

FACT SHEET

Child Abuse and Neglect

INTRODUCTION

Child abuse and neglect are important public health issues.¹ As mandatory reporters, physical therapists (PTs) and physical therapy assistants (PTAs) must recognize signs, symptoms, and risk factors for abuse and neglect and understand reporting requirements, prevention strategies, and how intervention may be affected. Children, youth, and individuals with developmental disabilities may be exposed to abuse and neglect by parents, caregivers, or other trusted adults, leading to extensive immediate and life-long consequences. The purpose of this document is to provide PTs and PTAs with an overview of their responsibilities in identifying and responding to suspected child abuse or neglect.

DEFINITION OF CHILD ABUSE AND NEGLECT

The Federal Child Abuse Prevention and Treatment Act (42 U.S.C.A. § 5106g), amended by the CAPTA Reauthorization Act of 2010,² defines the minimum standard constituting child abuse and neglect 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.”²

HOW BIG IS THE PROBLEM?

The US Department of Health and Human Services estimated 674,000 cases of child abuse and neglect occurred in 2017,³ with 74.9% of cases classified as neglect, 18.3% as physical abuse, and 8.6% as sexual abuse. These estimates suggest that 1,720 children died of abuse and neglect in 2017.³ Child abuse occurs to children at all ages but there is high proportion of abuse in young children and infants with children in their first year of life have the highest rate of victimization. The incidents increase with the alcohol and/or drug abuse caregiver risk factor.³ Children living in poverty experience more abuse and neglect.⁴ Rates of child abuse and neglect are 5 times higher for children in families experiencing poverty and low socioeconomic status compared to children in families with higher socioeconomic status.⁴

TYPES OF CHILD ABUSE AND NEGLECT

Physical abuse is an intentional bodily/physical injury inflicted upon a child or puts a child at risk of harm. Types of physical abuse include punching, hitting, kicking, slapping, pinching, choking, shoving, or inappropriately using physical restraints.

Sexual abuse is any sexual activity with a child, including rape, fondling (touching private body parts), oral-genital contact, intercourse, exploitation, or exposure to child pornography. Sexual abuse also includes assisting any other person or the child to engage in any sexual activity. Sexual abuse also includes consensual sexual activity under the age of consent.

Emotional abuse is any pattern or behavior that impairs a child’s emotional development, emotional well-being, or sense of self-esteem. It includes intimidation; verbal or emotional assault; threats; isolation of the child from family, friends, or regular activity; ignoring or rejecting a child; and withholding love, support, or guidance. Emotional abuse can be the most difficult form of abuse to prove.

Neglect is the failure to provide necessary care including adequate food, shelter, affection, supervision, education, or health care. However, a bill is currently before Congress that prevents charging neglect when limitations in care are due to poverty.⁵

Medical abuse occurs when someone intentionally refuses needed care, gives false information, symptoms, or history about illness in a child's health resulting in clinical misdirection or unnecessary medical care.⁶ However, 34 states have exemptions when the medical treatment for a child conflicts with the religious beliefs of the parents.⁷

Other types of abuse

In addition to the above-mentioned types of abuse, many states include human trafficking, abandonment, and parental substance abuse in the definition of child abuse and neglect. Financial abuse is another concern for individuals with developmental disabilities and includes concealment of information, limitations on access to assets, unpaid bills, or illegal appropriation of assets.⁸

SIGNS AND SYMPTOMS OF ABUSE

The following are signs often associated with particular types of child abuse and neglect. Types of child abuse are more likely to be seen in combination than alone.

General Signs and Symptoms of Abuse.

