

SAMPLE RESEARCH PAPER-6

TOPIC- CHILD ABUSE

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Introduction

Child abuse is a very real and prominent social problem today. The impact of child abuse affects more than one's childhood, as the psychological and physical injuries often extend well into adulthood. Most children are defenceless against abuse, are dependent on their caretakers, and are unable to protect themselves from these acts.

Childhood serves as the basis for growth, development, and socialization. Throughout adolescence, children are taught how to become productive and positive, functioning members of society. Much of the socializing of children, particularly in their very earliest years, comes at the hands of family members. Unfortunately, the messages conveyed to and the actions against children by their families are not always the positive building blocks for which one would hope.

In 2008, the Children's Defense Fund reported that each day in America, 2,421 children are confirmed as abused or neglected, 4 children are killed by abuse or neglect, and 78 babies die before their first birthday. These daily estimates translate into tremendous national figures. In 2006, caseworkers substantiated an estimated 905,000 reports of child abuse or neglect. Of these, 64% suffered neglect, 16% were physically abused, 9% were sexually abused, 7% were emotionally or psychologically maltreated, and 2% were medically neglected. In addition, 15% of the victims experienced "other" types of maltreatment such as abandonment, threats of harm to the child, and congenital drug addiction (National Child Abuse and Neglect Data System, 2006). Obviously, this problem is a substantial one.

Estimates of Child Abuse: Methodological Limitations

Several issues arise when considering the amount of child abuse that occurs annually in the United States. Child abuse is very hard to estimate because much (or most) of it is not reported. Children who are abused are unlikely to report their victimization because they may not know any better, they still love their abusers and do not want to see them taken away (or do not themselves want to be taken away from their abusers), they have been threatened into not reporting, or they do not know to whom they should report their victimizations. Still further, children may report their abuse only to find the person to whom they report does not believe them or take any action on their behalf. Continuing to muddy the waters, child abuse can be disguised as legitimate injury, particularly because young children are often somewhat uncoordinated and are still learning to accomplish physical tasks, may not know their physical limitations, and are often legitimately injured during regular play. In the end, children rarely report child abuse; most often it is an adult who makes a report based on suspicion (e.g., teacher, counsellor, doctor, etc.).

Even when child abuse is reported, social service agents and investigators may not follow up or substantiate reports for a variety of reasons. Parents can pretend, lie, or cover up injuries or stories of how injuries occurred when social service agents come to investigate. Further, there is not always agreement about what should be counted as abuse by service providers and researchers. In addition, social service agencies/agents have huge caseloads and may only be able to deal with the most serious forms of child abuse, leaving the more "minor" forms of abuse unsupervised and unmanaged (and uncounted in the statistical totals).

Child Abuse and Neglect: The Legalities

While most laws about child abuse and neglect fall at the state levels, federal legislation provides a foundation for states by identifying a minimum set of acts and behaviours that define child abuse and

neglect. The Federal Child Abuse Prevention and Treatment Act (CAPTA), which stems from the Keeping Children and Families Safe Act of 2003, defines child abuse and neglect as, at minimum, “(1) 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 (2) an act or failure to act which presents an imminent risk or serious harm.”

Using these minimum standards, each state is responsible for providing its own definition of maltreatment within civil and criminal statutes. When defining types of child abuse, many states incorporate similar elements and definitions into their legal statutes. For example, neglect is often defined as failure to provide for a child’s basic needs. Neglect can encompass physical elements (e.g., failure to provide necessary food or shelter, or lack of appropriate supervision), medical elements (e.g., failure to provide necessary medical or mental health treatment), educational elements (e.g., failure to educate a child or attend to special educational needs), and emotional elements (e.g., inattention to a child’s emotional needs, failure to provide psychological care, or permitting the child to use alcohol or other drugs). Failure to meet needs does not always mean a child is neglected, as situations such as poverty, cultural values, and community standards can influence the application of legal statutes. In addition, several states distinguish between failure to provide based on financial inability and failure to provide for no apparent financial reason.

