acting alone. One sad fact is that reporting abuse does not always end the abuse.

- In 13.7% of the fatalities, the children had received family preservation services within the prior 5 years by child protective agencies.
- In 2.3% of the fatalities, the children had been removed from the home and placed in foster care and then returned to the parents within the prior 5 years.

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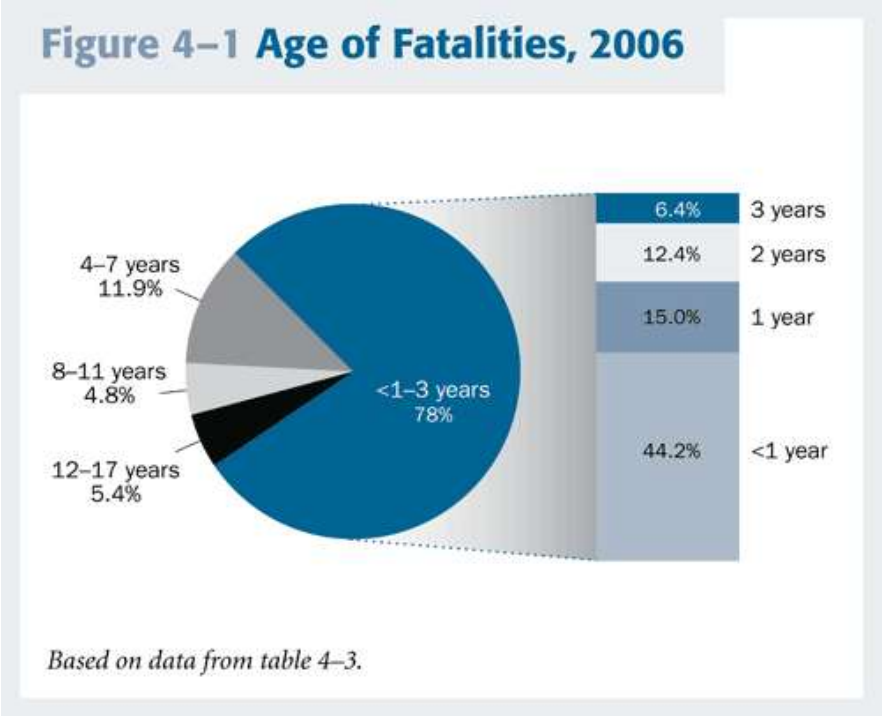

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What are the manifestations of abuse?

Healthcare providers must always be alert to the possibility of child abuse. There are a number of red flags that may indicate abuse:

- Physical evidence consistent with abuse (such as multiple bruises and fractures).
- Inconsistent or conflicting stories about the cause of injuries.
- Placing blame for injuries on siblings.
- Injuries not consistent with reported history (such as a spiral fracture of the arm from falling off of a bed).
- Presenting with complaints not associated with the obvious signs of abuse (such as reporting an earache and not mentioning extensive burns).
- Inappropriate responses by child and/or caregiver. Parents may not exhibit concern and may express anger at the child for an injury rather than provide comfort. They may blame the child for the injury.
- Injuries not consistent with developmental stage of child (such as a 6-month old pulling a pan with boiling water off of the stove).
- Child's report of abuse or history of previous abuse.
- Numerous visits to emergency departments with injuries.

In some cases, all children in a family may be abused, but in others, parents may single out one child for abuse because of the child's temperament, gender, physical needs, or various other reasons related to family dynamics. However, even if only one child is receiving the abuse, simply removing THAT child from the home does not ensure the safety of the others as the abuse may be transferred to the other children.

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There have been many studies attempting to profile potential abusers, but the studies are not always consistent in their findings. Some parents who experienced abuse as a child will become abusers, but others become loving parents. However, those who experienced severe abuse are more likely to abuse their children. Abusive parents are often socially isolated with little support and may suffer from low self-esteem. Environmental stresses, such as poverty, divorce, and substance abuse can contribute to child abuse; however, child abuse occurs in all economic strata. Sometimes, people with more wealth are better able to conceal abuse.

Physical abuse

Physical abuse occurs when someone inflicts injury, other than accidental, to a child or when a person allows someone else to afflict this injury. Physical abuse can include shaking, beating, kicking, punching and burning. This can include "shaken baby" injuries. Corporeal punishment, which is unfortunately still common, should not leave bruises as this is an indication of beating, not discipline. Manifestations that could indicate abuse include a number of different types of physical injuries and behavioral changes.

