

Child physical abuse is a form of trauma that impacts a child's cognitive, physical, social, and emotional development. Its effects on physical and mental health are far-reaching and often last a lifetime. As a society, we have a collective responsibility to prevent child physical abuse. To accomplish this, we must initiate and support services and policies that enhance children's development, health and safety and we must advocate for policies and programs to help meet the basic needs of children and families. We must also promote research, training, and public education to strengthen protective factors that buffer risk factors for physical abuse while also directly addressing those risk factors.

**Prevent Child Abuse America advocates for:**

- ❑ **Increasing funding for effective family support services such as home visiting, parent support groups, and parent education classes.**

Physical abuse often occurs because the multiple stressors of raising a family can lead to anger and loss of control. Services such as home visiting, family support services, crisis nurseries, and parent education classes provide emotional support, parenting tools, increased knowledge of child development, and respite from the daily struggles of parenting. Currently, such programs do not reach all families who need them. It is therefore critical that funding sources for such programs are increased so that such programs can be available to all communities.

- ❑ **Allocating increased resources to initiatives that address the co-occurrence of child physical abuse and domestic violence.**

Child physical abuse is highly correlated with domestic violence against women. Studies indicate a 30-60 percent overlap between violence against women and violence against children.<sup>1</sup> Child physical abuse is fifteen times more likely to occur in families where domestic violence is present.<sup>2</sup>

Initiatives such as multidisciplinary family violence response teams should be implemented in all communities. Such teams pool the expertise of victim advocates, child protection workers, law enforcement, and attorneys, thereby enhancing the investigation and prosecution of domestic violence and child abuse cases and ensuring the safety of women and children. In addition, professionals from the domestic violence and child abuse prevention fields should receive cross training with each other. Such cross training would enhance coordination and understanding between the two related disciplines, thereby increasing the capacity of both to effectively address child physical abuse and domestic violence.

- ❑ **Increasing research to build an evidence base for specific prevention strategies and to enhance the effectiveness of existing prevention programs.**

Evaluation would clarify the essential components needed for an effective prevention program. Areas that require further investigation include the impact of prevention on family functioning; the effectiveness of various forms of prevention services offered; and the aspects of a program that are essential for achieving positive outcomes.<sup>3</sup>

- ❑ **Making mental health services available to all those affected by children's physical abuse.**

Children who have been physically abused may face severe, long-term psychological consequences. Mental health services, especially if timely, can help ease some of these consequences. They also may help stop the intergenerational transmission of child physical abuse. Mental health services to those engaging in abusive behavior can help them address stressors that often lead to physical abuse, helping end such abuse.



## **Background**

### **Definition of Child Physical Abuse**

Child physical abuse is commonly defined as the non-accidental physical injury to a child by a person responsible for the child's welfare.<sup>4</sup> However, legal definitions of physical abuse vary from state to state. State laws differ in how they define perpetrators of abuse (i.e. parents, guardians, relatives) and in how they determine exemptions from such definitions. Religion, cultural practices, and physical punishment are among the most prevalent exemptions.<sup>5</sup>

The most common forms of physical abuse include hitting, kicking, punching, biting, whipping, and burning. Physical abuse can be identified by physical indicators such as welts, human bite marks, bald spots, burns, skeletal and head injuries, lacerations, abrasions, discoloration of skin, and unexplained bruise marks in various stages of healing.

### **Scope of Child Physical Abuse**

In 2008, approximately 122,350 children (16.1 percent of all substantiated cases of child maltreatment) were officially counted as victims of child physical abuse.<sup>6</sup> In 2008, child physical abuse alone was responsible for 308 fatalities (226.9 percent of all CA/N fatalities).<sup>7</sup>

### **Nature of Child Physical Abuse**

There is no single cause of physical abuse. Instead, there are usually multiple and interacting contributors at the levels of the child, parent, family, community and society. Examples of contributors include a child with a disability, a parent struggling with depression or substance abuse, intimate partner violence, a father who is not involved in their child's life, a lack of community supports (eg, affordable child care), the burdens associated with poverty, and inadequate policies to support families and parents.<sup>8,9</sup> These characteristics greatly contribute to the intractability of the problem. Combinations of such problems may impair a parent's ability to ensure his or her child's needs are adequately met.

