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## CHILD ABUSE



# WHAT IS CHILD MALTREATMENT?



## THE EPIDEMIC OF CHILD MALTREATMENT



**4.1 MILLION**

Child Abuse Cases



**7.5 MILLION**

Children Affected



**5 CHILDREN DIE**

Every day from child abuse

## WHAT IS CHILD MALTREATMENT?

Child maltreatment, also known as child abuse, is broadly defined. Child maltreatment takes many forms including physical, emotional, verbal, sexual, neglect, exploitation, and more. When we speak of child maltreatment, we normally first think of physical abuse, but the shocking truth is that neglect is the number one form of child abuse in America.

More children end up in foster care or die from neglect every year, than any other form of childhood maltreatment.





# CHILD MALTREATMENT STATISTICS



74.9%

**CHILD ABUSE VICTIMS  
ARE NEGLECTED**



80.1%

**OF CASES PARENTS  
ARE THE ABUSER**

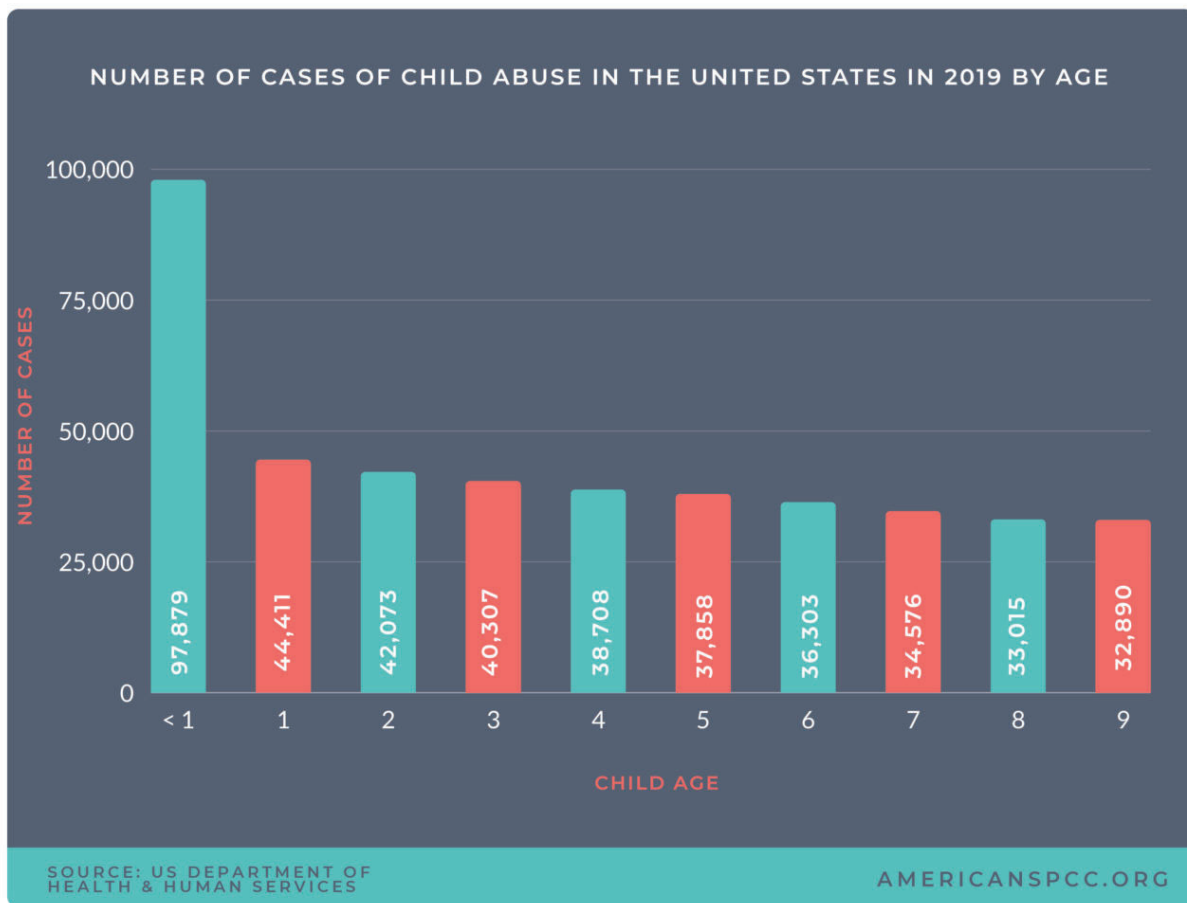


65000

**SEXUAL ABUSE CASES  
REPORTED**

## MORE STATS

- 4.4 million child maltreatment referral reports received.
- Child abuse reports involved 7.9 million children.
- 91.4% of victims are maltreated by one or both parents.
- Only 3.4 million children received prevention & post-response services.
- 142,056 children received foster care services.
- 491,710 victims (74.9%) are neglected.
- 115,100 victims (17.5%) are physically abused.
- 60,927 victims (9.3%) are sexually abused.
- 39,824 victims (6.1%) are psychologically maltreated.
- Highest rate of child abuse in children under age one (25.7 per 1,000).
- Annual estimate: 1,840 children died from abuse and neglect in 2019.
- Five children die every day from child abuse.
- Seventy (70.3%) percent of all child fatalities were younger than 3 years old.
- 79.7% of child fatalities involve at least one parent.
- Of the children who died, 72.9% suffered child neglect.
- 45.4% of children who die from child abuse are under one year.
- Boys had a higher child fatality rate than girls (2.98 boys & 2.20 girls per 100,000)
- Almost 61,000 children are sexually abused.
- 2018 was the first year for which states are reporting the new maltreatment type of sex trafficking. For 2019, 29 states report 877 unique victims of sex trafficking.
- For victims of the sex trafficking maltreatment type, the majority (89.1%) are female and 10.4 percent are male.
- It is estimated that between 50-60% of maltreatment fatalities are not recorded on death certificates.
- Child abuse crosses all socioeconomic and educational levels, religions, and ethnic and cultural groups.
- 14% of all men in prison and 36% of women in prison in the USA were abused as children, about twice the frequency seen in the general population.
- Children who experience child abuse and neglect are approximately 9 times more likely to become involved in criminal activity.
- Of the children who died, 44.4% suffered physical abuse either exclusively or in combination with another maltreatment type.



## CONSEQUENCES & RISK FACTORS

Child neglect and maltreatment are likely to create consequences for victims later in life.

- Abused children are 25% more likely to experience teen pregnancy.
- Abused teens are more likely to engage in sexual risk taking behaviors, putting them at greater risk for STDs.
- About 30% of abused and neglected children will later abuse their own children, continuing the horrible cycle of abuse.
- In at least one study, about 80% of 21 year olds who were abused as children met criteria for at least one psychological disorder.
- The financial cost of child abuse and neglect in the United States is estimated at \$585 billion.