- ***Bruising/welts***
  Children often have scattered bruises, especially on the legs, from normal childhood activities, but bruising on the face, lips, trunk, buttocks, and thighs—especially large bruises—are less common from ordinary falls and childhood injuries. Welts, such as from a belt or clothes hanger, are almost always related to abuse. Pinch marks are also suggestive of abuse. Bruises related to abuse may range in color from yellow to purple, suggesting injuries at different times. Cupping (equal-sized circular bruises about the back) and coin rubbing (streaking bruises beside spinal column and along ribs), cultural practices that leave particular patterns of bruises, must be differentiated from child abuse. Additionally, excessive bruising may relate to bleeding disorders, so this must be ruled out.
- ***Burning***
  Accidental burning injuries usually show splash type asymmetric injuries while intentional injuries often have a more symmetric appearance with glove-like or sock-like injuries common from the child's hand or foot being placed in scalding water. Round burns, from cigarettes or cigars, may be found. Common areas for intentional burns are on the soles of feet, palms, face, back, or buttocks. Stun gun injuries leave characteristic paired lesions that are about 0.5cm in diameter and about 5 cm apart. However, children may be stunned multiple times.
- ***Fractures and dislocations***
  Children engaging in sports may fracture a wrist or ankle, but falls from normal play usually don't cause fractures. Typical fractures related to physical abuse include skull, nose, or other facial fractures. Injuries from twisting of a limb may include spiral fractures of dislocations. Frequently radiography shows evidence of multiple old or new fractures in various

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stages of healing. Diseases such as osteogenesis imperfecta should be ruled out.

- ***Poisoning***
  Repeated "accidental" poisoning, such as with toxic chemicals or drugs, should arouse suspicion of abuse.
- ***Unusual or unexplained injuries***
  Sometimes children may have unusual or unaccounted for injuries, such as evidence that hair has been pulled out, bite marks, or abdominal tenderness and bruising from being kicked.
- ***Behavioral indications of physical abuse***
  Children who suffer from abuse often exhibit typical behavioral warning signs. They are often fearful of contact with adults and show fear of parents. They may not exhibit inappropriate reactions to pain or injury. Some children become aggressive, others withdrawn. Some exhibit indiscriminate superficial affection for others. Children are often overly compliant, especially when parents are present.

Sexual abuse:

Reports of sexual abuse of children have increased over the past couple of decades, and probably only a small percentage of those abused are identified. Sexual abuse can be particularly devastating to the emotional well being of a child. Sexual abuse comprises a number of different types of maltreatment:

- Incest
- Rape
- Fondling a child's genitals
- Obscene sexual performance
- Intercourse
- Sodomy
- Exposing a child to sexual activity
- Exhibitionism
- Commercial sexual exploitation, such as prostitution or production of pornography.

The age of consent for sexual behavior varies from one state to another, ranging from 14 in Hawaii and Idaho to 18 in a number of states, including California and Wisconsin. Some states are considering raising their current age of consent from 16 to 18. The age of consent in New York is 17. Those who are mentally incapacitated or physically helpless are also considered legally incapable of giving consent for sexual acts even after they reach the age of consent.

One area of increasing concern for sexual abuse of children is the marked increase in Internet crimes against children. The ubiquitous use of computers and the Internet by children and adolescents allows predators easy access to children. Internet crimes include:

- Enticing children to engage in sexual activity.
- Producing and distributing child pornography.
- Exposing youth to pornography.

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- Enticing children for sexual tourism (travel with intent to engage in sexual activity).

Internet-crime-related child abuse is different from other types of abuse because the perpetrators do not need direct contact with the child. Additionally, if pornographic images of a child are placed online, it can remain in circulation for years. Victims of Internet crimes often go undetected because children and adolescents rarely this type of abuse. The Department of Justice provides assistance to states to set up task forces to combat Internet crimes against children.

