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Crime Victims' Institute
College of Criminal Justice ● Sam Houston State University

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Child Maltreatment: An Overview

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What is Child Maltreatment?

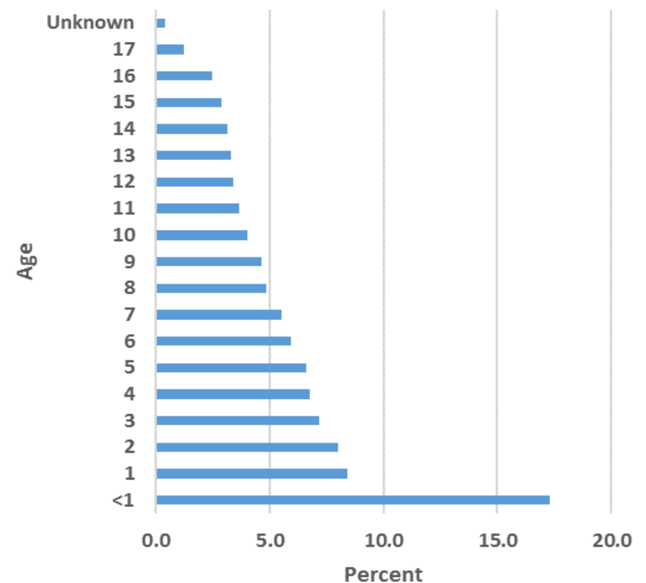
Child maltreatment refers to any physical, sexual, or emotional abuse or neglect of a child under the age of 18 perpetrated by a parent, caregiver, or other person serving in a custodial role (Child Welfare Information Gateway, 2016). The Child Abuse Prevention and Treatment Act (CAPTA), reauthorized by the United States Congress in 2010, defined child maltreatment as, "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 an act or failure to act which presents an imminent risk of serious harm" (42 U.S.C. § 5106g, as amended by Pub. L. 111-320, Title I, § 142(a)(2); Child Welfare Information Gateway, 2016; 2017). Child maltreatment definitions and intervention strategies vary across the 50 states and District of Columbia. Texas addressed child maltreatment in its family code, which provides statewide definitions for physical abuse, neglect, sexual abuse/exploitation, emotional abuse, and abandonment (FAM § 261.001). The purpose of the present report is to provide an important look at the prevalence of child maltreatment nationally and in the state of Texas, discuss the significant negative effects that maltreated children face, and provide information concerning direct service provision for victims of maltreatment.

Prevalence and Reporting

According to the U.S. Census Bureau Current Population Survey (n.d.), an estimated 74 million children resided in the U.S. during 2017 (23.1% of the total U.S. population). Of these, 7.3 million resided in Texas, accounting for approximately 9.9% of the U.S. child population and 26.5% of Texas' total population (U.S. Census Bureau, n.d.). The Administration for Children and Families (ACF), a subdivision of the U.S. Department of Health and Human Services (DHHS), reported 671,622 child maltreatment victims in the U.S. during federal fiscal year (FFY) 2016 (Administration for Children and Families, 2018). Of these, 57,374 resided in Texas. Thus, Texas accounted for 8.5% of all U.S. child maltreatment victims in FFY 2016. These numbers suggest that approximately 7.8 of every 1,000 Texas children, and 9.1 of every 1,000 U.S. children, have experienced some form of child maltreatment in 2016. First-time child maltreatment victims accounted for 80.1% of total child maltreatment victims in Texas during FFY 2016, but only 69.9% of total child maltreatment victims at the national level.

In FFY 2016, child maltreatment was perpetrated most frequently against victims under one year of age, with the victimization rate generally declining with each increased year of age (see figure 1; Administration for Children and Families, 2018).

Figure 1. Victim Age at time of Maltreatment



This was true for both Texas and the U.S. as a whole. Texas child maltreatment victims were slightly more likely to be female (51.8%) than male, and most likely to be Hispanic (43.6%) rather than White (32.4%) or African American (17.4%; see Figure 2). Texas child maltreatment victims were most likely to suffer neglect (82.4%), followed by physical and sexual abuse (14.5% and 9.9%, respectively). Child maltreatment was overwhelmingly perpetrated by a child's parent (40.3% perpetrated by mother, 21.7% by father, 20.5% by mother *and* father). Regarding risk factors, 26.7% of incidents involved caregivers using drugs, and 7.6% involved caregivers using alcohol.