Statutes on physical abuse typically include elements of physical injury (ranging from minor bruises to severe fractures or death) as a result of punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting (with a hand, stick, strap, or other object), burning, or otherwise harming a child. Such injury is considered abuse regardless of the intention of the caretaker. In addition, many state statutes include allowing or encouraging another person to physically harm a child (such as noted above) as another form of physical abuse in and of itself. Sexual abuse usually includes activities by a parent or caretaker such as fondling a child’s genitals, penetration, incest, rape, sodomy, indecent exposure, and exploitation through prostitution or the production of pornographic materials.

Finally, emotional or psychological abuse typically is defined as a pattern of behaviour that impairs a child’s emotional development or sense of self-worth. This may include constant criticism, threats, or rejection, as well as withholding love, support, or guidance. Emotional abuse is often the most difficult to prove and, therefore, child protective services may not be able to intervene without evidence of harm to the child. Some states suggest that harm may be evidenced by an observable or substantial change in behaviour, emotional response, or cognition, or by anxiety, depression, withdrawal, or aggressive behaviour. At a practical level, emotional abuse is almost always present when other types of abuse are identified.

Some states include an element of substance abuse in their statutes on child abuse. Circumstances that can be considered substance abuse include (a) the manufacture of a controlled substance in the presence of a child or on the premises occupied by a child (Colorado, Indiana, Iowa, Montana, South Dakota, Tennessee, and Virginia); (b) allowing a child to be present where the chemicals or equipment for the manufacture of controlled substances are used (Arizona, New Mexico); (c) selling, distributing, or giving drugs or alcohol to a child (Florida, Hawaii, Illinois, Minnesota, and Texas); (d) use of a controlled substance by a caregiver that impairs the caregiver’s ability to adequately care for the child (Kentucky, New York, Rhode Island, and Texas); and (e) exposure of the child to drug paraphernalia (North Dakota), the criminal sale or distribution of drugs (Montana, Virginia), or drug-related activity (District of Columbia).

Corporal Punishment Versus Child Abuse

One of the most difficult issues with which the U.S. legal system must contend is that of allowing parents the right to use corporal punishment when disciplining a child, while not letting them cross over the line into the realm of child abuse. Some parents may abuse their children under the guise of discipline, and many instances of child abuse arise from angry parents who go too far when disciplining their children with physical punishment. Generally, state statutes use terms such as “reasonable discipline of a minor,” “causes only temporary, short-term pain,” and may cause “the potential for bruising” but not “permanent damage, disability, disfigurement or injury” to the child as ways of indicating the types of discipline behaviours that are legal. However, corporal punishment that is “excessive,” “malicious,” “endangers the bodily safety of,” or is “an intentional infliction of injury” is not allowed under most state statutes (e.g., state of Florida child abuse statute).

Most research finds that the use of physical punishment (most often spanking) is not an effective method of discipline. The literature on this issue tends to find that spanking stops misbehaviour, but no more effectively than other firm measures. Further, it seems to hinder rather than improve general compliance/obedience (particularly when the child is not in the presence of the punisher). Researchers have also explained why physical punishment is not any more effective at gaining child compliance than nonviolent forms of discipline. Some of the problems that arise when parents use spanking or other forms of physical punishment include the fact that spanking does not teach what children should do, nor does it provide them with alternative behaviour options should the circumstance arise again. Spanking also undermines reasoning, explanation, or other forms of parental instruction because children cannot learn, reason, or problem solve well while experiencing threat, pain, fear, or anger. Further, the use of physical punishment is inconsistent with nonviolent principles, or parental modelling. In addition, the use of spanking chips away at the bonds of affection between parents and children, and tends to induce resentment and fear. Finally, it hinders the development of empathy and compassion in children, and they do not learn to take responsibility for their own behaviour (Pitzer, 1997).

One of the biggest problems with the use of corporal punishment is that it can escalate into much more severe forms of violence. Usually, parents spank because they are angry (and somewhat out of control) and they can't think of other ways to discipline. When parents are acting as a result of emotional triggers, the notion of discipline is lost while punishment and pain become the foci.

