CHILD MALTREATMENT

Child maltreatment extends across class, culture, ethnicity, and nationality. In the United States alone, upward of 3 million cases of child abuse are reported annually, and more than 1,000 children die each year as a result of abuse. However, these numbers are likely underestimates of the scope of the problem because, as most experts agree, child maltreatment is underreported. The term child maltreatment itself is broad, encompassing neglect, emotional abuse, physical abuse, and sexual abuse. Scientific and clinical evidence indicates that child maltreatment detrimentally affects children’s cognitive, social, and emotional development. Psychological models specifying the mechanisms by which child maltreatment imparts its adverse effects include attachment theory (e.g., child maltreatment distorts children’s internal working models of self and others) and psychophysiological theories (e.g., chronic elevation of an abused child’s biological stress response may influence the child’s developing brain and, thus, the child’s behavior and functioning). Research also points to the importance and influence of contextual factors that may promote resilience in maltreated children.

Over the years, the United States has enacted a complex patchwork of laws for protecting children against abuse. Child protection agencies exist to intervene when child abuse is suspected or substantiated and to prevent child maltreatment through means such as education for families at risk and awareness campaigns for the public at large. The criminal justice system also acts to protect maltreated children, most notably by prosecuting offenders. Fortunately, these prevention and intervention efforts may well have been effective, given the recent declines in the rates of child abuse reporting. This entry elaborates on the definitions of child maltreatment, provides more information about its incidence, discusses what is known about the causes and consequences of child maltreatment, and suggests ways to prevent this serious social problem.

Defining Child Maltreatment

Neglect is the most common form of confirmed child maltreatment (comprising more than 60% of all cases), followed by physical abuse (18%), sexual abuse (10%), and psychological or emotional abuse (7%). Defining child maltreatment is sometimes controversial, but generally, neglect is an act of omission—a caretaker’s failure to provide basic necessities such as food, shelter, emotional support, medical attention, education, or a safe haven from harmful situations. Although neglect is the most common child maltreatment case that comes to the attention of authorities and enters the juvenile or family court system, its perpetrators are rarely prosecuted in criminal court. A condition known as nonorganic failure to thrive is often considered a type of child neglect. It refers to a condition in which an otherwise healthy baby, while under his or her parent’s care, loses weight and stops growing. Psychological, social, and/or economic problems within the family typically prompt failure to thrive.

Sexual and physical abuse reflect acts of commission. Child sexual abuse occurs when children are involved in sexual activities with an adult. Adults often use coercion or deception to lure children into such activities, but it is worth noting that coercion and deception are unnecessary elements of this crime because children are not considered legally or developmentally capable of consenting to sexual activities with adults. Child sexual abuse sometimes involves physical contact such as penetration or fondling, but physical contact is not always necessary. For example, exhibitionism, forcing children to watch or make pornographic material, or encouraging sexual promiscuity is also considered sexually abusive to minors. Child sexual abuse cases are particularly likely to bring child victims into contact with court systems, both juvenile and criminal. In fact, most children who testify in criminal court do so in the context of child sexual abuse cases.

Physical abuse, which is most often perpetrated by parents and guardians, can be more difficult to define than sexual abuse. That is, while all forms of sexual contact between an adult and a child are considered socially inappropriate across most cultures, mild to
moderate physical punishment applied as a disciplinary tactic is often socially sanctioned. Nevertheless, research shows that corporal punishment can have negative outcomes and that serious physical child abuse sometimes results from escalated corporal punishment. There is agreement that deliberate acts resulting in physical harm to a child, such as when an angry or frustrated parent hits, shakes, burns, or throws a child, constitute physical abuse. In many cases, the fact that physical abuse has taken place is relatively clear because of visible injuries to the child. Medical examination can confirm, to a certain extent, whether certain bruises, broken bones, bites, and burns are caused by accident (e.g., a child falling downstairs) or are a deliberate infliction of harm. In other cases, however, intentional physical abuse is hard to detect.