Clinical manifestations of sexual abuse include:

- **Physical signs**
  Children who have been sexually abused may have bruising, irritation, lacerations, and bleeding about the mouth, throat, vagina, and anus. The hymen may be torn. There may be blood on their underwear. They may have signs of sexually transmitted diseases, such as gonorrhea, pain on urination, or frequent urinary infections. Children may have pain on walking or sitting. Girls may have pregnancy in early adolescence.
- ***Behavioral signs of sexual abuse***
  Children who have been sexually abused often engage in sexualized behavior at an early age, including excessive masturbation, seductive behavior, sexual play inappropriate for age. They frequently experience regressive behavior, such as bed wetting or sucking the thumb. They may experience sudden fears, such as fear of the dark, men or particular places. Some children become withdrawn into a world of fantasy. There may be behavioral changes, such as trouble playing with other children, loss of appetite or increased appetite. Girls who are victims of incest may become very angry with their mother, whom they believe has failed to protect them. As the child grows older, truancy, running away from home, poor school performance, substance abuse, and suicidal attempts are common. The child may exhibit rapid personality changes. Children who have been sexually abused may be very resistive to removing clothing for examination and may insist on leaving underclothing on, even if going to surgery. Girls, for example, may wear multiple pairs of panties.

Emotional abuse

Emotional abuse, including verbal abuse, is often the most difficult to prove as it leaves no obvious scars and children are reluctant to talk about it, but it can be devastating to a child. Typical emotional abuse includes excessive criticism, belittling, unreasonable demands and expectations, insults, and withholding of affection. Clinical manifestations include:

- **Behavioral signs of emotional abuse**
  Younger children may engage in self-stimulatory behavior, such as biting, rocking and thumb sucking. Infants may not smile in social situations and may exhibit fearfulness of strangers. They may appear withdrawn. Older children may exhibit destructive behavior and cruelty. Children may be

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very aggressive and demanding or the opposite, passive and compliant. Children may exhibit developmental delays, especially in relation to language and reading. Children and adolescents may attempt suicide.

Neglect

There are a number of different types of neglect.

- ***Physical neglect*** includes the failure to provide adequate food, shelter, and clothing. Homelessness does not in itself constitute physical neglect if parents take advantage of shelters, food kitchens, or other means of providing the basic necessities for their children. However, if children are sleeping on the street in the winter, starving as a result of homelessness, or going barefoot to school, this would constitute neglect, so each case must be reviewed individually. This type of abuse also includes abandonment, excessive corporeal punishment, and inadequate supervision, such as when children are left alone to take care of themselves. Some states specify the age at which children may be left without supervision, and this may vary. In New York, for example, no particular age is specified and parents are allowed to make the decision about the child's ability to care for himself/herself, but parents may still be cited for leaving young children alone based on the judgment of child protective services. Drug and alcohol abuse by parents often leads to physical neglect. Clinical signs of physical neglect include.
    - ***Poor hygiene***
      Children are often unclean and wearing poorly fitting and dirty clothes and shoes. Dental care is often lacking and children may have caries.
    - ***Poor nutrition***
      Lack of adequate diet often results in children who are thin and exhibiting signs of malnutrition, such as pallor, bleeding gums, thinning hair, abdominal distention, and lack of normal subcutaneous fat.
    - **Behavioral signs**
      Younger children may be lethargic and passive and may engage in self-stimulating behavior, such as thumb sucking or rocking. They may beg or steal food from other children. Older children are often absent from school and may engage in self-destructive behavior with drugs and alcohol. They may steal, shoplift, or commit acts of vandalism.
- ***Educational neglect*** occurs when parents or caregivers do not ensure that a child receives adequate education. This includes failure to enroll a child in school, allowing unexplained absences, refusing to follow through on recommended remedial services without adequate reason, and failing to respond to questions about the child's attendance. Parents must follow state requirements related to home schooling if they choose to educate the child at home. In most states, children may not legally drop out of school until age 16, and some states have raised the age to 18. In New

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York, children 17 and over have the right to decide whether they want to go to school or not.

- ***Emotional neglect*** is failure to provide adequate love, support, encouragement, and nurturing necessary for emotional development. This may include the parent's having unreasonable expectations of the child, such as expecting the child to carry adult responsibilities as this may be very stressful to the child. Manifestations may be similar to those of emotional abuse.
- ***Medical neglect*** is failure to provide adequate medical, dental, optical and surgical care for children under 18, including adequate treatment for a child's mental, emotional, or physical condition. Medical neglect includes failing to obtain well-baby checkups and immunizations as required.
    - ***Poor medical care***
      Children may lack medical records and records of immunizations. They may have frequent upper respiratory infections or injuries from lack of supervision.

What are some specific conditions related to child abuse?