## EFFECTS OF PARENTAL ALCOHOLISM AND SUBSTANCE ABUSE

In 2019, the percent of victims of child maltreatment with caregivers who abused alcohol or other substances increased. There is a strong statistical link between child maltreatment and parental substance abuse.

The effects of parental alcoholism and substance abuse on children can be large and long-lasting. Drug and/or alcohol abuse by parents and caregivers can often result in neglect of the children and threatened abuse.



## SUBSTANCE ABUSE AND CHILD MALTREATMENT: CONSEQUENCES & RISK FACTORS

Statistics show that a common effect of parental alcoholism and substance abuse is child maltreatment, including physical abuse and child neglect.

- 1/3 to 2/3 of child maltreatment cases involve substance use to some degree.
- In one study, children whose parents abuse alcohol and other drugs were three times more likely to be abused and more than four times more likely to be neglected than children from non-abusing families.
- Two-thirds of the people in treatment for drug abuse report being abused or neglected as children.
- More than a third of adolescents with a report of abuse or neglect will have a substance use disorder before their 18th birthday, three times as likely as those without a report of abuse or neglect.
- 11.5% of children have a parent/caregiver alcohol abuse risk factor.
- 28.5% of children have a parent/caregiver drug abuse risk factor.
- 25.0% – 33.2% of children have a domestic violence abuse risk factor.

## OPIOID CRISIS & EFFECTS OF PARENTAL SUBSTANCE ABUSE ON CHILDREN

The statistics of child neglect and of parental opioid and other substance abuse are inextricably linked. Parental opioid and other substance abuse can have devastating effects on children. The early trauma exposure makes children more likely to suffer mental health disorders including substance abuse and post-traumatic stress disorder later on in their lives. Children are often the hidden victims of our nation's opioid epidemic.

Parental substance abuse can be a more subtle form of child maltreatment. A 2015 study from the National Institutes of Health found children exposed to opiates during pregnancy suffer from behavior and attention problems. Such children require therapy and often, specially licensed and trained foster families. States have indicated that they are struggling to recruit qualified foster families to home children with behavioral and attention issues.

The increase in the number of children in foster care occurs at the same time as the increase in the percentage of children entering foster care due to parental substance abuse. Anecdotal evidence and expert opinion link this increase to the parallel rise in parental opioid addiction and overdoses. One-third of children entering foster care in 2016 were due at least in part to parental drug abuse—an increase of nearly 50 percent since 2005.

Child neglect, which is often a result of substance abuse, is the leading reason for foster care entry. Child neglect was the finding in 61 percent of child maltreatment cases.

# INDICATORS OF CHILD MALTREATMENT



## SIGNS OF CHILD MALTREATMENT & NEGLECT

Child abuse comes in many forms. Different types of maltreatment and neglect manifest as different physical and behavioral indicators.

Simply by listening and paying attention to a child's behavior, much can be learned about a child's personal experiences. These valuable insights may help you recognize the signs and symptoms of a child's maltreatment and prevent a child from further abuse and harm.

## PHYSICAL ABUSE INDICATORS

The indicators of physical abuse often come in the form of physical marks, but physical abuse may also cause behavioral indicators in children who are victims of abuse.

### UNEXPLAINED BRUISES AND WELTS:

- On face, lips, mouth
- On torso, back, buttocks, thighs
- In various stages of healing
- Cluster, forming regular patterns
- Reflecting shape of article used to inflict (electric cord, belt buckle)
- On several different surface areas
- Regularly appear after absence, weekend, or vacation

### BEHAVIORAL EXTREMES:

- Aggressiveness
- Withdrawal
- Frightened of parents
- Afraid to go home
- Reports injury by parents

### UNEXPLAINED BURNS:

- Cigar, cigarette burns, especially on soles, palms, back, or buttocks
- Immersion burns (sock-like, glove-like doughnut shape on buttocks or genitalia)
- Patterned like electric burner, iron, etc.
- Rope burns on arms, legs, neck, or torso

### UNEXPLAINED FRACTURES:

- To skull, nose, facial structure
- In various stages of healing
- Multiple or spiral fractures

### BEHAVIORAL INDICATORS OF PHYSICAL ABUSE:

- Wary of adult contact
- Apprehensive when other children cry

# CHILD NEGLECT INDICATORS

Child neglect is the failure of a parent or caretaker to meet a child's needs. The indicators of child neglect may be physical or behavioral.

## PHYSICAL INDICATORS OF NEGLECT:

- Consistent hunger, poor hygiene, inappropriate dress
- Consistent lack of supervision, especially in dangerous activities or long periods
- Constant fatigue or listlessness
- Unattended physical problems or medical needs
- Abandonment

## BEHAVIORAL INDICATORS OF NEGLECT:

- Begging, stealing food
- Extended stays at school (early arrival and late departure)
- Constantly falling asleep in class
- Alcohol or drug abuse
- Delinquency (e.g. thefts)
- States there is no caregiver

## EMOTIONAL ABUSE INDICATORS

Emotional abuse can cause a variety of behavioral problems in children. It is important to recognize the signs of emotional or verbal abuse in order to prevent further harm.

- Habit disorders (sucking, biting, rocking, etc.)
- Conduct disorders (antisocial, destructive, etc.)
- Neurotic traits (sleep disorders, speech disorders, inhibition of play)

## BEHAVIORAL INDICATORS OF EMOTIONAL ABUSE:

### OVERLY ADOPTIVE BEHAVIOR:

- Inappropriately adult behavior
- Inappropriately infant behavior
- Behavioral Extremes

### BEHAVIORAL EXTREMES:

- Compliant, passive
- Aggressive, demanding

## SEXUAL ABUSE INDICATORS

Like other forms of child maltreatment, sexual abuse can create both physical and behavioral indicators.

- Difficulty walking or sitting
- Torn, stained, or bloody underclothing
- Pain or itching in genital area
- Bruises or bleeding in external genitalia, vaginal, or anal areas
- Venereal disease, especially in pre-teens
- Pregnancy

## BEHAVIORAL INDICATORS OF SEXUAL ABUSE:

- Unwilling to change for gym or participate in PE
- Withdrawn, fantasy, or infantile behavior
- Bizarre, sophisticated, or unusual sexual behavior or knowledge
- Poor peer-to-peer relationships
- Delinquent or run away
- Reports sexual assault by caregiver



# CHILD NEGLECT



## NEGLECT IS THE #1 FORM OF CHILD ABUSE

Children living through abuse and neglect unnecessarily suffer the ill effects of this trauma for the rest of their lives.