There are signs and symptoms that seem to be seen in all types of abuse and neglect and these include:

- A child who is frightened of the parents or cries when it is time to go home
- Sudden and unexplained difficulty walking or sitting
- Injuries that do not match the given explanation or changing history of how the injuries occurred

Signs and Symptoms of Physical Abuse

Signs and symptoms of physical abuse include:

- Unexplained bruises, lacerations, or welts.⁹
 - Suspicious patterns of bruising include:
 - multiple or large bruises, especially in a cluster;
 - bruising in protected areas (e.g. buttocks, back, trunk, genitalia, inner thighs, cheeks, earlobes, neck, or philtrum);
 - bruising not over bony prominences;
 - bruises in defined patterns (e.g., hand, belt, stick, or cord)
 - Open wounds, cuts, punctures, or untreated injuries in various stages of healing
 - Bite marks of adults
 - Multiple child-sized bite marks may raise concern for neglect
- Unexplained fractures or fractures in areas unlikely to be accidentally injured. Common fracture sites noted from child abuse are:⁹
 - ribs (particularly posterior ribs)
 - metaphysis of tubular bones
 - skull
 - sternum
 - Frequent fractures also may be associated with various diagnoses (e.g., Osteogenesis imperfecta, Vitamin D deficiency, Osteomyelitis, Osteopenia of prematurity, Hypervitaminosis). Fractures associated with these diagnoses should be distinguished from fractures leading to suspicion of abuse.

- Unexplained scalding or burns.⁹
 - Scalding due to immersion typically has uniform depth and clear margins on the buttocks and perineum and/or a stocking like distribution on the hands and feet
 - Cigarette burns are typically circular ulcerations of 5-10 mm
 - Multiple burns of uniform size and groupings on the face, back, or limbs are suggestive of abuse

Signs and Symptoms of Sexual Abuse

- Unexplained difficulty walking or sitting
- Unexplained pain in the private areas
- Bruises around the breasts or genital area
- Unexplained sexually transmitted disease/infection or genital infections
- Pregnancy
- Stains or blood in the child's underwear
- Unexplained vaginal or anal bleeding
- Child reports that he or she was sexually abused
- Sexual behavior or knowledge that's inappropriate for the child's age
- Inappropriate sexual contact with other children

Signs and Symptoms of Emotional Abuse

- Delayed or inappropriate emotional development
- Loss of self-confidence or self-esteem
- Social withdrawal or a loss of interest or enthusiasm
- Loss of interest and being extremely withdrawn, non-communicative, or non-responsive
- Avoidance and nervousness of certain situations, such as refusing to go to school
- Avoidance and nervousness around certain people
- Desperately seeks affection
- Decrease in school performance or loss of interest in school
- Loss of previously acquired developmental skills
- Unusual behavior such as sucking, biting
- Overly compliant or demanding behavior, extreme passivity or aggression

Signs and Symptoms of Neglect

- Poor or improper hygiene
- A smell of urine or feces on the person
- Malnutrition, dehydration, poor growth or weight gain or being overweight
- Lack of clothing or supplies to meet physical needs
- Taking food or money without permission
- Hiding food for later
- Poor record of school attendance
- Lack of appropriate treatment and attention for health problems or lack of necessary follow-up care
- Unsanitary and unclean living conditions
- Unsafe living conditions (no heat or running water)
- Beggars or steals food or money
- Lack of adequate or appropriate supervision or no one at home to provide care

It is essential for healthcare professionals to recognize signs and symptoms of abuse and neglect. However, they must also be aware of the child's cognitive, emotional, and developmental stage and medical diagnoses, which may be present with similar signs and symptoms. Healthcare workers should consider these factors and

the reported circumstances surrounding any injuries to understand the context of potential abuse or neglect more holistically. New healthcare workers may wish to consult with more experienced staff prior to reporting a concern; recognizing, however, that their suspicions of potential abuse or neglect likely require official reporting to meet policy, licensure, and/or legal requirements.

WHAT ARE THE CONSEQUENCES

Consequences of child abuse and neglect may have life-long impact. According to the Centers for Disease Control¹, child abuse and neglect have been linked to risky and negative health behaviors, chronic health conditions, low life potential, and early death. Chronic abuse may result in post-traumatic stress disorder, conduct disorder, and learning, attention, and memory difficulties. Child abuse and neglect increase the risk of future substance abuse, sexually transmitted diseases, victimization and perpetration, lower educational achievement, and limited employment opportunities.