Child Abuse Victims: The Patterns

In 2006, of the children who were found to be victims of child abuse, nearly 75% of them were first-time victims (or had not come to the attention of authorities prior). A slight majority of child abuse victims were girls—51.5%, compared to 48% of abuse victims being boys. The younger the child, the more at risk he or she is for child abuse and neglect victimization. Specifically, the rate for infants (birth to 1 year old) was approximately 24 per 1,000 children of the same age group. The victimization rate for children 1–3 years old was 14 per 1,000 children of the same age group. The abuse rate for children aged 4–7 years old declined further to 13 per 1,000 children of the same age group. African American, American Indian, and Alaska Native children, as well as children of multiple races, had the highest rates of victimization. White and Latino children had lower rates, and Asian children had the lowest rates of child abuse and neglect victimization. Regarding living arrangements, nearly 27% of victims were living with a single mother, 20% were living with married parents, while 22% were living with both parents but the marital status was unknown. (This reporting element had nearly 40% missing data, however.) Regarding disability, nearly 8% of child abuse victims had some degree of mental retardation, emotional disturbance, visual or hearing impairment, learning disability, physical disability, behavioral problems, or other medical problems. Unfortunately, data indicate that for many victims, the efforts of the child protection services system were not successful in preventing subsequent victimization. Children who had been prior victims of maltreatment were 96% more likely

to experience another occurrence than those who were not prior victims. Further, child victims who were reported to have a disability were 52% more likely to experience recurrence than children without a disability. Finally, the oldest victims (16–21 years of age) were the least likely to experience a recurrence, and were 51% less likely to be victimized again than were infants (younger than age 1) (National Child Abuse and Neglect Data System, 2006).

Child fatalities are the most tragic consequence of maltreatment. Yet, each year, children die from abuse and neglect. In 2006, an estimated 1,530 children in the United States died due to abuse or neglect. The overall rate of child fatalities was 2 deaths per 100,000 children. More than 40% of child fatalities were attributed to neglect, but physical abuse also was a major contributor. Approximately 78% of the children who died due to child abuse and neglect were younger than 4 years old, and infant boys (younger than 1) had the highest rate of fatalities at 18.5 deaths per 100,000 boys of the same age in the national population. Infant girls had a rate of 14.7 deaths per 100,000 girls of the same age (National Child Abuse and Neglect Data System, 2006).

One question to be addressed regarding child fatalities is why infants have such a high rate of death when compared to toddlers and adolescents. Children under 1 year old pose an immense amount of responsibility for their caretakers: they are completely dependent and need constant attention. Children this age are needy, impulsive, and not amenable to verbal control or effective communication. This can easily overwhelm vulnerable parents. Another difficulty associated with infants is that they are physically weak and small. Injuries to infants can be fatal, while similar injuries to older children might not be. The most common cause of death in children less than 1 year is cerebral trauma (often the result of shaken-baby syndrome). Exasperated parents can deliver shakes or blows without realizing how little it takes to cause irreparable or fatal damage to an infant. Research informs us that two of the most common triggers for fatal child abuse are crying that will not cease and toileting accidents. Both of these circumstances are common in infants and toddlers whose only means of communication often is crying, and who are limited in mobility and cannot use the toilet. Finally, very young children cannot assist in injury diagnoses. Children who have been injured due to abuse or neglect often cannot communicate to medical professionals about where it hurts, how it hurts, and so forth. Also, nonfatal injuries can turn fatal in the absence of care by neglectful parents or parents who do not want medical professionals to possibly identify an injury as being the result of abuse.

Child Abuse Perpetrators: The Patterns

Estimates reveal that nearly 80% of perpetrators of child abuse were parents of the victim. Other relatives accounted for nearly 7%, and unmarried partners of parents made up 4% of perpetrators. Of those perpetrators that were parents, over 90% were biological parents, 4% were stepparents, and 0.7% were adoptive parents. Of this group, approximately 58% of perpetrators were women and 42% were men. Women perpetrators are typically younger than men. The average age for women abusers was 31 years old, while for men the average was 34 years old. Forty percent of women who abused were younger than 30 years of age, compared with 33% of men being under 30. The racial distribution of perpetrators is similar to that of victims. Fifty-four percent were white, 21% were African American, and 20% were Hispanic/Latino (National Child Abuse and Neglect Data System, 2006).