Children who are nurtured and supported throughout childhood are more likely to thrive and develop into happy, healthy, and productive adults.

Read on to learn about what is considered child neglect.

## PHYSICAL CHILD NEGLECT

Physical neglect is the negligent treatment or maltreatment of a child by a parent or caretaker under circumstances indicating harm or threatened harm to the child's health, safety, or welfare.

The term includes both acts of commission and omissions on the part of the responsible person. The California Child Abuse and Neglect Reporting Act defines two categories of physical neglect – severe neglect and general neglect.

## GENERAL CHILD NEGLECT

General neglect refers to the negligent failure of a parent or caretaker to provide adequate food, clothing, shelter, medical care, or supervision where no physical injury to the child has occurred.

An example of inadequate supervision is when parents leave their children unsupervised during the hours when the children are out of school.

Some parents are often unable to arrange childcare services to meet their needs. Although they may not regard themselves as “neglecting their children,” leaving young children without supervision may constitute general neglect.

Children left in these circumstances may be particularly vulnerable to accidents, injuries, or crime. This is a complicated area that is subject to controversy regarding:

- the age when children should be left alone
- societal and community responsibilities to provide resources
- governmental requirements



# RECOGNIZING THE EFFECTS OF CHILD NEGLECT

Child neglect can cause a wide variety of effects that impact a child's ability to thrive. Diagnosing child neglect may be difficult, but there are signs and symptoms that can aid a medical evaluation.

Infants or young children who are much smaller than would be expected at a particular age can present a difficult diagnostic problem for physicians. After excluding those infants who are small because they were small at birth, there remains a large group of infants with consistently low weights and perhaps short lengths and small head circumferences. This may be a sign of physical child neglect, and the child should be examined further by a medical professional.

Some children suffering neglect are small because of a failure to meet their nutritional needs and/or failure to meet their emotional needs. These children may also demonstrate delayed development and abnormal behavior.

Some of the small children may have hidden medical problems. Hospitalization may be required to screen for significant medical illness and, more importantly, to see if the child responds to adequate nutrition and a nurturing environment with a rapid weight gain and more appropriate behavior. Evaluation is more than weighting and measuring a baby; further examination is often required to recognize and diagnose child neglect.

Children who suffer neglect may also receive sporadic disconnected medical care and are likely only to be examined in emergency rooms. They may have no ongoing measurement of development except as noted by caretakers. Failure to document physical growth and other markers of child development may prevent an accurate diagnosis and make it impossible to protect a child or provide useful intervention.

Growth charts, a useful measurement of child development, compare the child to other children noting percentile size in head, body length and weight. Feeding failure for whatever reason will generally damage weight first, length second, and head circumference third, so it may be helpful to observe the caretaker's feeding habits to ensure proper nutrition. In fact, the best environment to observe this is in the home. Pediatric expertise is vital to assess such changes, and growth charts should be kept on all infants and toddlers who may be suffering neglect.

Recognizing physical and behavioral signs of child neglect is crucial to preventing abuse. If left untreated, the physical and/or emotional health of the child may be endangered, and emotional disorders, academic issues, retardation, and other problems may result.

## INDICATIONS OF CHILD NEGLECT

- The child is lacking adequate medical or dental care.
- The child is often sleepy or hungry.
- The child is often dirty, demonstrates poor personal hygiene, or is inadequately dressed for weather conditions.
- The child is depressed, withdrawn or apathetic; exhibits antisocial or destructive behavior, shows exaggerated fearfulness; or suffers from substance abuse, or speech, eating, or habit disorders (biting, rocking, whining).
- Of the children who died, 44.4% suffered physical abuse either exclusively or in combination with another maltreatment type.
- There is evidence of poor supervision (repeated falls down stairs; repeated ingestion of harmful substances; a child cared for by another child); the child is left alone in the home, or unsupervised under any circumstances (left in car, street).
- The conditions in the home are unsanitary (garbage, animal, or human excrement); the home lacks heating or plumbing; there are fire hazards or other unsafe home conditions; the sleeping arrangements are cold, dirty, or otherwise inadequate.
- The nutritional quality of food in the home is poor; meals are not prepared; refrigerator or cupboards contain spoiled food.

# PHYSICAL CHILD ABUSE



## WHAT IS PHYSICAL ABUSE?

Recognizing the signs of physical child abuse is crucial to preventing child abuse. Physical abuse is any non-accidental act that results in the child's physical injury. Inflicted physical injury most often represents unreasonably severe corporal punishment or unjustifiable punishment. This usually happens when a person is frustrated or angry and strikes, shakes, or throws the child. Intentional, deliberate assault, such as burning, biting, cutting, poking, twisting limbs, or otherwise torturing a child, is also included in this category of child abuse.

## INDICATORS OF PHYSICAL ABUSE

Warning signs of physical abuse in children may take many forms. These indicators are used to help distinguish accidental injuries from cases of suspected physical abuse:

### LOCATION & TYPES OF INJURY

The location of the child's injury may be an indicator of physical abuse. Padded areas such as the buttocks, back of legs, genitalia and cheeks are more concerning in that it takes more force to cause bruising.

Bruises happen when the blood vessels break under the skin. Thus children who are old enough to walk often fall and have bruises over boney surfaces such as the forehead, knees, shins where blood vessels are breaking between two hard surfaces (the floor for example and the underlying bone). However, simple falls and even disciplinary spanking with an open palm should not be forceful enough to cause bruising to the buttocks.

Protected areas such as ears, neck, and upper lip are more concerning because it is difficult to accidentally bump or fall on these areas. Patterned injuries such as loop marks, slap marks, or grab marks are highly suspicious and in some cases indicative of inflicted trauma.

### PHYSICAL ABUSE HISTORY

- The physical abuse history includes all facts about the child and the injury, which may provide signs of abuse. These signs include:
- Statements by the child that the injury was caused by abuse.
- Knowledge that a child's injury is unusual for a specific age group (any fracture in an infant).
- Unexplained injuries (parent, caretaker, or child is unable to explain reason for injury; there are discrepancies in explanation; blame is placed on a third party; explanations are inconsistent with medical diagnosis).
- Parent or caretaker delays seeking care for a child or fails to seek appropriate care.

## BEHAVIORAL INDICATORS OF ABUSE

Children may exhibit new or concerning behaviors for a number of reasons, including child abuse as well as other sources of childhood stress such as parental divorce, death in the family, etc. If a child exhibits drastic behavioral changes, is excessively aggressive, violent or destructive, is cruel to animals, or becomes visibly depressed or suicidal, a serious mental health evaluation should be done.