### **Consequences of Child Physical Abuse**

Child physical abuse is a form of trauma that impacts a child's cognitive, physical, social, and emotional development. Its effects on physical and mental health are far-reaching and often last a lifetime. Children who are physically abused are more likely to have suicidal thoughts, learning impairments, conduct disorder, a poor self-image, abuse drugs or alcohol, act out sexually, and/or show signs of depression.<sup>10</sup>

Adults who were physically abused as children often have problems establishing intimate personal relationships. They are at higher risk for anxiety, depression, substance abuse, medical abuse, medical illness, and problems with school or work.<sup>11</sup> Furthermore, adults abused as children may continue the cycle of abuse by abusing their own children. Research says that approximately one in three adults that were abused as children will subject their children to abuse.<sup>12</sup>

Research conducted by the U.S. Department of Justice indicates that physically abused children were more likely to be arrested for a violent crime than children who suffered from other forms of maltreatment.<sup>13</sup> One in four female prisoners and one in ten male prisoners were physically abused before the age of eighteen.<sup>14</sup>

It is clear that the consequences of physical abuse extend far beyond the affected children and families. Enormous societal costs are involved. Prevent Child Abuse America estimated the economic impact of child abuse and neglect at \$104 billion in 2007; and this was likely a conservative estimate. Thus, in addition to the compelling human argument to help optimize children's development, health and safety, there is also a financial impetus to help prevent the neglect of children. The aphorism that "our children are our nation's most valuable resource" should be more than a slogan. Finally, at the heart of child neglect is a concern with their basic rights, their human rights.



The costs associated with the pervasive and long-lasting effects of child abuse and neglect are as undeniable as our obligation to prevent – not just respond to – this problem. In 2007, \$33 billion in direct costs for foster care services, hospitalization, mental health treatment, and law enforcement were supplemented by over \$70 billion in indirect costs like loss of individual productivity, chronic health problems, special education, and delinquent and criminal justice services.<sup>15</sup>

For more information contact Prevent Child Abuse America at 312-663-3520 or at [mailbox@preventchildabuse.org](mailto:mailbox@preventchildabuse.org).

## **Endnotes**

- <sup>1</sup> Dykstra, C.H. & Alsop, R.J. (1996). *Domestic violence and child abuse*. Englewood, CO: American Humane Association. Available online at: <http://www.calib.com/nccanch/pubs/otherpubs/harmsway.cfm>.
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- <sup>6</sup> U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2010). *Child Maltreatment 2008*. Available from <http://www.acf.hhs.gov/programs/cb/pubs/cm08/cm08.pdf>.
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- <sup>11</sup> Straus, M. (1994). Corporal punishment of children and depression and suicide in adulthood. In J. McCord (Ed.), *Coercion and Punishment in Long-Term Perspective*. New York: Cambridge University Press.
- <sup>12</sup> Kaufman, J., & Zigler, E. (1993). The intergenerational transmission of abuse is overstated. Sited online at <http://www.childwelfare.gov/pubs/usermanuals/foundation/foundation.cfm#backtwentyfour>.
- <sup>13</sup> Widom, C.S. & Maxfield, M.G. (2001). An update on the "Cycle of Violence". *National Institute of Justice*.
- <sup>14</sup> Ibid.
- <sup>15</sup> Wang, C.T. & Holton, J. (2008). *Total Estimated Cost of Child Abuse and Neglect in the United States*. Available online at [http://member.preventchildabuse.org/site/DocServer/cost\\_analysis.pdf?docID=144](http://member.preventchildabuse.org/site/DocServer/cost_analysis.pdf?docID=144).