Explanations for Child Abuse

There are many factors that are associated with child abuse. Some of the more common/well-accepted explanations are individual pathology, parent–child interaction, past abuse in the family (or

social learning), situational factors, and cultural support for physical punishment along with a lack of cultural support for helping parents here in the United States.

The first explanation centers on the individual pathology of a parent or caretaker who is abusive. This theory focuses on the idea that people who abuse their children have something wrong with their individual personality or biological makeup. Such psychological pathologies may include having anger control problems; being depressed or having post-partum depression; having a low tolerance for frustration (e.g., children can be extremely frustrating: they don't always listen; they constantly push the line of how far they can go; and once the line has been established, they are constantly treading on it to make sure it hasn't moved. They are dependent and self-centered, so caretakers have very little privacy or time to themselves); being rigid (e.g., having no tolerance for differences—for example, what if your son wanted to play with dolls? A rigid father would not let him, laugh at him for wanting to, punish him when he does, etc.); having deficits in empathy (parents who cannot put themselves in the shoes of their children cannot fully understand what their children need emotionally); or being disorganized, inefficient, and ineffectual. (Parents who are unable to manage their own lives are unlikely to be successful at managing the lives of their children, and since many children want and need limits, these parents are unable to set them or adhere to them.)

Biological pathologies that may increase the likelihood of someone becoming a child abuser include having substance abuse or dependence problems, or having persistent or reoccurring physical health problems (especially health problems that can be extremely painful and can cause a person to become more self-absorbed, both qualities that can give rise to a lack of patience, lower frustration tolerance, and increased stress).

The second explanation for child abuse centers on the interaction between the parent and the child, noting that certain types of parents are more likely to abuse, and certain types of children are more likely to be abused, and when these less-skilled parents are coupled with these more difficult children, child abuse is the most likely to occur. Discussion here focuses on what makes a parent less skilled, and what makes a child more difficult. Characteristics of unskilled parents are likely to include such traits as only pointing out what children do wrong and never giving any encouragement for good behavior, and failing to be sensitive to the emotional needs of children. Less skilled parents tend to have unrealistic expectations of children. They may engage in role reversal— where the parents make the child take care of them—and view the parent's happiness and well-being as the responsibility of the child. Some parents view the parental role as extremely stressful and experience little enjoyment from being a parent. Finally, less-skilled parents tend to have more negative perceptions regarding their child(ren). For example, perhaps the child has a different shade of skin than they expected and this may disappoint or anger them, they may feel the child is being manipulative (long before children have this capability), or they may view the child as the scapegoat for all the parents' or family's problems. Theoretically, parents with these characteristics would be more likely to abuse their children, but if they are coupled with having a difficult child, they would be especially likely to be abusive. So, what makes a child more difficult? Certainly, through no fault of their own, children may have characteristics that are associated with child care that is more demanding and difficult than in the "normal" or "average" situation. Such characteristics can include having physical and mental disabilities (autism, attention deficit hyperactivity disorder [ADHD], hyperactivity, etc.); the child may be colicky, frequently sick, be particularly needy, or cry more often. In addition, some babies are simply unhappier than other babies for reasons that cannot be known. Further, infants are difficult even in the best of circumstances. They are unable to communicate effectively, and they are completely dependent on their caretakers for everything, including eating, diaper changing, moving around, entertainment, and emotional bonding. Again, these types of children, being more difficult, are more likely to be victims of child abuse.

Nonetheless, each of these types of parents and children alone cannot explain the abuse of children, but it is the interaction between them that becomes the key. Unskilled parents may produce children that are happy and not as needy, and even though they are unskilled, they do not abuse because the child takes less effort. At the same time, children who are more difficult may have parents who are skilled and are able to handle and manage the extra effort these children take with aplomb. However, risks for child abuse increase when unskilled parents must contend with difficult children.