These behaviors may be an indication that the child has been abused. If abuse is suspected, the mandated reporter must inform Child Protective Services or law enforcement about their concerns.

## PHYSICAL INDICATORS OF ABUSE

### BRUISES

Bruises, also referred to as contusions, resulting from abuse are found on multiple surfaces of the body, particularly the buttocks, back, genitals, and face. They may appear in a characteristic pattern (outline of hand, paired bruises from pinching), or they may clearly resemble an impression of an item of jewelry (a ring), or a disciplinary imprint (a paddle, switch, or coat hanger). Linear bruise marks, strap marks, or loop marks going around a curved body surface are almost always evidence of abuse.

It is not possible to date bruises. The colors red, blue, purple, or black can occur at any time. In addition, bruises of identical age and cause on the same person may look different and may resolve differently.

In cases where bruises are suspected bite marks, investigators should also be prepared to seek the expertise of forensic odontologists.



### ABRASIONS, LACERATIONS

As with bruising, the multiplicity and location of the wounds should be considered. For example, lacerations under the tongue or those of a torn frenulum (the small piece of tissue connecting the gum to the lip) could be caused by falling with an object in the mouth or by the use of excessive force during feeding. Both are suspicious injuries when the victim is an infant who is still unable to stand.

Whipping a child with a belt buckle or belts or cords that are looped may cause lacerations resembling a “C” or “U” shape or other wounds with distinctive shapes.

### BITE MARKS

Bite marks may be found on any part of a child’s body. They may appear to be doughnut shaped, double horseshoe shaped, or oval in configuration. Individual teeth or a blurry area with varying colorations may be observed, depending on the age of the bite mark lesion.

Time is of the essence in recording bite marks through photography and/or videotaping because some lesions will become less distinct with time.

Photography, employing non-distorting cameras, with rulers or scales adjacent to the lesion, should be accomplished by forensic dentists, skilled evidence technicians, or other experienced individuals. Salivary swabbing should be collected, because they may be used to determine the blood type or even DNA of the biter. In penetrating bite marks, services of the individuals listed above should also be obtained in order to secure accurate impressions of the bitten area.

If properly collected and analyzed by experienced forensic dentists, bite mark evidence can point to the guilt or innocence of a perpetrator suspected of involvement in the physical or sexual abuse of a child.

## BURNS

The location of a burn and its characteristics (shape, depth, margins, etc.) may indicate abuse. It is important to keep in mind that children instinctively withdraw from pain. Burns, without some evidence of withdrawal, are highly suspect because a child will usually try to escape, which will result in splashes, uneven burns, and sometimes burns on the hands.

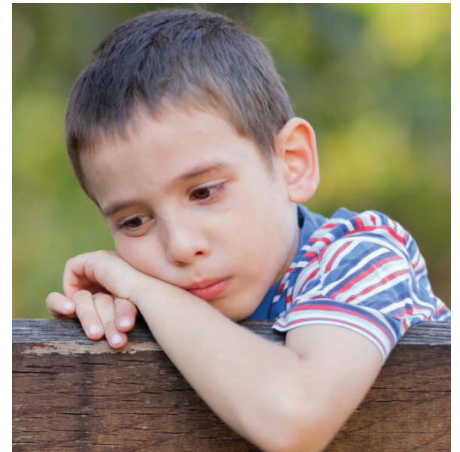
Scalding a child with hot liquid is the most common abuse burn. Young infants are commonly scalded by immersion, and older children by having liquids thrown or poured on them.

When children are forcibly held in hot water, there are often sharply demarcated burns. If held in water in a “jackknife” position, only the buttocks and genitalia may be burned. If held down forcibly in a sitting position, the center part of the buttocks (if pressed tightly against the tub) is spared from burning, thus resulting in a “doughnut shaped” burn. If the extremities are forcibly immersed in hot water, “glove” or “sock” burns to the hands or feet may result. The burns are often symmetric and an immersion line is readily evident. Abuse may also be suspected when burns are pointed or deeper in the middle. This indicates that hot liquid was poured on, or a hot object (poker, utensil) pressed into the skin.

Another type of burn characteristic of abuse has the shape of a recognizable object evenly burned into the victim’s skin. These burns indicate forced contact or “branding” with, for example, the grill of an electric heater, the element of an electric stove, or an iron.

Cigarette burns are difficult to diagnose, but when inflicted they are often multiple and are usually found on the palms or soles. There is a searing effect, perhaps with charring around the wound.

Rope “burns” appear around wrists or ankles when children are tied to beds or other structures.



## FRACTURES

Any unexplained fracture in an infant or toddler is cause for additional inquiry or investigation. Rib fractures, especially of back ribs, are the most common fractures found in abused children and are caused from either blunt force (hit) or compression (squeezed).

Fractures are most suspicious for inflicted trauma when there are multiple lesions, they are in different stages of healing, and there are unsuspected lesions.

Other fractures that raise suspicion are: metaphyseal fractures (also known as corner, chip, or bucket handle fractures), which are at the end of long bones and may be fractures from excess traction, jerking, and twisting injuries; multiple rib fractures, especially back rib fractures; and healing or healed fractures without an explanation revealed by x-rays. For young victims, x-ray bone surveys are important tools used to diagnose suspected physical abuse.

Radioisotope bone scans may pick up healing fractures, subperiosteal hematomas, etc. A pediatric radiologist should be consulted on all suspicious cases.

## INTERNAL INJURIES

Blunt blows to the body can cause serious internal injuries to the liver, spleen, pancreas, kidneys, and other vital organs and occasionally can cause shock and result in death. Internal injuries are the second leading cause of death for victims of child abuse.

Detectable surface evidence of such trauma is present only about half the time. Physical indicators of serious internal injuries may include distension of the abdomen, blood in the urine, vomiting, and abdominal pain.





## HEAD INJURIES

Head injuries are the most common cause of child abuse related deaths and an important cause of chronic neurological disabilities.

Whenever abuse or neglect is suspected, a careful examination of the child's eyes and nervous system should be performed to look for signs of intracranial injury. For certain groups of suspected victims, a full skeletal trauma series may be necessary as well as toxicology. Serious intracranial injury can occur without visible evidence of trauma on the face or scalp. Children with any soft tissue injury to the head should be neurologically assessed and have an ophthalmological evaluation to look for retinal hemorrhages. These injuries may cause brain damage or death if undetected and untreated.

When a child is in an unconscious or unresponsive state and there is no external evidence of injury and no adequate explanation for the child's state, head injury from possible abuse should be considered. The caretaker's explanation for a fall should be carefully documented including who was present, the distance of the fall, the type of surface hit, and time of the injury.