RISK FACTORS

Several factors have been identified may increase the risk of child abuse and neglect.

Factors Related to the Child

- Young age
- Presence of a disability¹⁰
- Learning disabilities (odds of sexual abuse allegation 2.5x greater than for children without learning disabilities)¹¹
- Inability to communicate
- Dependent for mobility/ inability to resist/ avoid abuse
- Dependent for self-care activities/ ADLs
- Challenging behaviors
- Multiple care providers involved with child

Factors Related to the Adult who may be at Risk of becoming Abusive include:

- History of being abused or neglected as a child
- Family stress or crisis (e.g., incarcerated household member, living in poverty, social isolation)
- Physical or mental illness of caregiver or within the household
- Domestic violence in the household or domestic/intimate partner violence
- Marital conflicts, parental separation or divorce or single parenting
- Financial stress, unemployment or poverty
- Poor understanding of child development and parenting skills
- Alcohol, drugs or other substance abuse of the person or within the household

REPORTING CHILD ABUSE AND NEGLECT BY PHYSICAL THERAPISTS

The high prevalence of child abuse and neglect in children with developmental disorders suggest that PTs and PTAs may experience situations where they suspect abuse or neglect. PTs or PTAs often have long-term relationships with direct, individual interaction with children allowing them opportunities to observe signs of abuse and neglect. PTs and PTAs frequently observe movements, complete physical examinations, and handle the child during examinations and interventions. This direct exposure to the child may reveal signs of abuse or neglect that are less noticeable during other daily activities.

The Federal Child Abuse Prevention and Treatment Act requires each State to have provisions requiring specific categories of individuals to report known or suspected instances of child abuse or neglect.¹² Each

State law identifies procedures for reporting suspected child abuse and neglect including the contact number and rules regarding confidentiality of the identity of the person reporting.^{13,14} Additionally, all States and US territories identify, in statute, individuals who are required to report instances of suspected child maltreatment.¹⁴ With few exceptions, PTs and PTAs are listed specifically among the mandated reporters. In those states that do not specifically identify the PT or PTA as a mandated reporter, there are categories of mandated reporters, which may include PTs or PTAs, depending upon the nature of their employment.¹⁴

PREVENTION

Prevention of child abuse and neglect should focus on all risk factors related to the child, family, school, community and society. Specific focus on support to the family is important.

Strategies to Support Families include:

- Provide families with knowledge of developmental milestones and how children grow.
- Foster emotional resilience to help parents maintain a positive attitude and effectively address challenges.
- Foster emotional and social supports through empathetic and caring family friends to ease daily challenges of raising a family.
- Ensure families have access to basic resources of food, clothing, housing, transportation, and access to physical and mental health care.
- Educate all key players (parents, caregivers, healthcare providers, teachers, etc.) in a child's life.^{16,17} A good relationship with parents is critical to your ability to help them and their children.
- Understand how past trauma may be affecting a parent's behavior will help you earn parents' trust and increase the potential for a good outcome. Knowledge of a parent's history, if there is past trauma in their lives, can shed light on parents' reactions of anger, resentment, or avoidance, and blaming or judging them is likely to escalate the situation rather than helping them seek out resources on evidence-based trauma-informed services.¹⁸

Healthcare Professionals: Healthcare professionals and caregivers need to know the facts about abuse and be aware of not only the signs and symptoms of child abuse and neglect, but also how to report these concerns promptly, and to whom the concerns are reported. Strategies for healthcare professionals to reduce the risk at the schools include:

- Train on how to recognize signs and symptoms of child abuse and neglect.
- Train on how to report child abuse and neglect.
- Promote awareness of the different developmental stages of sexual development. This can help identify sexual behaviors that are concerning and the behavioral warning signs.
- Understand warning signs can also help to recognize when someone may be experiencing sexual thoughts or feelings towards children, or when someone may not understand what is considered to be appropriate behaviors with or around children.
- Train on how to distinguish between abusive physical injuries versus physical injuries that may result from falls associated with developmental disorders or use of mobility devices.
- Train healthcare providers on how to differentiate between signs and symptoms of child abuse and neglect versus signs and symptoms associated with a developmental, cognitive, or emotional disorders.