Social learning or past abuse in the family is a third common explanation for child abuse. Here, the theory concentrates not only on what children learn when they see or experience violence in their homes, but additionally on what they do not learn as a result of these experiences. Social learning theory in the context of family violence stresses that if children are abused or see abuse (toward siblings or a parent), those interactions and violent family members become the representations and role models for their future familial interactions. In this way, what children learn is just as important as what they do not learn. Children who witness or experience violence may learn that this is the way parents deal with children, or that violence is an acceptable method of child rearing and discipline. They may think when they become parents that "violence worked on me when I was a child, and I turned out fine." They may learn unhealthy relationship interaction patterns; children may witness the negative interactions of parents and they may learn the maladaptive or violent methods of expressing anger, reacting to stress, or coping with conflict.

What is equally as important, though, is that they are unlikely to learn more acceptable and nonviolent ways of rearing children, interacting with family members, and working out conflict. Here it may happen that an adult who was abused as a child would like to be nonviolent toward his or her own children, but when the chips are down and the child is misbehaving, this abused-child-turned-adult does not have a repertoire of nonviolent strategies to try. This parent is more likely to fall back on what he or she knows as methods of discipline.

Something important to note here is that not all abused children grow up to become abusive adults. Children who break the cycle were often able to establish and maintain one healthy emotional relationship with someone during their childhoods (or period of young adulthood). For instance, they may have received emotional support from a nonabusing parent, or they received social support and had a positive relationship with another adult during their childhood (e.g., teacher, coach, minister, neighbor, etc.). Abused children who participate in therapy during some period of their lives can often break the cycle of violence. In addition, adults who were abused but are able to form an emotionally supportive and satisfying relationship with a mate can make the transition to being nonviolent in their family interactions.

Moving on to a fourth familiar explanation for child abuse, there are some common situational factors that influence families and parents and increase the risks for child abuse. Typically, these are factors that increase family stress or social isolation. Specifically, such factors may include receiving public assistance or having low socioeconomic status (a combination of low income and low education). Other factors include having family members who are unemployed, underemployed (working in a job that requires lower qualifications than an individual possesses), or employed only part time. These financial difficulties cause great stress for families in meeting the needs of the individual members. Other stress-inducing familial characteristics are single-parent households and larger family size. Finally, social isolation can be devastating for families and family members. Having friends to talk to, who can be relied upon, and with whom kids can be dropped off occasionally is tremendously important for personal growth and satisfaction in life. In addition, social isolation and stress can cause individuals to be quick to lose their tempers, as well as cause people to be less rational in their decision making and to make mountains out of mole hills. These situations can lead families to be at greater risk for child abuse.

Finally, cultural views and supports (or lack thereof) can lead to greater amounts of child abuse in a society such as the United States. One such cultural view is that of societal support for physical punishment. This is problematic because there are similarities between the way criminals are dealt with and the way errant children are handled. The use of capital punishment is advocated for seriously violent criminals, and people are quick to use such idioms as “spare the rod and spoil the child” when it comes to the discipline or punishment of children. In fact, it was not until quite recently that parenting books began to encourage parents to use other strategies than spanking or other forms of corporal punishment in the discipline of their children. Only recently, the American Academy of Pediatrics has come out and recommended that parents do not spank or use other forms of violence on their children because of the deleterious effects such methods have on youngsters and their bonds with their parents. Nevertheless, regardless of recommendations, the culture of corporal punishment persists.

Another cultural view in the United States that can give rise to greater incidents of child abuse is the belief that after getting married, couples of course should want and have children. Culturally, Americans consider that children are a blessing, raising kids is the most wonderful thing a person can do, and everyone should have children. Along with this notion is the idea that motherhood is always wonderful; it is the most fulfilling thing a woman can do; and the bond between a mother and her child is strong, glorious, and automatic—all women love being mothers. Thus, culturally (and theoretically), society nearly insists that married couples have children and that they will love having children. But, after children are born, there is not much support for couples who have trouble adjusting to parenthood, or who do not absolutely love their new roles as parents. People look askance at parents who need help, and cannot believe parents who say anything negative about parenthood. As such, theoretically, society has set up a situation where couples are strongly encouraged to have kids, are told they will love kids, but then society turns a blind or disdainful eye when these same parents need emotional, financial, or other forms of help or support. It is these types of cultural viewpoints that increase the risks for child abuse in society.