The medical evaluation is critical but should not stand-alone. A complete evaluation, even with severe injury, includes a psychosocial evaluation of the family, caretakers, and home, which can be completed by hospital social workers. In general, these evaluations should be considered in all cases where child abuse is suspected.

## ABUSIVE HEAD TRAUMA

Abusive head trauma (Shaken Baby Syndrome) describes a constellation of signs and symptoms resulting from violent shaking or shaking and impacting of the head of an infant. The degree of brain damage depends on the amount and duration of the shaking and the forces involved in the impact to the head.

Signs and symptoms range on a spectrum of neurological alterations from minor (irritability, lethargy, tremors, vomiting) to major (seizures, coma, stupor, death). These neurological changes are due to destruction of the brain cells secondary to trauma, lack of oxygen to the brain cells, and swelling of the brain.

Extensive retinal hemorrhages in one or both eyes are found in the vast majority of these cases. The classic triad of subdural hematoma, brain swelling, and retinal hemorrhages are accompanied in some, but not all cases.

Bruising of the part of the body used as a "handle" for shaking or fractures of the long bones and/or of the ribs may also be seen in some cases. Rib fractures or metaphyseal fractures (also called bucket handle or corner fractures) are particularly concerning in young children and if seen, should prompt further investigation for a possible shaking event. In many cases, however, there is no external evidence of trauma either to the head or the body.

Approximately 20 percent of cases are fatal in the first few days after injury. Survivors suffer from handicaps ranging from mild learning disorders and/or behavioral changes, to moderate and severe, such as profound mental and developmental retardation, paralyses, blindness, inability to hear, or a permanent vegetative state.

A careful post mortem examination is required of all infant deaths in California. These examinations should always include evaluation for signs of intracranial bleeding, retinal hemorrhages, and points of impact on or within the body. Evaluations of potentially suspicious cases also should include forensic lab study by protocol, including toxicology, microscopic tissue examination (including the retina), and a full trauma x-ray series.

# INDICATORS OF EMOTIONAL CHILD ABUSE



## WHAT IS EMOTIONAL ABUSE?

Just as physical injuries can scar and incapacitate a child, emotional maltreatment can cripple and handicap a child emotionally, behaviorally, and intellectually. Self-esteem can be damaged. Severe psychological disorders have been traced to excessively distorted parental attitudes and actions. One of the hallmarks of emotional abuse is the absence of positive interaction (e.g. praising) from parent to their child. Following chronic and severe emotional abuse of a child, emotional and behavioral problems may be present in varying degrees, especially when there is little or no nurturing.

This is especially true for neonates, infants, and toddlers. After emotional abuse, these children may become chronically withdrawn and anxious and lose basic social and language skills necessary for intimate relationships. They may become developmentally delayed, socially limited, and, in some cases, antisocial or chronically unable to protect themselves from others.

Emotional abuse and neglect are also components of other abuse and neglect. Sexual abuse and physical abuse may be the official category for a report, but emotional damage also exists. Emotional abuse and neglect may damage children of all ages, but can be critical with infants and toddlers, leaving them with permanent developmental deficits. It is crucial to recognize the indicators of emotional abuse in order to prevent further harm.



## WHAT IS VERBAL ABUSE?

Verbal assault (belittling, screaming, threats, blaming, sarcasm), unpredictable responses, continual negative moods, constant family discord, and chronically communicating conflicting messages are examples of ways parents may subject their children to verbal abuse. There are several signs in parents and in children that may indicate verbal abuse is occurring.

# BEHAVIORAL INDICATORS OF ABUSE

## INDICATORS IN PARENTS

These signs indicate that a parent may be engaging in verbal or emotional abuse of a child:

- Parents or caretakers place demands on the child that are based on unreasonable or impossible expectations or without consideration of the child's developmental capacity.
- The child is used as a "battle ground" for marital conflicts.
- The child is used to satisfy the parent's/caretaker's own ego needs and the child is neither old enough nor mature enough to understand.
- The child victim is "objectified" by the perpetrator, the child is referred to as "it" ("it" cried, "it" died).
- The child is a witness to domestic violence.

Emotional abuse can be seen as proving a self-fulfilling prophecy. If a child is degraded enough, the child will begin to live up to the image communicated by the abusing parent or caretaker.

Emotional abuse cases can be extremely difficult to prove, and cumulative documentation by witnesses is imperative. Such cases should be referred to treatment as soon as possible.

Suspected cases of emotional abuse that constitute willful cruelty or unjustifiable punishment of a child are required to be reported by mandated reporters. This means a report must be made of any situation where any person willfully causes or permits any child to suffer, or inflicts on any child, unjustifiable mental suffering. (Pen. Code, § 11165.3.) However, mandated reporters may also report any degree of mental suffering. While these cases may not always be prosecuted, reporting provides the opportunity for intervention and/or therapy with the family.

## INDICATORS IN CHILDREN

These signs indicate that a child may be experiencing emotional or verbal abuse:

- Is withdrawn, depressed, and apathetic.
- Is clingy and forms indiscriminate attachments.
- "Acts out" and is considered a behavior problem (e.g. bullies others, chronically uses profanity).
- Exhibits exaggerated fearfulness.
- Is overly rigid in conforming to instructions of teachers, doctors, and other adults.
- Suffers from sleep, speech, or eating disorders.
- Displays other signs of emotional turmoil (repetitive, rhythmic movements; rocking, whining, picking at scabs).
- Suffers from enuresis (bed wetting) and fecal soiling.
- Pays inordinate attention to details or exhibits little or no verbal or physical communication with others.
- Unwittingly makes comments such as, "Mommy/Daddy always tells me I'm bad."

The behavior patterns mentioned may, of course, be due to other causes, but the suspicion of abuse should not be dismissed.



Founded in 1959 by Sara O'Meara and Yvonne Fedderson  
PREVENTION and TREATMENT of CHILD ABUSE

**CHILDHELP NATIONAL  
CHILD ABUSE HOTLINE**

**1-800-4-A-CHILD  
(1-800-422-4453)**



# WHAT IS EMOTIONAL DEPRIVATION?

Emotional deprivation has been defined as “. . . the deprivation suffered by children when their parents do not provide the normal experiences producing feelings of being loved, wanted, secure, and worthy.”

Signs of emotional deprivation such as withholding affection with touch, smiles and sound may be more damaging than verbal and even physical assault. Children may provoke assault if necessary to gain negative interaction rather than suffer the pain of being ignored. This may damage children of all ages but is critical for infants and young toddlers.

