

Child Abuse Defined

According to the Child Abuse Prevention and Treatment Act (CAPTA), child abuse and neglect is defined as “any recent act or failure to act on the part of the parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm” (U.S. Department of Health and Human Services, Administration for Children and Families [ACF], 2009a). Furthermore, CAPTA defines “child” as a person who is under the age of 18 or who is not an emancipated minor. This coincides with Texas’ definition of child as “a person under 18 years of age who is not and has not been married or who has not had the disabilities of minority removed for general purposes” (Texas Statutes, n.d.b).

Goldman, Salus, Wolcott, & Kennedy (2003a), identify the four main types of abuse as:

- *Physical abuse*—resulting in physical injury as a result of punching, beating, kicking, biting, burning, shaking or otherwise harming a child. The injury must have resulted from over-discipline or physical punishment, not by accident (unless it involves neglectful supervision).
- *Sexual abuse*—includes fondling a child’s genitals, intercourse, incest, rape, sodomy, exhibitionism and exploitation. The age and relationship of the perpetrator to the victims also helps to determine whether an act is considered sexual abuse or not. Sexual abuse is probably the most underreported form of child abuse.

- *Emotional abuse*—includes acts or omissions by the parents or other caregivers that have caused, or could cause, serious behavioral, cognitive, emotional, or mental disorders. Emotional abuse is usually difficult to prove and therefore often a lower priority for Child Protective Services (CPS).
- *Neglect*—Characterized by a failure to provide for the child’s basic needs and the neglect can be physical, emotional, or educational.

The State of Texas defines *abuse* and *neglect* such that all four types of abuse identified above are incorporated within those two terms (Texas Statutes, n.d.a).

Victims of Child Abuse

In the United States during the year 2007, 794,000 children were abused or neglected (ACF, 2009b). In Texas, the number of reports of child abuse and/or neglect declined slightly from 195,302 in 2006 to 193,254 in 2008. Child Protective Services (CPS) conducted 165,010 investigations of child abuse and neglect and 41,591 were confirmed for that year (Texas Department of Family and Protective Service (TDFPS), 2008).

Confirmed victims of child abuse and neglect declined between 2007 and 2008 for Bexar, Comal and Kendall Counties, and increased slightly for Bandera County for the same period. Many researchers suspect that the confirmed number of cases represent only a fraction of the total number of actual abusive situations since many incidents of child abuse still go unreported and uninvestigated (TDFPS, 2007b; TDFPS, 2008).

Arranged by county, the following current information depicts confirmed victims of child

abuse/neglect and investigations from 2006 through 2008.

Confirmed CPS Victims and Investigations for 2006 through 2008

Texas County	Texas Child Population			Unduplicated Confirmed Victims of Child Abuse & Neglect			Confirmed Victims per 1,000 Children		
	2006	2007	2008	2006	2007	2008	2006	2007	2008
Bexar	413,526	416,742	419,165	5,755	6,733	6,612	13.9	16.2	15.8
Bandera	4,316	4,287	4,266	57	56	68	13.2	13.1	15.9
Comal	22,259	22,549	22,797	191	246	220	8.6	10.9	9.7
Kendall	7,025	7,061	7,097	38	44	36	5.4	6.2	5.1
State Total	6,300,598	6,376,086	6,442,738	67,737	71,344	70,589	10.8	11.2	11.0

(TDFPS, 2006; TDFPS, 2007b; TDFPS, 2008)

An abused child is likely to be a victim of more than one form of abuse. The most recent statistics show that during 2007 in the United States:

- 59.0% of victims experienced neglect
- 10.8% were physically abused
- 7.6% were sexually abused
- 4.2% were emotionally or psychologically maltreated
- 0.9% were medically neglected
- 4.2% experienced other types of maltreatment—including abandonment, threats of harm, and congenital drug addiction

(ACF, 2009b).

Because many children are victims of more than one form of maltreatment, the percentages add up to more than 100 percent.

Across the nation, four children die of child abuse/neglect each day (Prevent Child Abuse Texas, 2005). In Texas during 2007, 223 children were child abuse/neglect casualties. There were 213 abuse/neglect casualties in 2008 (TDFPS, 2008). Of the casualties in 2007, 36.8% were less than 1 year old and 32.3% were between 1 to 3 years old (TDFPS, 2007a). This age-group of children is most vulnerable for many reasons, including their dependent nature, small size, and lack of defense capability (Goldman et al, 2003b).