Consequences of Child Abuse and Neglect

The consequences of child abuse are tremendous and long lasting. Research has shown that the traumatic experience of childhood abuse is life changing. These costs may surface during adolescence, or they may not become evident until abused children have grown up and become abusing parents or abused spouses. Early identification and treatment is important to minimize these potential long-term effects. Whenever children say they have been abused, it is imperative that they be taken seriously and their abuse be reported. Suspicions of child abuse must be reported as well. If there is a possibility that a child is or has been abused, an investigation must be conducted.

Children who have been abused may exhibit traits such as the inability to love or have faith in others. This often translates into adults who are unable to establish lasting and stable personal relationships. These individuals have trouble with physical closeness and touching as well as emotional intimacy and trust. Further, these qualities tend to cause a fear of entering into new relationships, as well as the sabotaging of any current ones.

Psychologically, children who have been abused tend to have poor self-images or are passive, withdrawn, or clingy. They may be angry individuals who are filled with rage, anxiety, and a variety of fears. They are often aggressive, disruptive, and depressed. Many abused children have flashbacks and nightmares about the abuse they have experienced, and this may cause sleep problems as well as drug and alcohol problems. Posttraumatic stress disorder (PTSD) and antisocial personality disorder are both typical among maltreated children. Research has also shown that most abused children fail to reach “successful psychosocial functioning,” and are thus not resilient and do not resume a “normal life” after the abuse has ended.

Socially (and likely because of these psychological injuries), abused children have trouble in school, will have difficulty getting and remaining employed, and may commit a variety of illegal or socially inappropriate behaviours'. Many studies have shown that victims of child abuse are likely to participate in high-risk behaviours such as alcohol or drug abuse, the use of tobacco, and high-risk sexual behaviours' (e.g., unprotected sex, large numbers of sexual partners). Later in life, abused children are more likely to have been arrested and homeless. They are also less able to defend themselves in conflict situations and guard themselves against repeated victimizations.

Medically, abused children likely will experience health problems due to the high frequency of physical injuries they receive. In addition, abused children experience a great deal of emotional turmoil and stress, which can also have a significant impact on their physical condition. These health problems are likely to continue occurring into adulthood. Some of these longer-lasting health problems include headaches; eating problems; problems with toileting; and chronic pain in the back, stomach, chest, and genital areas. Some researchers have noted that abused children may experience neurological impairment and problems with intellectual functioning, while others have found a correlation between abuse and heart, lung, and liver disease, as well as cancer (Thomas, 2004).

Victims of sexual abuse show an alarming number of disturbances as adults. Some dislike and avoid sex, or experience sexual problems or disorders, while other victims appear to enjoy sexual activities that are self-defeating or maladaptive—normally called “dysfunctional sexual behavior”—and have many sexual partners.

Abused children also experience a wide variety of developmental delays. Many do not reach physical, cognitive, or emotional developmental milestones at the typical time, and some never accomplish what they are supposed to during childhood socialization. In the next section, these developmental delays are discussed as a means of identifying children who may be abused.

Determining Abuse: How to Tell Whether a Child Is Abused or Neglected

There are two primary ways of identifying children who are abused: spotting and evaluating physical injuries, and detecting and appraising developmental delays. Distinguishing physical injuries due to abuse can be difficult, particularly among younger children who are likely to get hurt or receive injuries while they are playing and learning to become ambulatory. Nonetheless, there are several types of wounds that children are unlikely to give themselves during their normal course of play and exploration. These less likely injuries may signal instances of child abuse.