Caretakers might also provide cause for evaluation and possible reporting of a neonate at risk. Intervention may include consideration of caretaker depression, substance abuse, parenting deficits, and lack of social or financial support for the caretaker. Consideration should be made for evaluation of the caretaker for these issues, as well as possible domestic violence



## SIGNS OF EMOTIONAL DEPRIVATION

**The signs of emotional deprivation in children can be quite varied. Indicators may include:**

- Refuses to eat adequate amounts of food and is therefore very frail.
- Is unable to perform normal learned functions for a given age (walking, talking); exhibits developmental delays, particularly with verbal and nonverbal social skills.
- Displays antisocial behavior (aggression, behavioral disruption, bullying others) or obvious “delinquent” behavior (drug abuse, vandalism); conversely, is abnormally unresponsive, sad, or withdrawn.
- Constantly “seeks out” and “pesters” other adults, such as teachers or neighbors, for attention and affection.
- Displays exaggerated fears.
- Apathy, withdrawal, and lack of response to human interaction.

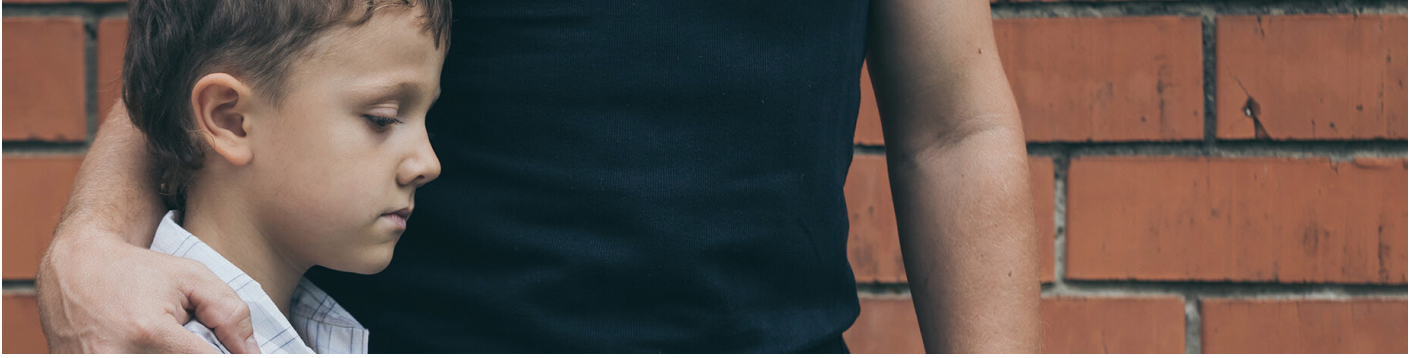


When parents ignore their children, whether because of drug or alcohol use, psychiatric disturbances, personal problems, outside activities, or other preoccupying situations, serious consequences can occur. However, reporting these situations is not mandated unless they constitute a form of legally defined abuse or neglect. Emotional deprivation and neglect may be seen as a lesser form of child abuse/neglect. It may not be reportable or may be assessed out with no intervention. It is, however, a central issue for much of what damages children.

These children may experience more severe damage and are therefore worthy of voluntary intervention and follow-up.



# SEXUAL CHILD ABUSE



## WHAT IS SEXUAL CHILD ABUSE?

Sexual child abuse is a type of maltreatment, violation, and exploitation that refers to the involvement of the child in sexual activity to provide sexual gratification or financial benefit to the perpetrator. The meaning of sexual abuse is broad. It includes contact for sexual purposes, molestation, statutory rape, prostitution, pornography, exposure, incest, or other sexually exploitative activities.



## SEXUAL CHILD ABUSE STATISTICS

**The statistics of sexual child abuse show that it is a severe issue in the United States.**

- 1 in 4 girls and 1 in 6 boys will be sexually abused before they turn 18 years old.
- Over 65,000 children were sexually abused in 2016.
- 8.6 % of reported child abuse cases were sexual abuse.
- 34% of people who sexually abuse a child are family members.
- 12.3% of girls were age 10 or younger at the time of their first rape/victimization, and 30% of girls were between the ages of 11 and 17.
- The average age at which girls first become victims of prostitution is 12 to 14 years old, and the average age for boys is 11 to 13 years old.
- 27.8% of boys were age 10 or younger at the time of their first rape/victimization.
- 96% of people who sexually abuse children are male, and 76.8% of people who sexually abuse children are adults.
- 325,000 children are at risk of becoming victims of commercial child sexual exploitation each year.
- Caregiver alcohol or drug abuse is a child abuse risk factor putting kids at much higher risk for being abused.

**NATIONAL SEXUAL ASSAULT  
ONLINE HOTLINE**

**800.656.HOPE (4673)**

# RECOGNIZE THE SIGNS OF DRUG & ALCOHOL ABUSE



## WHAT IS ALCOHOL AND DRUG ABUSE?

Drug abuse is non-discriminate, affecting all socioeconomic groups and people from all walks of life. Tolerance and dependency on drugs can develop quickly, without the user even realizing that addiction is taking hold. The pattern of abuse and addiction can be extremely difficult to stop.

- Alcohol abuse (parent/caregiver)—the compulsive use of alcohol that is not of a temporary nature.
- Drug abuse (parent/caregiver)—the compulsive use of drugs that is not of a temporary nature.



## THE EFFECTS OF PARENTAL DRUG & ALCOHOL ABUSE

Drug/alcohol abuse by parents and caregivers is abusive to children, often resulting in neglect of the children and threatened abuse.

Drug abuse is non-discriminate, affecting all socioeconomic groups and people from all walks of life. Tolerance and dependency on drugs can develop quickly, without the user even realizing that addiction is taking hold. The pattern of abuse and addiction can be extremely difficult to stop.

When you recognize that someone has a problem, it's essential to seek help right away.



## PHYSICAL SYMPTOMS OF DRUG/ALCOHOL ABUSE

Some of the most noticeable symptoms of drug and alcohol abuse are those that affect the body's inner workings. The body's tolerance to a drug and alcohol levels require an increase in quantity or strength to achieve the previous effects. This is extremely dangerous and can easily lead to overdose.

**Changes in appearance can be additional clues to possible drug use and may include:**

- Bloodshot or glazed eyes.
- Dilated or constricted pupils.
- Abrupt weight changes.
- Bruises, infections, or other physical signs at the drug's entrance site on the body.

Disruption to normal brain functioning, changes in personality, and heart and organ (liver) dysfunction can be signs of long-term drug and alcohol abuse.



## BEHAVIORAL SYMPTOMS OF DRUG/ALCOHOL ABUSE

Drug and alcohol abuse negatively affects a person's behavior and habits as they become more dependent. Drugs and alcohol alters the brain's ability to focus and form coherent thoughts.