Texas perpetrators were most commonly aged 25-34 (43.2%), followed by 18-24 (22.2%) and 35-44 (20.5%). Perpetrators were more likely to be women than men (54.5% and 45.3%, respectively), and most likely to be White (39.2%) rather than Hispanic (37.4%) or African American (18.8%; Administration for Children and Families, 2018).

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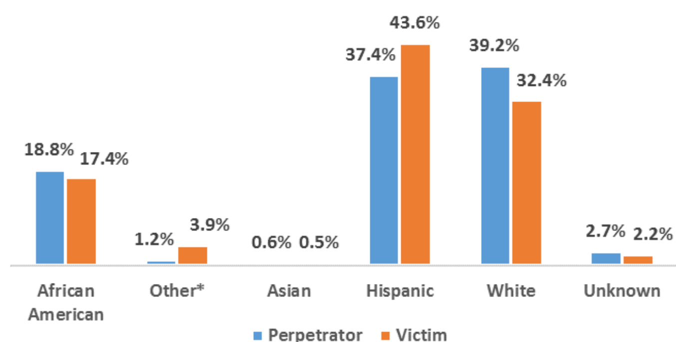
Figure 2. Race/Ethnicity of Child Maltreatment Victims and Perpetrators in Texas in 2016

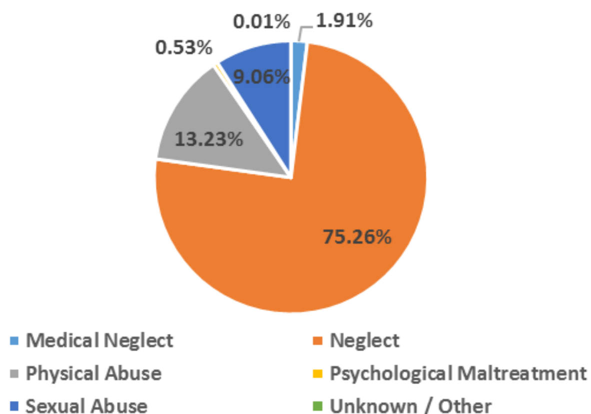


*- Includes American Indian, Alaskan Native, Pacific Islander, and Multiple Race

A total of 1,700 child fatalities were reported nationally in FFY 2016, 217 (12.8%) of which occurred in Texas. Texas ranked highest in the nation on this metric, with California (8.1%), Florida (6.5%), Georgia (5.7%), New York (5.6%), and Michigan (5.0%) also accounting for relatively large proportions of U.S. child fatalities.

Texas child fatalities were highest among children under one year of age (44.4%), and generally declined with each additional year. Seventy percent (70%) of all Texas child fatalities occurred among children aged two or younger.

Figure 3. Types of Maltreatment



Of the 217 Texas child fatalities reported during FFY 2016, 28 involved children whose families had received family preservation services—such as improving parenting practices—within the last five years. Increased child fatalities were observed in Texas during FFY 2016 for certain causes of death, including drowning, domestic violence, medical-related deaths, neglectful supervision, vehicle accidents stemming from neglectful supervision, and physical abuse (see Figure 3; Administration for Children and Families, 2018).

Consequences of Victimization

Child maltreatment profoundly shapes the course of individuals' lives. For example, victimization experienced early in life influences how children's bodies and brains develop (Child Welfare Information Gateway, 2013). The effects of child maltreatment start early because children under the age of one are most likely to experience abuse and/or neglect (Administration for Children and Families, 2018). These effects negatively impact individuals' health and contribute to numerous health complications over the course of their lifetime (Zimmerman & Mercy, 2010). Researchers estimate that children's brains reach 90% of their adult size between infancy and age six (Stiles & Jernigan, 2010). As a result, child maltreatment disrupts healthy brain development.