While it is true that children are likely to get bruises, particularly when they are learning to walk or crawl, bruises on infants are not normal. Also, the back of the legs, upper arms, or on the chest, neck, head, or genitals are also locations where bruises are unlikely to occur during normal childhood activity. Further, bruises with clean patterns, like hand prints, buckle prints, or hangers (to name a few), are good examples of the types of bruises children do not give themselves.

Another area of physical injury where the source of the injury can be difficult to detect is fractures. Again, children fall out of trees, or crash their bikes, and can break limbs. These can be normal parts of growing up. However, fractures in infants less than 12 months old are particularly suspect, as infants are unlikely to be able to accomplish the types of movement necessary to actually break a leg or an arm. Further, multiple fractures, particularly more than one on a bone, should be examined more closely. Spiral or torsion fractures (when the bone is broken by twisting) are suspect because when children break their bones due to play injuries, the fractures are usually some other type (e.g., linear, oblique, compacted). In addition, when parents don't know about the fracture(s) or how it occurred, abuse should be considered, because when children get these types of injuries, they need comfort and attention.

Head and internal injuries are also those that may signal abuse. Serious blows to the head cause internal head injuries, and this is very different from the injuries that result from bumping into things. Abused children are also likely to experience internal injuries like those to the abdomen, liver, kidney, and bladder. They may suffer a ruptured spleen, or intestinal perforation. These types of damages rarely happen by accident.

Burns are another type of physical injury that can happen by accident or by abuse. Nevertheless, there are ways to tell these types of burn injuries apart. The types of burns that should be examined and investigated are those where the burns are in particular locations. Burns to the bottom of the feet, genitals, abdomen, or other inaccessible spots should be closely considered. Burns of the whole hand or those to the buttocks are also unlikely to happen as a result of an accident.

Turning to the detection and appraisal of developmental delays, one can more readily assess possible abuse by considering what children of various ages should be able to accomplish, than by noting when children are delayed and how many milestones on which they are behind schedule. Importantly, a few delays in reaching milestones can be expected, since children develop individually and not always according to the norm. Nonetheless, when children are abused, their development is likely to be delayed in numerous areas and across many milestones.

As children develop and grow, they should be able to crawl, walk, run, talk, control going to the bathroom, write, set priorities, plan ahead, trust others, make friends, develop a good self-image, differentiate between feeling and behavior, and get their needs met in appropriate ways. As such, when children do not accomplish these feats, their circumstances should be examined.

Infants who are abused or neglected typically develop what is termed failure to thrive syndrome. This syndrome is characterized by slow, inadequate growth, or not “filling out” physically. They have a pale, colorless complexion and dull eyes. They are not likely to spend much time looking around, and nothing catches their eyes. They may show other signs of lack of nutrition such as cuts, bruises that do not heal in a timely way, and discolored fingernails. They are also not trusting and may not cry much, as they are not expecting to have their needs met. Older infants may not have developed any language skills, or these developments are quite slow. This includes both verbal and nonverbal means of communication.

Toddlers who are abused often become hypervigilant about their environments and others’ moods. They are more outwardly focused than a typical toddler (who is quite self-centered) and may be unable to separate themselves as individuals, or consider themselves as distinct beings. In this way, abused toddlers cannot focus on tasks at hand because they are too concerned about others’ reactions. They don’t play with toys, have no interest in exploration, and seem unable to enjoy life. They are likely to accept losses with little reaction, and may have age-inappropriate knowledge of sex and sexual relations. Finally, toddlers, whether they are abused or not, begin to mirror their parents’ behaviors. Thus, toddlers who are abused may mimic the abuse when they are playing with dolls or “playing house.”

Developmental delays can also be detected among abused young adolescents. Some signs include the failure to learn cause and effect, since their parents are so inconsistent. They have no energy for learning and have not developed beyond one- or two-word commands. They probably cannot follow complicated directions (such as two to three tasks per instruction), and they are unlikely to be able to think for themselves. Typically, they have learned that failure is totally unacceptable, but they are more concerned with the teacher’s mood than with learning and listening to instruction. Finally, they are apt to have been inadequately toilet trained and thus may be unable to control their bladders.