Reporting suspected abuse can mean that the abuse of a child will end or will be prevented before a child is harmed. It can mean that the person who offended or was at risk of offending, the child who was hurt or at risk, and the child's family can all get the help and intervention they need.¹³

Create policies that reduce risk: Effective implementation of policies and procedures has been shown to prevent abuse and neglect. Administrators play a key role in mandating that child protection is a priority and must frequently review and assess their current child protection policies, procedures and practices. Implementation and thorough training for administrators will assist in developing a comprehensive child protection strategy that aligns with current research and best practice. A strategy based on research and best practice includes policies and procedures designed to protect children from abuse in a school, sport or youth program setting, establishing a staff code of conduct, creating procedures for screening and hiring staff and volunteers, and reporting staff violations of protection policies. While it is important to know about your employer's policies about filing reports, in many states PTs and PTAs are required to report suspected abuse regardless of your employer's policy.¹³ If a facility does not have child protection policies, procedures, and practices in place, PTs and PTAs can advocate for establishing these guidelines to promote the health and well-being of children who are served by the facility.

SUMMARY

Child abuse and neglect are important public health issues with extensive immediate and life-long consequences. Child abuse and neglect may result in devastating effects such as serious physical or emotional harm, and death. Child abuse and neglect includes physical abuse, emotional abuse, sexual abuse, neglect, and medical abuse. There are several factors that may increase the risk of child abuse and neglect. Some are related to the child and some are related to the adult who is responsible for the abuse and or neglect. It is important for healthcare providers or any professionals working with children to be able to recognize the signs and symptoms of child abuse and neglect. Prevention of child abuse and neglect should impact all risk factors related to the child, family, school, community, and society.

REFERENCES

1. Center for Disease Control and Prevention. Child Abuse and Neglect Prevention. Updated March 5, 2020. Retrieved from: <https://www.cdc.gov/violenceprevention/childabuseandneglect/index.html>. Accessed November 15, 2020.
2. CAPTA REAUTHORIZATION ACT OF 2010. December 18, 2010. Retrieved from: <https://www.govinfo.gov/content/pkg/CRPT-111srpt378/pdf/CRPT-111srpt378.pdf>. Accessed November 15, 2020.
3. U.S. Department of Health & Human Services. Administration for Children and Families Administration on Children, Youth and Families. Child Maltreatment. Retrieved from: <https://www.acf.hhs.gov>. Accessed April 21, 2021.
4. Center for Disease Control and Prevention. Preventing Child Abuse & Neglect. CDC Fact Sheet. 2020. Updated April 7, 2020. Retrieved from: <https://www.cdc.gov/violenceprevention/childabuseandneglect/fastfact.html>. Accessed April 21, 2021.
5. H.R. 6233 – 115th Congress Family Poverty Is Not Child Neglect Act. “GovTrack.us.2018. November 15, 2020. Retrieved from: http://s3.amazonaws.com/ccai-website/115th_Legislation_List_Updated_11.27.2018.pdf. Accessed April 21, 2021.
6. Hoffman JS, Koocher GP. Medical Child Abuse Hidden in Pediatric Settings: Detection and Intervention. *J Clin Psychol Med Settings*. 2020;27(4):753-765. doi: 10.1007/s10880-019-09666-8. PMID: 31602528.
7. National Center for Prosecution of Child Abuse National District Attorney Association 2015. Religious Exemptions to Child Neglect. February 2015. Retrieved from: <https://ndaa.org/wp-content/uploads/2-11-2015-Religious-Exemptions-to-Child-Neglect.pdf>. Accessed April 21, 2021.
8. Gray EL. Financial abuse of individuals with disabilities. *The Voice*. 2019;13(3). Retrieved from: <https://www.specialneedsalliance.org/the-voice/financial-abuse-of-individuals-with-disabilities/>. Accessed April 21, 2021.