Shaken impact/shaken baby syndrome

Shaken impact syndrome is a newer designation for what was formerly (and sometimes still) called shaken baby syndrome. Originally, it was believed that vigorously shaking a baby (or sometimes repeatedly throwing a small child in the air and catching the child) were sufficient to cause both coup and contrecoup injuries head injuries with damaged vessels and nerves, resulting in cerebral edema. However, some authorities believe that the extent of injuries that are seen, often including subdural hematoma with subarachnoid and retinal hemorrhages, would require blunt force as well as shaking, so the new terminology includes both shaking and blunt trauma. Shaken impact syndrome carries a mortality rate of about 25-50%, and children who survive often are left with residual disabilities, which may include vision deficits, hearing defects, seizure disorders, mental retardation, impaired cognitive abilities, paralysis, or coma. Some may not have obvious neurological deficits but may develop behavioral disorders and exhibit learning disorders. With severe injury, onset of symptoms may be rapid, with the child brought for emergency care when he/she loses consciousness and shows obvious symptoms of neurological deficits; however other symptoms may be less clear and can include:

- Lethargy
- Decreased muscle tone.
- Irritability
- Decreased appetite, poor feeding, poor suckling and swallowing.
- Dyspnea
- Seizures
- Rigidity or posturing.
- Inability to lift head.

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- Bulging fontanels.
- Unequal pupils.

Physical abuse should be suspected in any child presenting with symptoms typical of shaken impact syndrome. Parents and care givers may claim that the child fell, but the type of injuries incurred from falling are typically different. If shaking is suspected, the child should be examined for retinal hemorrhages as these rarely occur with a fall. Skull fractures and fractures of the ribs or long bones in the arms and legs as well as bruising about the head may be found on careful examination. Perpetrators of this type of abuse are frequently males (fathers or boyfriends of the mother)—65-90%--and are often in their 20s. Shaken impact syndrome is often missed as a diagnosis, especially if symptoms are not severe, and children may be misdiagnosed with a viral illness or colic.

Munchausen syndrome by proxy (MSP)

Munchausen syndrome by proxy (MSP) is a mental disorder in which the caregiver, usually the child's biological mother (95%), is compelled to get medical attention by proxy by making the child ill or faking the child's illness. Children are usually under age 6, and many are infants. Often, the perpetrator is knowledgeable about medicine (many are themselves nurses or other healthcare providers) and seeks to be an active participant in treatment, sometimes suggesting testing procedures and treatment. The perpetrator may attempt to subvert testing by putting sugar or her own blood or menstrual fluid in the child's urine. The child may be poisoned with various substances, including non-prescription medications, such as syrup of ipecac to induce vomiting. In some cases, the perpetrator may smother the child, causing apnea. MSP can be very hard to diagnose because of the perpetrator's medical knowledge, and she may seek treatment from various hospitals and doctors. Typically, she insists on staying with the child is he/she is hospitalized and never leaves the hospital, giving opportunity to continue abuse; however, if she does leave the child or has no opportunity to continue the abuse, the symptoms tend to abate. Fathers are usually dependent and supportive of the child's mother but have little involvement in care. Other warning signs include:

- Unexplained, recurrent, or rare disorders.
- Discrepancy between history and symptoms.
- Disorder that is non-responsive to treatment.
- Symptoms that abate when mother is absent and recur when she is present.
- Unexplained seizures that are non-responsive to treatment.
- History of sudden infant death syndrome in siblings.

If MSP is suspected, then a separation test, in which the child is separated from the mother, is indicated. Because there are so many issues to deal with in the case of MSP, including legal ramifications, not only child protective services but also legal services and the police may be involved as covert video surveillance may be indicated. The primary goal is protection of the child and discontinuation of whatever is causing symptoms.

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Who must report child abuse?

While anyone who is aware of child abuse is certainly morally obligated to report this to child protective services, the laws of each state and United States territory mandate that people in certain professions and vocations be required to report suspicions of child abuse. The following are commonly designated as mandatory reporters:

- Social workers.
- Teachers and other school personnel.
- Physicians, nurses, and other healthcare workers.
- Mental health professionals.
- Childcare providers.
- Medical examiners or coroners.
- Law enforcement officers.