Older adolescents, because they are likely to have been abused for a longer period of time, continue to get further and further behind in their developmental achievements. Abused children this age become family nurturers. They take care of their parents and cater to their parents' needs, rather than the other way around. In addition, they probably take care of any younger siblings and do the household chores. Because of these default responsibilities, they usually do not participate in school activities; they frequently miss days at school; and they have few, if any, friends. Because they have become so hypervigilant and have increasingly delayed development, they lose interest in and become disillusioned with education. They develop low self-esteem and little confidence, but seem old for their years. Children this age who are abused are still likely to be unable to control their bladders and may have frequent toileting accidents.

Other developmental delays can occur and be observed in abused and neglected children of any age. For example, malnutrition and withdrawal can be noticed in infants through teenagers. Maltreated children frequently have persistent or untreated illnesses, and these can become permanent disabilities if medical conditions go untreated for a long enough time. Another example can be the consequences of neurological damage. Beyond being a medical issue, this type of damage can cause problems with social behaviour and impulse control, which, again, can be discerned in various ages of children.

Determining Abuse: Interviewing Children

Once child abuse is suspected, law enforcement officers, child protection workers, or various other practitioners may need to interview the child about the abuse or neglect he or she may have suffered. Interviewing children can be extremely difficult because children at various stages of development can remember only certain parts or aspects of the events in their lives. Also, interviewers must be careful that they do not put ideas or answers into the heads of the children they are interviewing. There are several general recommendations when interviewing children about the abuse they may have experienced. First, interviewers must acknowledge that even when children are abused, they likely still love their parents. They do not want to be taken away from their parents, nor do they want to see their parents get into trouble. Interviewers must not blame the parents or be judgmental about them or the child's family. Beyond that, interviews should take place in a safe, neutral location. Interviewers can use dolls and role-play to help children express the types of abuse of which they may be victims.

Finally, interviewers must ask age-appropriate questions. For example, 3-year-olds can probably only answer questions about what happened and who was involved. Four- to five-year-olds can also discuss where the incidents occurred. Along with what, who, and where, 6- to 8-year-olds can talk about the element of time, or when the abuse occurred. Nine- to 10-year-olds are able to add commentary about the number of times the abuse occurred. Finally, 11-year-olds and older children can additionally inform interviewers about the circumstances of abusive instances.

How Can Society Help Abused Children and Abusive Families?

Child advocates recommend a variety of strategies to aid families and children experiencing abuse. These recommendations tend to focus on societal efforts as well as more individual efforts. One common strategy advocated is the use of public service announcements that encourage individuals to report any suspected child abuse. Currently, many mandatory reporters (those required by law to report abuse such as teachers, doctors, and social service agency employees) and members of communities feel that child abuse should not be reported unless there is substantial evidence that abuse is indeed occurring. Child advocates stress that this notion should be changed, and that people should report child abuse even if it is only suspected. Public service announcements should stress that

if people report suspected child abuse, the worst that can happen is that they might be wrong, but in the grander scheme of things that is really not so bad.

Child advocates also stress that greater interagency cooperation is needed. This cooperation should be evident between women's shelters, child protection agencies, programs for at-risk children, medical agencies, and law enforcement officers. These agencies typically do not share information, and if they did, more instances of child abuse would come to the attention of various authorities and could be investigated and managed. Along these lines, child protection agencies and programs should receive more funding. When budgets are cut, social services are often the first things to go or to get less financial support. Child advocates insist that with more resources, child protection agencies could hire more workers, handle more cases, conduct more investigations, and follow up with more children and families.

Continuing, more educational efforts must be initiated about issues such as punishment and discipline styles and strategies; having greater respect for children; as well as informing the community about what child abuse is, and how to recognize it. In addition, Americans must alter the cultural orientation about child bearing and child rearing. Couples who wish to remain child-free must be allowed to do so without disdain. And, it must be acknowledged that raising children is very difficult, is not always gloriously wonderful, and that parents who seek help should be lauded and not criticized. These kinds of efforts can help more children to be raised in nonviolent, emotionally satisfying families, and thus become better adults.

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