**Changes in behavior, such as the following, can indicate a problem with drug or alcohol abuse:**

- Increased aggression or irritability.
- Changes in attitude/personality.
- Lethargy.
- Depression.
- Sudden changes in a social network.
- Dramatic changes in habits and/or priorities.
- Financial problems.
- Involvement in criminal activity.

Learning to recognize the physical or behavioral signs of abuse and addiction can help prevent the problem from progressing further.



# SHAKEN BABY SYNDROME PREVENTION



## NEVER SHAKE A BABY!

**CRYING IS NORMAL. SHAKING IS NOT.**

### STEPS FOR PREVENTION



**PUT BABY IN  
A SAFE PLACE**



**WALK  
AWAY**



**TAKE A  
TIME OUT**



**ASK FOR  
HELP!**

## PREVENTING SHAKEN BABY SYNDROME

Shaken Baby Syndrome (SBS) is preventable. The definition of shaken baby syndrome is quite simple; it is a severe form of physical child abuse resulting from violent shaking of an infant by the shoulders, arms, or legs. SBS may result from both shaking alone or from shaking with impact.

Babies, newborn to one year (especially babies ages 2 to 4 months), are at greatest risk of injury from shaking. Shaking them violently can trigger a “whiplash” effect that can lead to internal injuries—including bleeding in the brain or in the eyes. Often there are no obvious external physical signs, such as bruising or bleeding, to indicate an injury.

The number one reason a child is shaken is because a parent or caregiver becomes so frustrated with a baby’s crying that they lose control and begin to shake them. They are usually average people, who in the heat of their frustration and anger lose control, and shake their child. Most people charged with shaking their baby have no previous history of violence, and the act is unintended. However, the effects of shaken baby syndrome can still be severe.



## SIGNS AND SYMPTOMS OF SHAKEN BABY SYNDROME

Immediate SYMPTOMS of Shaken Baby Syndrome (SBS) include tiredness, not eating, no smiling, talking or laughing, difficulty swallowing, sucking or breathing, vomiting, difficulty staying awake, or the baby is very stiff or limp like a rag doll.

SHAKING CAN CAUSE serious effects including brain injury, cerebral palsy, blindness, hearing loss, learning and behavior problems, seizures, paralysis, and death.

It is estimated that 1,000-3,000 children in the United States suffer from Shaken Baby Syndrome (SBS) each year.

ONE FOURTH of victims of SBS die, and 80 PERCENT of survivors suffer from permanent damage.

Approximately 20/100,000 CHILDREN sustain Abusive Head Trauma annually.

## CRYING & COLIC ARE NORMAL

### SHAKING IS DANGEROUS!

#### STEPS FOR PREVENTION

**P**

PEAK OF  
CRYING

**U**

UNEXPECTED

**R**

RESISTS  
SOOTHING

**P**

PAIN-LIKE  
FACE

**L**

LONG  
LASTING

**E**

EVENING

### THE CRYING HAS A BEGINNING AND AN END.

The crying...the late-night feedings...the constant changing of diapers...the resulting exhaustion... The fact is that many new parents and caregivers find themselves unprepared for the realities of caring for a baby and the stress and aggravation that can accompany those realities.

Crying—including prolonged bouts of inconsolable crying— is normal developmental behavior in babies. It helps to think of crying as one of the ways babies communicate.

First, understand that crying is a normal developmental stage. The Period of PURPLE Crying begins at about 2 weeks of age and continues until about 3-4 months of age. There are other common characteristics of this phase, or period, which are better described by the acronym PURPLE. All babies go through this period. It is during this time that some babies can cry a lot and some far less, but they all go through it.



## PARENTAL EDUCATION IS CRUCIAL FOR PREVENTION OF MORE CASES OF SHAKEN BABY SYNDROME.

### STAY CALM | DE-STRESS | ASK FOR HELP

The best thing that parents and caretakers can do is stay calm. It may sound simple, but it can be hard to do when you are tired, frazzled, and worried about your baby. Taking care of a crying infant is a lot of work, and feeling frustrated, drained, and a little desperate is a normal reaction to a hard situation. It is okay to feel those things; the trick is to not let your feelings shape how you treat your baby. Keeping your emotions in check – staying calm – is important for your own sake, but also for your baby. NEVER shake a baby!

Try to take at least 15-30 minutes alone each day. Take a walk or to do something relaxing and enjoyable. Ask your partner, family or friends to take care of the baby while you take care of yourself; it's difficult to be calm and at your best when you are overtired and stressed.

Learn how to breathe deeply and become aware of how much stress is held in the body. Both caretaker and child can benefit significantly when the caretaker utilizes relaxation and visualization or other mindfulness techniques on a regular basis. When the caretaker is more relaxed, the child's sense of well being, trust, and secure attachment to the parent is enhanced.

# DOMESTIC VIOLENCE



## WHAT IS DOMESTIC VIOLENCE?

The term domestic violence is often referred to as domestic abuse, battering, or family violence and more recently, as intimate partner violence (IPV).

Domestic violence is a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner.

Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. Domestic violence has devastating effects upon children and families.



## DOMESTIC VIOLENCE AND THE EFFECTS ON CHILDREN & FAMILIES

Domestic violence in families is often hidden from view and devastates its victims physically, emotionally, spiritually, and financially. It threatens the stability of the family and negatively impacts all family members, especially the children who learn that violence is an acceptable way to cope with stress or problems, or to gain control over another person.

Children react to exposure to violence in different ways, and many children show remarkable resilience. All too often, however, children who are exposed to violence undergo lasting physical, mental, and emotional harm. They suffer from difficulties with attachment, regressive behavior, anxiety and depression, and aggression and conduct problems.

The effects of domestic violence on children can be extensive and long lasting. Victims of domestic violence may be more prone to dating violence, delinquency, further victimization, and involvement with the child welfare and juvenile justice systems. Moreover, being exposed to violence may impair a child's capacity for partnering and parenting later in life, continuing the cycle of violence into the next generation.

## STATISTICS OF DOMESTIC VIOLENCE: PREVALENCE & CONSEQUENCES

Each year, millions of children and adolescents in the United States are exposed to violence in their homes, schools, and communities as both victims and witnesses. Even if they are not physically present, children may be affected by intentional harm done by another (for example, the murder of or an assault on a family member or close neighbor).

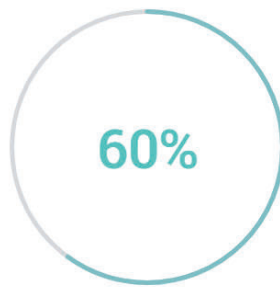
A recent U.S. Department of Justice (DOJ)-funded study concluded that a majority of children in the United States have been exposed to violence, crime, or abuse in their homes, schools, and communities.