Psychological or emotional maltreatment involves acts of commission or omission that hinder children’s psychological development. It can include acts of terrorizing, isolating, corrupting, denigrating, as well as ignoring children or other acts that signal to children that they are unwanted, worthless, or unloved. Psychological abuse often accompanies other forms of child maltreatment, but it can also take place independently. It is typically quite hard to discover, and children experiencing such maltreatment rarely get appropriate therapeutic help. Less legal attention is also paid to this kind of abuse. This is unfortunate, because research indicates that psychological abuse can have detrimental effects on children’s development and well-being.

**Incidence of Child Abuse**

Children from birth to 3 years of age are most at risk of being victims of child abuse and neglect. Of all cases reported and investigated, approximately one third are supported by enough evidence for authorities to determine that abuse actually occurred. The remainder lack evidence sufficient to support legal action, which does not necessarily mean that abuse did not take place. In fact, trends in re-referral rates (i.e., children reported as maltreated on multiple occasions) suggest that many unsubstantiated cases probably represent real abuse. Furthermore, even the total number of reported cases is likely to be a serious underestimate of the actual occurrence of child abuse, because child victims are often reluctant to disclose their experiences. For example, research reveals that about a quarter of young adults who experience child sexual abuse and a third of those who experience physical abuse never tell anyone about their maltreatment. Among those who do tell, fewer than 10% report the abuse to authorities.

Throughout the 1980s, mandatory reporting laws increased the number of child maltreatment cases that were reported and that entered the child protection and criminal justice systems. Reporting levelled off during the 1990s and has even been declining in recent years. Research suggests that this decline, at least in part, reflects an actual decrease in the incidence of child maltreatment, suggesting that societal prevention efforts have been successful.

**Potential Effects of Child Maltreatment**

Many maltreated children are remarkably resilient and lead normal, healthy lives. Even so, child maltreatment often does have very serious short- and long-term physical and psychological consequences, leaving physical and psychological scars that can last well after the abuse or neglect has ended. Children who experience maltreatment can suffer immediate physical consequences, including broken bones, burns, bruises, abrasions, sexually transmitted diseases, pregnancy, malnutrition, declining health, or even death. Long-term psychological and behavioral outcomes can include internalizing behaviors (withdrawal, depression, anxiety) and externalizing behaviors (aggression, bullying, promiscuity). Child maltreatment can also increase the likelihood of development of serious psychopathology such as posttraumatic stress disorder (PTSD). Children who are maltreated may have difficulties establishing trusting relationships with their peers and adults. Moreover, experiencing maltreatment is associated with deficits, on average, in children’s cognitive development, which, in addition to socio-emotional deficits, also directly affects academic performance and school achievement. Children who have been maltreated are at an elevated risk of becoming delinquents, substance abusers, and victims of additional crimes.

Researchers struggle to identify the relations between particular forms of child abuse and specific outcomes, especially since different forms of maltreatment often co-occur. With careful analysis, however, some patterns have begun to emerge. For example, it is clear that sexual abuse is a risk factor for later substance abuse, depression, and attentional problems.
proliferation. Additionally, women who are victims of child sexual abuse are more likely than women who have not been sexually abused to engage in prostitution. Physical abuse is associated with substance abuse and aggressive behaviors. Neglect victims tend to perform poorly on cognitive tests and may be socially withdrawn. Neglect is often associated with extreme poverty, which itself has detrimental consequences for children’s cognitive, social, and emotional development, as well as for their academic achievement.

Many factors moderate the impact of maltreatment on children's short- and long-term outcomes, including the child’s gender, the child’s age at abuse onset and offset, the frequency and severity of abuse, the child’s coping ability, the abuser-victim relationship, and many broader family and community factors. For instance, there is some evidence that maltreated boys have poorer outcomes than maltreated girls. Social scientists have proposed a variety of explanations for this, such as male genetic vulnerability or the fact that behavioral difficulties are more easily measured in boys, who tend to exhibit externalizing rather than internalizing problem behaviors. A younger age at abuse onset is also thought to be related to especially adverse outcomes, although a firm pattern has not been established. Children who are younger when abuse occurs may not recall as much detail about their abuse, but it may be implicitly retained and expressed in their personality development. Moreover, child outcomes may be influenced by the cumulative effects of maltreatment. A child who suffers less severe or chronic abuse may be less likely to have poor psychological or behavioral outcomes than a child who experiences more extensive, frequent, and varied types of abuse.