Cicchetti and Toch (2005) reported that maltreated children's brains showed 7% and 8% reductions in intracranial and cerebral volumes, respectively, compared to non-maltreated children's brains. Other affected areas consisted of a shrunken midsagittal area (responsible for connecting the left and right brain hemispheres), smaller middle and posterior regions of the corpus callosum, and enlarged lateral ventricles (Cicchetti & Toch, 2005). Brain abnormalities may lead to a variety of problems, including poor impulse control, limited reasoning skills, lack of empathy, difficulty reading others' facial expressions and emotions, and permanent alteration of how the brain responds to serotonin (Healy, 2004). With time, some individuals may display symptoms associated with psychological disorders listed in the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2013).

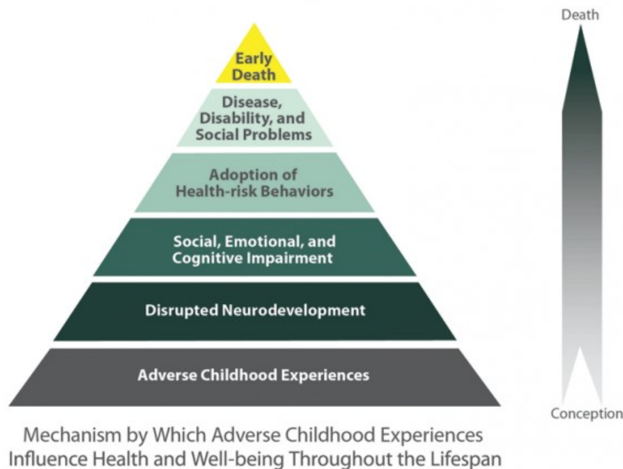
Children who have experienced maltreatment often display developmental delays in cognitive, emotional, physical, or social domains compared to other children their age. Additionally, some maltreated children rely on harmful coping mechanisms to manage symptoms associated with their mistreatment. Other children present behavioral warning signs suggestive of maltreatment that include frequent outbursts, difficulty regulating emotions, abnormal quietness or submissiveness, challenges learning developmentally-appropriate school material, interpersonal conflict with siblings or classmates, atypical eating or sleeping patterns, unwarranted aggression or hostility, developmentally inappropriate sexual behaviors, and aversions to displays of affection (Child Welfare Information Gateway, 2013).

Maltreated children in the U.S. endure prolonged periods of stress, which increases their heart rate, blood pressure, and stress hormone levels. These complications impair the functioning of the brain, immune and metabolic system, and heart (Zimmerman & Mercy, 2010).

Fang and colleagues (2012) estimated that the average cost of nonfatal child maltreatment across the life course is $210,012 per child. This figure accounts for childhood and adult healthcare costs, child welfare costs, criminal justice costs, special education costs, and productivity losses. Children who suffer more adverse childhood experiences (ACEs; see Figure 4) generally face greater health and behavioral issues later in life (Fellitti et al., 1998). An incomplete list of potential problems includes alcohol and drug abuse, depression, early initiation of sexual activity, fetal death, financial stress, heart disease, intimate partner violence, liver disease, lung-related breathing diseases, multiple sexual partners, poor academic achievement and work

performance, sexually transmitted diseases, smoking, suicidal thoughts, and unintended pregnancies (Fellitti et al., 1998).

Figure 4. ACE Pyramid



Source: https://www.cdc.gov/violenceprevention/acestudy/about.html

Texas System Responses to Child Maltreatment

The Texas Family Code requires "teachers, nurses, doctors, day-care employees, employees of a clinic of health care facility that provides reproductive services, juvenile probation officers, and juvenile detention or correctional officers" to report suspected child maltreatment (FAM § 261.101(b)). Individuals who are "an attorney, a member of the clergy, a medical practitioner, a social worker, a mental health professional, an employee or member of a board that licenses or certifies a professional, [or] an employee of a clinical of health care facility that provides reproductive services" are also mandatory reporters (FAM § 261.101(c)). Primary methods for reporting child maltreatment involve calling 911 (in emergency situations), calling the Texas Department of Family Protective Services (DFPS) abuse/neglect hotline at 1-800-252-5400, or filing an online report with DFPS at www.txabusehotline.org.