Profile of the confirmed child abuse/neglect victims in Texas in 2008

Gender	Age in Years							Total
	<1	1-3	4-6	7-9	10-12	13-17	Other	
Male	5,112	8,897	7,176	5,616	3,778	3,466	123	34,168
Female	4,810	8,086	6,946	5,637	4,454	6,197	110	36,240
Unknown	43	64	26	20	10	5	13	181
Total	9,965	17,047	14,148	11,273	8,242	9,668	246	70,589

(TDFPS, 2008, p. 42)

Perpetrators of Child Abuse

Although child abuse/neglect occurs in many forms, the perpetrators are most frequently individuals accountable for the well-being and supervision of their victims. In 2008 as shown

in the following table, the highest percentage of perpetrators were female; parent; between the ages of 26-35; married; and Anglo (TDFPS, 2008, p.44).

**Characteristics of Perpetrators in Confirmed
Investigations of Child Abuse/Neglect
Fiscal Year 2008**

Characteristics	Female		Male	
	No.	%	No.	%
Age				
Under 18	983	1.8%	1,623	2.9%
18-25	11,159	20.1%	5,562	10.0%
26-35	12,487	22.4%	8,123	14.6%
36-45	5,434	9.8%	5,156	9.3%
Over 45	2,187	3.9%	2,838	5.1%
Marital Status				
Married	8,260	14.8%	8,468	15.2%
Widowed	351	0.6%	136	0.2%
Separated	1,929	3.5%	1,157	2.1%
Divorced	2,564	4.6%	1,376	2.5%
Single	8,227	14.9%	4,028	7.2%
Unknown	10,121	18.2%	6,584	11.8%
Ethnicity				
Anglo	13,078	23.5%	8,511	15.3%
African American	6,057	10.9%	3,937	7.1%
Hispanic	11,997	21.6%	9,674	17.4%
Native American	74	0.1%	36	0.1%
Asian	155	0.3%	121	0.2%
Other	901	1.6%	1,049	1.9%
Relationship to Oldest Victim				
Parent	28,596	51.4%	15,209	27.3%
Grandparent	1,640	2.9%	856	1.5%
Sibling/other rel	416	0.7%	1,894	3.4%
Aunt/Uncle	678	1.2%	1,123	2.0%
Parent's Paramour	286	0.5%	2,999	5.4%
Other	646	1.2%	1,247	2.2%

(TDFPS, 2008, p. 44)

Risk Factors

The U.S. Department of Health and Human Services, in its report "Emerging Practices in the Prevention of Child Abuse and Neglect" (2003), organizes root causes of child maltreatment into a framework of four systems: (1) the child, (2) the family, (3) the community, and (4) the society. Each of these contains characteristics that could increase the risk or potential for abuse, including but not limited to:

➤ Child Risk Factors

- Disabilities (physical/cognitive/emotional)
- Chronic or serious illness
- Childhood trauma
- Child aggression, behavior problems, attention deficits
- Age
- Anti-social peer group

➤ Family Risk Factors

- Parent personality factors
 - External locus of control
 - Poor impulse control
 - Depression/anxiety
 - Low tolerance for frustration
 - Feelings of insecurity
- Childhood history of abuse
- High parental conflict, domestic violence
- Substance abuse
- Poor parent-child interaction
- Inaccurate knowledge and expectations about child development

➤ Community Risk Factors

- Poverty/low socioeconomic status
- Unemployment
- Homelessness
- Social isolation
- Poor schools
- Community violence (dangerous/violent neighborhood)
- Lack of access to medical care, health insurance, adequate child care, and social services

➤ Societal Risk Factors

- Narrow legal definitions of child maltreatment
- Social acceptance of violence
- Political or religious views that value noninterference in families

Consequences of Abuse

In April 2005, the Children's Bureau of the Administration on Children, Youth and Families, U.S. Department of Health and Human Services published the first analysis report of the National Survey of Child and Adolescent Well-Being (NSCAW). The first national study of its kind, NSCAW examined the characteristics, needs, experiences, and outcomes for children and families who come in contact with public child welfare agencies.

The study included over 6,200 children from 92 randomly selected localities across the U.S. and will continue to follow these children to gather data about subsequent services, measures of well-being, and long-term results.

Initial measures of well-being were taken using standardized instruments; the following table, excerpted from the study, indicates that in all areas measured, children who have experienced abuse have significant deficits and demonstrate lower cognitive and academic abilities, fewer

skills, more problem behaviors, and even poorer physical health than their counterparts in the general population. The study also showed that children in group care and non-kinship foster care fared the worst in all areas assessed.