The consequences of this problem are significant and widespread. Children's exposure to violence, whether as victims or witnesses, is often associated with long-term physical, psychological, and emotional harm. Children exposed to violence are also at a higher risk of engaging in criminal behavior later in life and becoming part of a cycle of violence.

### STEPS FOR PREVENTION



**OF AMERICAN CHILDREN WERE  
DIRECT VICTIMS OF 2 OR MORE  
VIOLENT ACTS**



**OF AMERICAN CHILDREN WERE  
EXPOSED TO VIOLENCE, CRIME, OR  
ABUSE IN THEIR HOMES, SCHOOLS,  
AND COMMUNITIES.**



**HAD BEEN EXPOSED TO FAMILY  
VIOLENCE DURING THEIR LIFE.**

## ADULT STATISTICS OF DOMESTIC VIOLENCE

In addition to the immediate impact, intimate partner violence has lifelong consequences. A number of studies have shown that beyond injury and death, victims of IPV are more likely to report a range of negative mental and physical health outcomes that are both acute and chronic in nature.

- More than 10 million women and men in the United States experience physical violence each year by a current or former intimate partner (2011).
- Over 1 in 5 women (22.3%) experience severe physical violence by an intimate partner in their lifetime.
- Nearly 1 in 7 men (14.0%) have experienced severe physical violence by an intimate partner.
- Approximately 9.2% of women and 2.5% of men have been stalked by an intimate partner in their lifetime.

## CHILD STATISTICS OF DOMESTIC VIOLENCE

The statistics of child domestic violence in America are staggering. Domestic violence is extremely widespread and has lifelong impacts. Children exposed to violence are more likely to abuse drugs and alcohol; suffer from depression, anxiety, and post-traumatic disorders; fail or have difficulty in school; and become delinquent and engage in criminal behavior.

- 60% of American children were exposed to violence, crime, or abuse in their homes, schools, and communities.
- Almost 40% of American children were direct victims of 2 or more violent acts, and 1 in 10 were victims of violence 5 or more times.
- Children are more likely to be exposed to violence and crime than adults.
- Almost 1 in 10 American children saw one family member assault another family member, and
- More than 25% had been exposed to family violence during their life.
- A child's exposure to one type of violence increases the likelihood that the child will be exposed to other types of violence and exposed multiple times.



# HUMAN TRAFFICKING & EXPLOITATION



## WHAT IS HUMAN TRAFFICKING?

**The Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. § 7102), defines “severe forms of trafficking in persons” as:**

**Sex trafficking:** the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; (and)

**Labor trafficking:** the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

The legal meaning of human and child trafficking may sound complicated, but at its core, human trafficking is a public health issue that impacts individuals, families, and communities. Trafficking is child abuse, and the vulnerable are often targeted for exploitation. Traffickers disproportionately target at-risk populations including individuals who have experienced or been exposed to other forms of violence (child abuse and maltreatment, interpersonal violence and sexual assault, community and gang violence) and individuals disconnected from stable support networks (runaway and homeless youth, unaccompanied minors, persons displaced during natural disasters).

## HOW VICTIMS ARE TRAFFICKED

Traffickers use force, fraud, or coercion to subject victims to engage in commercial sex or forced labor. Anyone can be a victim of trafficking anywhere, including in the United States. At-risk and marginalized children and youth are susceptible and defenseless targets for exploitation.

Human trafficking can be compared to a modern-day form of slavery. It involves the exploitation of people, including children, through force, coercion, threat, and deception and includes human rights abuses such as debt bondage, deprivation of liberty, and lack of control over freedom and labor.

Trafficking can be for purposes of sexual exploitation or labor exploitation. Sexual exploitation includes forcing an individual to engage in commercial sex acts, including prostitution or the production of pornography. The types of labor exploitation include domestic servitude, restaurant work, janitorial work, sweatshop factory work, and migrant agricultural work. Victims of trafficking can include adults and minors as well as both U.S. citizens and foreign nationals.

# HUMAN TRAFFICKING STATISTICS

- Since 2007, more than 31,600 TOTAL CASES OF HUMAN TRAFFICKING concerning more than 34,000 victims have been reported to the National Human Trafficking Hotline. 1
- In 2016, more than 2,300 children were reported as victims to the National Human Trafficking Hotline.
- Average age of entry by a child prostitute: 13 years
- Life expectancy after becoming a prostitute: 7 years
- 57% of prostitutes were sexually abused as children
- The National Human Trafficking Hotline annually receives multiple reports of human trafficking cases in each of the 50 states and D.C.
- The National Human Trafficking Hotline receives an average of 100 calls per day.
- Since 2013, the Polaris BeFree Textline has received over 4,400 texts with 563 total cases reported. Over 50% of the cases have involved a minor.
- In 2016, an estimated 1 out of every 6 endangered runaways reported to the National Center for Missing and Exploited Children were likely child sex trafficking victims. Of those, 86% were in social services or foster care when they ran away.
- More than 12.7 million reports of suspected child sexual exploitation have been made to the National Center for Missing and Exploited Children's Cyber Tipline between 1998 and June 2016
- According to reports, 70 percent to 90 percent of commercially sexually exploited youth have a history of child sexual abuse.
- Children who experience sexual abuse are 28 times more likely to be arrested for prostitution at some point in their lives than children who did not.
- Youth who have experienced dating violence and rape are at higher-risk for trafficking. Traffickers prey especially on children and youth with low self-esteem and minimal social support.
- A 2011 bulletin from the Federal Bureau of Investigation (FBI) cites an estimate (Estes & Weiner, 2001) that 293,000 youth are at risk for being trafficked in North America because they live on the streets or in particularly vulnerable situations.
- Human trafficking cases occur across the country, in rural, urban, and suburban settings and in a wide range of industries, as described in the 2013 Trafficking in Persons Report.
- Recruitment of young people for trafficking commonly takes place in public places (e.g., around shopping malls, bus stops, or fast-food restaurants), around youth shelters where runaway and homeless youth are easily targeted, and in the vicinity of schools and group homes where children served by the child welfare system can be found.



**PHONE: (888) 373-7888**

**SMS: 233733 (TEXT "HELP" OR "INFO")**

**HOURS: 24 HOURS, 7 DAYS A WEEK**



**CALL: 1-800-THE-LOST  
(1-800-843-5678)**

**TO REPORT CHILD SEXUAL EXPLOITATION.**



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# A BETTER FUTURE STARTS HERE!



American SPCC is the voice for children in America. We are determined to harness the power of education to end child abuse and give all children the chance to flourish as adults.

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