Texas DFPS investigates all maltreatment reports that fall within their jurisdiction and meet criteria for an investigation. Incoming reports are assigned a designation of either Priority I, Priority II, or Alternative Response (Texas Department of Family and Protective Services, n.d.). Priority I reports are characterized by imminent danger to a child's well-being, and require DFPS to open an investigation less than 24 hours after the call was placed. In contrast, Priority II reports refer to children who are not currently in danger, and are associated with a more lax timeframe of 72 hours to begin an investigation. Starting in November 2014, some Priority II reports were eligible for treatment as an Alternative Response. Alternative Responses are a nontraditional approach to child maltreatment investigations that prioritize children's safety and the family's wholeness over more punitive responses. Families must agree to an Alternative Response within 24 hours, and meet with DFPS investigators within five days, of the initial report. DFPS works Alternative Response reports just like any other investigation, with one important distinction—instead of trying to prove or disprove that child maltreatment has occurred, DFPS automatically assumes intervention is justified and instead provides caregivers and children with the resources necessary to promote the child's well-being. Thus, Alternative Responses address families' underlying issues without the judgment or stigma associated with traditional DFPS responses (Texas Department of Family and Protective Services, n.d.).

Texas DFPS uses a risk assessment tool known as the Structured Decision Making (SDM) system to classify child maltreatment reports as Priority I, Priority II, or Alternative Response (Texas Department of Family and Protective Services, 2018). This instrument contains items measuring child vulnerability, current danger, household strengths, protective actions, and safety interventions. Child vulnerability describes factors that decrease the child's likelihood of escaping maltreatment (e.g., they are an infant). Current danger assesses whether the child's well-being requires immediate intervention due to the serious nature of the maltreatment. Household strengths identify family factors that promote the child's well-being, while protective actions are steps that a caregiver or child has adopted to prevent maltreatment. Finally, safety interventions describe how DFPS can most effectively eliminate the risk for future maltreatment (Texas Department of Family and Protective Services, 2018).

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RESOURCES

Children's Advocacy Centers™ of Texas, Inc. (CACTX)
https://www.cactx.org/

The ChildTrauma Academy: http://childtrauma.org/

Texas Department of Family Protective Services abuse/neglect hotline: 1-800-252-5400
Online reporting at https://www.txabusehotline.org/

The National Domestic Violence Hotline
No one deserves to be abused. If something about your relationship frightens you, or if you or someone you know is suffering abuse in a relationship, please call: **1-800-799-SAFE (7233)** OR **1-800-787-3224 (TDD for hearing impaired)**

AUTHORS

Jessica Fleming, B.S., earned her Bachelor of Science degree in Victim Studies with a minor in Accounting, from Sam Houston State University and graduated Cum Laude in December 2017. She is currently a Master of Arts student in the Department of Criminal Justice and Criminology at Sam Houston State University. Jessica's research interests include victimology, violence against women and children, child maltreatment, offender re-entry, and juvenile victimization. Jessica joined the CVI team in January of 2018 and has been instrumental in working on a federally-funded Office of Violence Against Women award to evaluate a large metropolitan Police Department's mandatory training on sexual and family violence response. Jessica is currently a graduate research assistant for the Crime Victims' Institute at Sam Houston State University.

Alex Updegrove, M.A., earned a Bachelor of Science degree in Psychology in 2012 from Kutztown University and a Master of Arts degree in Forensic Psychology in 2014 from Marymount University. He is currently a fifth year Ph.D. student in the Department of Criminal Justice and Criminology at Sam Houston State University. His dissertation examines burnout, secondary traumatic stress, and compassion satisfaction among victim assistance coordinators (VACs) throughout the state of Texas. Alex's research interests include race and crime, immigration, and victim services. His recent work has appeared in *Justice Quarterly*, *Crime & Delinquency*, and the *Journal of Offender Rehabilitation*. Alex joined the CVI team summer 2018. He has coauthored multiple translational reports and is currently coding redacted police files as part of a federally-funded Office of Violence Against Women grant awarded to evaluate a large metropolitan Police Department's mandatory training on sexual and family violence responses.

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