How does maltreatment cause these varied effects? Scientists currently propose several different mechanisms. For example, because children’s brains develop more rapidly during the first year of life than at any other point, some researchers theorize that the developing brain is particularly susceptible to traumatization, which may explain the negative impact of very early abuse.

Another explanation involves the influence of abuse on children’s personality development. Young children are forming key attachments with others, and if this process is challenged, children’s perceptions or expectations of others can be permanently affected. That is, according to attachment theory, infants form secure or insecure attachments with their caregivers based on the caregivers’ sensitivity and responsiveness. Children’s early experiences with caregivers shape children’s developing mental models of how they can expect to be treated by others in the future. Thus, these first key relationships influence children’s later relationships with peers and romantic partners, and even their approach to work, religion, and other major facets of life. Children who grow up in an abusive or neglectful environment, which is typically characterized by an absence of or inconsistency in sensitivity and responsiveness, are quite likely to develop insecure attachment styles, such as avoidant or disorganized attachment. Research shows that children who are insecurely attached are more likely to develop poor emotion regulation abilities and deficient interpersonal skills than do children who are securely attached to their caregivers. Children with disorganized attachments are at particular risk of mental health problems.

Another common explanation for the psychological difficulties that result from maltreatment focuses on the adverse influence of PTSD on children’s psychological, social, and cognitive development. Many children who experience abuse suffer from PTSD, an acute syndrome characterized by intrusive thoughts, flashbacks, and hypervigilance. PTSD occurs in some individuals who experience an extremely traumatic event or situation, typically one that threatens the individual’s health and safety. Psychological research has demonstrated that PTSD is associated with deficits in certain areas of memory performance, language ability, and attentional capacity (although such deficits are not necessarily global). Of note, people who suffer from PTSD have selective attention or memory bias for information that is trauma related, which can result in particularly accurate memories of trauma experiences. PTSD does not appear to affect IQ, although IQ and other cognitive factors are thought to be related to PTSD. Some researchers currently contend that suffering from PTSD may cause neuroanatomical changes in regions of the brain associated with memory and learning (e.g., the hippocampus), in areas associated with cognitive control (e.g., the prefrontal cortex), or in the entire cerebral cortex. Yet the effects of maltreatment and PTSD on the human brain are not easy to determine, and it is unclear whether PTSD causes changes in the brain structure or whether preexisting structural anomalies or preexisting behavioral or cognitive capabilities cause PTSD.

Finally, and of particular importance, research has identified a number of factors that promote resilience
(or better than expected psychological or behavioral outcomes) in maltreated children, including having histories characterized by secure attachments and quality relationships with supportive adults or peers, an active or approach-oriented coping style, good social problem-solving skills, and greater sociability. Children who have at least one adult who cares for them in a positive way and children who receive effective therapeutic treatment are particularly likely to have the best outcomes. Understanding such factors can lead to better therapeutic interventions aimed at alleviating the effects of child maltreatment.

Causes of Child Maltreatment

The causes of child maltreatment are varied; there is likely no single cause. For instance, social learning theory suggests that child maltreatment is a learned behavior. Thus, parents who were maltreated as children may have learned, through their own childhood experiences, coercive forms of discipline or neglectful patterns rather than learning appropriate, nonabusive parenting practices. In this way, child maltreatment can be transmitted intergenerationally. In fact, a higher percentage of children who experienced maltreatment themselves, as compared with children who did not experience maltreatment, go on to abuse their own children later in life. Note that this does not mean, contrary to popular belief, that most children who have been abused go on to abuse their own children. The majority of adults who were abused as children are not abusive. Thus, there are many other potential contributors to child abuse and neglect, including an abundance of life stressors (e.g., poverty, lack of community resources, social isolation), individual personality or psychopathological traits, child-specific factors (e.g., a child’s temperament or disability), cultural or community acceptance of maltreatment, and even religious beliefs about eschewing modern medical care and applying strict corporal discipline.

