Child maltreatment

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Abstract

Child maltreatment is a relatively common experience for children of all ages. It takes different forms, including neglect, emotional abuse, physical abuse and sexual abuse. Different forms often co-exist. The harm caused by all forms of maltreatment is largely psychological and behavioural and is often long-lasting. Children are maltreated by their primary carers or by persons already familiar to them. Environmental risk factors include poverty and social disadvantage; parental substance abuse, parental mental ill-health and domestic violence are proximal risk factors. While sexual abuse and physical abuse are not usually witnessed, neglect and emotional abuse are readily observable. A few children require immediate protection, usually by separating them from their abuser, while for the majority the initial work is with their carers towards protection. Intervention requires a coordinated multidisciplinary approach. It includes working with the parents to alleviate risk factors and improve their parenting. Work is also required directly with the children to alleviate the effects of maltreatment.

Keywords child abuse; child maltreatment; multidisciplinary work; neglect

Child abuse and neglect is a relatively common experience in childhood. It is at the very least unpleasant and, at worst, fatal. Non-fatal child abuse and neglect causes a variety of harmful effects, most of which are psychological and behavioural, and some of which are also physical. Intention to harm children is not required for the definition of child abuse and neglect.

Different forms of maltreatment are recognized, and they often co-occur. Retrospective studies of adults suggest that different forms of abuse and neglect lead to different sequelae,[1] but because of their co-occurrence it is difficult definitively to apportion the nature of the harm to the different forms. Nevertheless, some more robust associations are now recognized.

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Epidemiology

Epidemiology depends on definition, but, whatever the definition, it is accepted that child abuse and neglect are under-reported. In the UK, approximately 26,000 children are the subject of a child protection plan at any one time. However, registration follows a multidisciplinary consensus that the child continues to be at risk of harm, rather than the discovery of abuse. Rates of registration are, therefore, an underestimate of the actual prevalence of child maltreatment.

Definitions and forms of abuse

Table 1 shows the four types of maltreatment and percentages of their registration in England in 2007, as respective proportions of the total number of registrations.

Forms of maltreatment and percentage of registration

Type of maltreatment	Variants within type of maltreatment	Registration on child protection registers (%)
Neglect	Lack of provision Lack of supervision	45
Physical abuse (non-accidental injury)	Causing death, actual injury, or visible marks such as bruises Fabricated or induced illness: • by false reporting of the child's symptoms • by interfering with investigations, specimens, and treatment • by directly interfering with or harming the child to produce symptoms and signs	12
Sexual abuse	Genital or oral penetrative contact Non-penetrative genital or oral–genital contact Non-contact sexual exposure and exploitation	7
Emotional abuse	Emotional unavailability Hostility and rejection Developmentally inappropriate interactions, including exposure to domestic violence Using child for fulfilment of the adult's needs Failing to promote the child's socialization	25
More than one category		10

Table 1

Most cases of maltreatment occur within the family, children being harmed by either their parents or primary carers, and occasionally by siblings. The exception to this is sexual abuse, which is equally commonly perpetrated by someone who is known to the child or young person, but is not a parent.

Physical and sexual abuse may be single or repeated events in the child's life, but emotional abuse and physical neglect are more appropriately considered as pervasive aspects of the primary carer–child relationship. Table 2 lists contrasting features and relationships of different forms of child maltreatment.

Social and family factors

Physical child abuse and neglect are more clearly associated with social disadvantage in the families of the children. People who abuse children, including parents who abuse their own children, are troubled individuals, a proportion of whom have experienced abuse or neglect in their own childhood. Adolescent boys who sexually abuse children are more likely to have suffered or witnessed physical violence and to have experienced emotional abuse or disruption to their care. Emotional abuse and neglect, either on their own or in association with physical abuse or neglect, are often found in families where a single parent, or both parents, are suffering from mental illness or a personality disorder, or drug/alcohol abuse, or where there is violence between the parents. However, no single adult psychopathology is consistently associated with child maltreatment. Sexual abusers are mostly male.

Children of all ages may experience abuse and neglect. Physical neglect and emotional abuse and neglect often start early in the child's life, and continue as enduring patterns of care and interaction during childhood. Physical abuse in infancy may result from the parent's inability to cope with the demands of the baby; this sometimes causes serious injury and even death. Later in childhood, physical abuse is more associated with inappropriate and harsh punishment. Sexual abuse is commoner in adolescence and in girls, although young boys and girls are also abused.

Fabricated or induced illness (previously known as Munchausen syndrome by proxy or factitious disorder by proxy) is nearly always perpetrated by mothers, and the child may also have a genuine illness.

Abuse and neglect may be self-limiting or single events but often continue over many years, either as a pattern of interaction within a particular parent–child relationship, as a pattern of child-rearing or, in childhood sexual abuse, as an addiction-like propensity that the same abuser extends towards more than one child.

The harm to the child

Physical: the harm resulting from the different forms of maltreatment is wide ranging, and can variously affect all domains of the child's development and functioning. Physical abuse can cause injury (e.g. head injury following the shaking of a baby), and in some cases leads to death or lasting disability. Faltering growth may result from abuse and neglect. Children experience unnecessary investigations and treatment when subject to fabricated or induced illness; induced illness can itself cause death. Sexually transmitted diseases and unwanted pregnancy may result from sexual abuse. Some abuse is first recognized by the physical marks, even when these do not lead to lasting physical harm.

Psychological: the greatest morbidity associated with child maltreatment is psychological, emotional, and behavioural. Many maltreated children develop disorganized patterns of attachment. There is now sound evidence of brain/neurobiological changes accompanying the psychological manifestations following abuse and neglect.[2] For example, physical abuse is associated with aggressive behaviour and low self-esteem. Emotional neglect leads to educational underachievement and difficulties in peer relationships, as well to oppositional behaviour. Sexual abuse is particularly associated with:

- later depression
- substance abuse and self-harm
- post-traumatic phenomena
- inappropriate sexual behaviour – this is particularly troublesome in young children.

Outcome: subtype, severity, frequency, and chronicity of the abuse each contribute to the later outcome for the child. Some protective factors contribute to determining the severity of the outcome. For example, secure attachments that the child has been enabled to form before abuse or neglect commence, protect against the worst psychological sequelae of abuse. Children over the age of 2 years are less vulnerable to the physical effects of non-accidental injury.

Brief duration of abuse or neglect is clearly important and, although self-evident, this indicates the need for early recognition of and intervention in maltreatment. Educational achievement enhances the child's self-esteem and sense of agency. Having a meaningful and trustworthy relationship with another adult is also protective of the worst effects of maltreatment. Living within an extended family therefore affords a degree of protection. Lastly, some children are temperamentally more able to adjust and find creative solutions to their plight, which is also helped by good ability. Other children are genetically more vulnerable to the effects of maltreatment.[3]

Differences between various forms of child abuse and neglect

	Sexual abuse	Physical abuse	Emotional abuse/neglect
Abusive act or interaction	Hidden	Hidden or observed	Observable
Identity of abuser	Usually questioned	Sometimes known	Known
Abuser and primary carer	Usually different person(s)	Same or different person(s)	Same person
Immediate protection indicated	Yes	Usually	Rarely

Table 2