Proportion of Children Involved with CWS at “Clinical” Levels on Standardized Measures as Compared with the General Population

Standardized Measure	Proportion “Clinical”	Comparable Norm
	Percent	
Cognitive Development	31 ^b	2.5
Risk of developmental delay or neurological impairment	53 ^c	14
Language skills	14 ^b	2.5
Problem behaviors, 2 to 3 years	27 ^d	5
Problem behaviors, 4 to 15 years	44 ^d	17
Problem behaviors, Youth Self Report aged 11-15	36 ^d	17
Depression	15 ^e	9
Verbal and nonverbal ability	5 ^b	2.5
Social skills	38 ^f	16
Daily living skills	10 ^g	2
Reading skills	5 ^b	2.5
Mathematics skills	12 ^b	2.5
^a As defined by measure ^b More than 2 standard deviations below mean ^c High risk ^d Clinical/borderline ^e Depressive ^f Fewer social skills ^g Low daily living skills		

(U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau, Office on Child Abuse and Neglect, n.d).

Long-Term Consequences

Many studies have been, and continue to be, conducted to identify long-term effects of child abuse. Physical health problems such as sexually transmitted diseases, heart, lung, and liver disease, psychological disorders, and behavioral consequences such as crime, alcohol and drug abuse, as well as abusing their own children have all been linked to adults who were abused as children (Child Welfare Information Gateway, 2008).

One study funded by the National Institute of Justice (Widom & Maxfield, 2001) tracked 1,575 children (908 substantiated abuse group and 667 comparison group) for 25 years and found that abuse victims had:

- 59% increased likelihood of arrest as a juvenile
- 28% increased likelihood of arrest as an adult

- 30% increased likelihood of arrest for a violent crime
- First arrest at a younger age
- Committed nearly twice as many offenses
- Been arrested more frequently

One thing that researchers are beginning to investigate is why some children experience significant long-term issues and others do not. Many factors affect individual outcomes including:

- Age and developmental status at time abuse took place
- Type of abuse
- Frequency, duration, and severity of abuse
- Relationship between the victim and abuser
- Protective factors
 - Individual characteristics (optimism, self-esteem, intelligence, humor)
 - Social environment (access to caring adult)

(Child Welfare Information Gateway, 2008)

Widom & Maxfield (2001) also investigated child placement (in-home or out-of-home) as a predictor of criminal behavior. Surprisingly, they found that there is no evidence to suggest that out-of-home placement was related to the number of arrests. In fact, the authors concluded that “stability may be an important factor in out-of-home placements. Children who were moved three or more times had significantly higher arrest rates (almost twice as high) for all types of criminal behaviors...than children who were moved fewer than three times” (Widom & Maxfield, 2001, p.6).

In Texas during 2008, 14,295 of 70,589 total abuse/neglect victims were removed from their home (TDFPS, 2008). Once removed, a child may be placed in an emergency shelter or youth home prior to foster placement.

There are several non-profit organizations that provide emergency shelter available to all children from the four-county area (Kendall, Comal, Bandera and Bexar). The majority of these shelters are located in Bexar County, though Comal County has one shelter. No emergency shelter currently exists in Bandera or Kendall Counties. These two counties are served by K’STAR, a non-profit organization that offers various programs for abused or at-risk youth and their families in 14 Texas Counties (K’STAR, n.d.). These organizations differ in the age group they serve, capacity limitation, and the length of stay that the child or children can maintain in the emergency shelter. The table below briefly describes some of the identified organizations that have an emergency shelter available.

Organizations that have Emergency Shelter				
Organization	Location (County)	Age Group	Capacity Limit	Length of Stay
Baptist Child & Family Services (BCFS)	Bexar	5-17 years	24 children (12 boys, 12, girls)	30-90 days
Boysville, Inc.	Bexar	0-17 years	16 children	30 days
The Children’s Shelter (has two shelters, Infants and Children)	Bexar	0-12 years	52 children	Not stated
Roy Mass’ Youth Alternatives, Inc.	Kendall Bexar	5-17 years	78 children	24 hours-30 days
St. Jude’s Center for Young Children, Inc.	Comal	3 months-9 years	16 children	Few hours-90+ days
St. Peter-St. Joseph Children’s Home	Bexar	2-17 years	27 children	90 days
Family Violence Prevention Services, Inc.	Bexar	0-17 years	120 beds (children usually take up 2/3 of the beds)	<6 months
Davidson Respite House (designed for children with developmental disabilities and complex medical needs)	Bexar	0-17 years	16 beds, 4 cribs	90 days

During their stay, the children undergo assessments (psychological, physical, educational, and medical) to determine what type of services they need, where they should go after the emergency stay, and where to go when it becomes clear that they will not be returning home. Almost all of the organizations provide on-site school so that education is not disrupted. Depending on the situation, the child will either stay with the host organization or be referred to another organization that better meets the needs of the child.

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