Prevention and Intervention

How should society act to prevent and deter child maltreatment? Characteristics of the child, the abuser, and the family, as well as the broader social context in which the abuse takes place, all play a role in causing child maltreatment. Thus, prevention efforts must take each of these factors into consideration. A host of interventions and changes are needed at the individual and societal levels to prevent child maltreatment. One obvious and effective societal-level strategy is to establish laws that make child abuse illegal. In some countries, even spanking a child is prohibited. With the current U.S. laws, if child maltreatment is discovered and reported, it may lead to the child or family’s involvement with the criminal justice system and/or the child protective services system. Criminal court actions, which sometimes require the testimony of child victims, can stop existing abuse and prevent new maltreatment by sending perpetrators to jail and by deterring other potential perpetrators with the threat of similar prosecution. Child protective services actions against familial perpetrators can prevent further maltreatment through a range of actions, from requiring that parents attend parenting classes to temporary or even permanent removal of the child from its home, with parents sometimes losing parental rights and the child being put into the foster care system. If a child is young and not disabled, the likelihood is increased that he or she might be adopted into a new home. Unfortunately, however, many foster care children become immersed in juvenile court (e.g., dependency) actions and find themselves being bounced from foster home to foster home, which are sometimes themselves settings for additional abuse. Children’s involvement in the legal and child welfare systems (e.g., multiple foster care placements, repeated testimony in criminal court) can have negative effects on their emotional well-being.

Other laws aimed at prevention of child sexual abuse include sex offender registration and community notification laws, which require perpetrators of sexual abuse, after they have finished serving their prison sentence, to register publicly as a sex offender everywhere they subsequently live. These laws are controversial because of civil rights issues, and there is no solid evidence that they really reduce child maltreatment. Other societal-level reform strategies involve efforts to educate the public and change attitudes, behaviors, and even public policy, often through media campaigns. For example, educational media campaigns such as those aimed at teaching parents not to shake babies have also achieved some success in the effort to decrease child physical abuse.

Whatever the means, the importance of preventing child maltreatment is underscored by the wide-ranging costs of child maltreatment, which ripple across a broad spectrum of social structures, including the medical and health systems, the legal and correctional systems, public health services, child welfare services, and educational institutions.
Given all these potential negative outcomes, some suggest that child maltreatment is one of the greatest social evils of our time, one that must be fought with a great deal of financial and human resources. Even so, as mentioned earlier, there is hope: Child maltreatment rates have begun to decline, at least in the United States. And many victims, although not unaffected by their experiences, nevertheless grow up to lead productive lives as good parents and citizens.

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See also Child Abuse Potential (CAP) Inventory; Children’s Testimony; Children’s Testimony, Evaluation by Juries; Child Sexual Abuse; Conduct Disorder; Conflict Tactics Scale (CTS); Criminal Behavior, Theories of; Eyewitness Memory; False Memories; Intimate Partner Violence; Juvenile Offenders, Risk Factors; Mental Health Needs of Juveniles; Mood Disorders; Parents Patriae Doctrine; Parent-Child Relationship Inventory (PCRI); Parenting Stress Index (PSI); Pedophilia; Reporting Crimes and Victimization; Victimization

Further Readings


Children’s Testimony

Children may experience or witness crimes and may need to provide reports to authorities. Children’s eyewitness accounts can contain critical information about serious acts such as murder, domestic violence, kidnapping, and assault. Child sexual abuse is particularly likely to bring children into contact with the criminal justice system because the case may boil down to the child’s word against that of the accused. Although even young children can provide accurate accounts of their experiences, even about highly traumatic incidents, such children on average are less complete in their memory reports and are more suggestible than older children and adults.

Like adults’ accounts, children’s accounts are influenced by numerous factors, including cognitive, social, and individual differences. Developmentally appropriate interview protocols may contribute to obtaining complete and accurate accounts while reducing inaccuracies in the child’s testimony. As part of a forensic interview, children may have to identify culprits from photo lineups. Children 5 years and older can perform quite well if the culprit is pictured in the lineup; however, in “target-absent” lineups, even older children have a strong tendency to guess. Children’s emotional and attitudinal reactions to providing eyewitness testimony in criminal cases can be long lasting. For example, testifying multiple times, especially in severe intrafamilial child sexual abuse cases, is associated with adverse emotional and attitudinal reactions into adulthood. Children in such cases may need additional legal protections.

Memory and Suggestibility in the Child Witness

During the past several decades, there has been an exponential increase in the number of children who provide statements in legal cases, thus magnifying the need to determine the credibility of their testimony. In