Some states and territories have expanded this list to include:

- All persons (18 states and Puerto Rico; New Jersey and Wyoming don't specify professions).
- Processors of commercial film or photographs (11 states, Guam, and Puerto Rico).
- Substance abuse counselors (13 states).
- Probation/parole officers (15 states).
- Domestic violence's workers (6 states).
- Court-appointed special advocates (7 states).
- Members of the clergy (26 states).

Nurses are mandatory reporters in all states and territories (either specifically mandated or under the "all persons" designation), and they must be aware of the specific reporting requirements for the state or territory in which they are licensed as there is some variation. Issues related to domestic violence are a case in point. While all authorities agree that being present during domestic violence is detrimental to children, most states do not require reporting of child abuse in this case, believing this punishes the victim, who may be an adequate parent. Researchers estimate that about 3.3 million to 10 million children per year are exposed to domestic violence. In 30-60% of families with domestic violence, children are also directly abused, so regardless of reporting requirements, healthcare providers should assess for child abuse when assessing domestic abuse. In Florida, for example, it is not considered child abuse for a child to be present during domestic violence, but if a person is convicted, the sentence is lengthened if a child was present. Under New York law (Ch. 85), the courts must consider the effects of domestic violence as a factor in custody and visitation decisions.

Some states allow certain types of communication to be privileged (exempt from reporting requirements), even in relation to child abuse, but this privilege has narrowed considerably in recent years, notably in relation to clergy in the wake of church-related child abuse. Attorney-client privilege is usually exempt. Additionally, laws about how to report and whether or not a report can be

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anonymous also vary.

Link to state/territory information:
Mandatory reporters and state/territory laws (alphabetical listing)

Example of reporting requirements/laws: New York (NY)
Note: The statues in NY related to child abuse do not directly address the issue of privileged communication.

Law:	**Specifications:**
Social Service Law 413	Mandatory reporters: • Physicians, physician assistants, surgeons, medical examiners, coroners, dentists, dental hygienists, osteopaths, optometrists, chiropractors, podiatrists, residents, interns, psychologists, registered nurses, social workers, or emergency medical technicians • Licensed creative arts therapists, marriage and family therapists, mental health counselors, or psychoanalysts • Hospital personnel or Christian Science practitioners • School officials, including but not limited to, teachers, guidance counselors, school psychologists, school social workers, school nurses, or administrators • Social services workers, daycare center workers, providers of family or group family daycare, or employees or volunteers in a residential care facility or any other child care or foster care worker • Mental health professionals, substance abuse counselors, or alcoholism counselors • Peace officers, police officers, district attorneys or assistant district attorneys, investigators employed in the office of a district attorney, or other law enforcement officials
Social Service Law 414	Any other person suspecting child abuse may report.
Social Service Law 413	Reports are required when reporter has reasonable cause to suspect: • A child coming before him or her in his or her professional or official capacity is an abused or maltreated child. • The parent, guardian, custodian, or other person legally responsible for the child comes before the reporter and states from personal knowledge facts, conditions, or circumstances that, if correct, would render the child an abused or maltreated child.
Social Service Law 415	Reports must include the name and contact information of the reporter.
Social Service Law 422a	Disclosure of information must protect the identity of the source of the report.
Reporting Internet crimes against children (New York) Internet crimes against children: NY Reporting form **Link to copy of reporting form for child abuse:** Child Abuse: Mandatory reporters' NY report form	

Summary

The federal government, responding to increased awareness of abuse, passed the *Federal Child Abuse Prevention and Treatment Act* (CAPTA) in 1974, providing definitions of child abuse and resources to assist states and territories. The incidence of child abuse continues to increase with 905,000 children suffering from abuse in 2006, with almost 40% younger than 4. There are 4 primary types of abuse: physical, sexual, emotional, and neglect. Neglect accounts for almost two-thirds of abuse. Physical abuse may manifest as bruising and welts, burning, fractures and dislocations, poisoning, unusual injuries, and behavioral indications that include fear and inappropriate response to injury. Sexual abuse may result in both physical symptoms, such as tearing and bruising as well as severe emotional problems. Emotional abuse, such as verbally denigrating a child, may be harder to prove but can have devastating effects on a child's sense of self and well-being. There are 4 types of neglect: physical, educational, emotional, and medical. Shaken baby/shaken impact syndrome and Munchausen syndrome by proxy are two specific syndromes associated with child abuse. Nurses and other health providers are mandatory reporters and must report and suspicion or signs of child abuse to child protective services, following procedures in place in each state/territory.

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