9. Jinna S, Livingston N, Moles R. Cutaneous sign of abuse: Kids are not just little people. *Clin Dermatol*. 2017;35(6):504-511. doi: 10.1016/j.clindermatol.2017.08.002. Epub 2017 Aug 18. PMID: 29191342.
10. Alwis Y, Horridge A. Safeguarding disabled children and young people. *Paediatrics and Child Health*. 2016;26(11):488-492.
11. Helton JJ, Gochez-Kerr T, Gruber E. Sexual Abuse of Children with Learning Disabilities. *Child Maltreat*. 2018 May;23(2):157-165. doi: 10.1177/1077559517733814. Epub 2017 Oct 11. PMID: 29020793.
12. Child Welfare Information Gateway. (2019). *About CAPTA: a legislative history*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from: <https://www.childwelfare.gov/pubs/factsheets/about/>. Accessed April 21, 2021.
13. Child Welfare Information Gateway. (2019). Mandatory reporters of child abuse and neglect. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. April 2019. Retrieved from: <https://www.childwelfare.gov/pubPDFs/manda.pdf>. Accessed April 21, 2021.
14. Child Welfare Information Gateway. (2008). Mandatory Reporters of Child Abuse and Neglect: Summary of State Laws. January 2008. Retrieved from <https://www.childwelfare.gov/pubPDFs/mandaall.pdf>. Accessed April 21, 2021..
15. Fortson B.L, Klevens J, Merrick MT, Gilbert L K., Alexander S.P. *Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities*. Atlanta, GA: (2016). National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from: https://www.governor.wa.gov/sites/default/files/documents/BRCCF_20160614_ReadingMaterials_prevention-technical-package.pdf. Accessed April 21, 2021.
16. Child Welfare Information Gateway. (2019). The 2019/2020 Prevention Resource Guide_ Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from: https://www.childwelfare.gov/pubPDFs/guide_2019.pdf Accessed April 21, 2021.
17. Child Welfare Information Gateway. (2019). Preventing child abuse and neglect. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from: <https://www.childwelfare.gov/topics/preventing/>.
18. Accessed April 21, 2021.
19. The National Child Traumatic Stress Network. Trauma Informed Care: Families and Trauma. Retrieved from: <https://www.nctsn.org/trauma-informed-care/families-and-trauma/introduction>. Accessed April 21, 2021.
20. The National Child Traumatic Stress Network. Trauma Informed Care: Essential Elements. Retrieved from: <https://www.nctsn.org/trauma-informed-care/trauma-informed-systems/schools/essential-elements>. Accessed April 21, 2021.

ADDITIONAL RESOURCES

- Center for Disease Control and Prevention. [Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities](https://www.cdc.gov/violenceprevention/pdf/CAN-Prevention-Technical-Package.pdf). Available at: <https://www.cdc.gov/violenceprevention/pdf/CAN-Prevention-Technical-Package.pdf>
- [Center for the Study and Prevention of Violence \(CSPV\)](https://cspv.colorado.edu). Retrieved from: <https://cspv.colorado.edu>. Accessed November 15, 2020
- Child Welfare Information Gateway. (2019). [Definitions of child abuse and neglect](https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/define/). Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Available at: <https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/define/>
- Child Welfare Information Gateway. (2019). [The 2019/2020 Prevention Resource Guide](https://www.childwelfare.gov/pubPDFs/guide_2019.pdf). Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Available at: https://www.childwelfare.gov/pubPDFs/guide_2019.pdf

- Child Welfare Information Gateway. [Child Maltreatment 2018: Summary of Key Findings](https://www.childwelfare.gov/pubPDFs/canstats.pdf). Retrieved from: <https://www.childwelfare.gov/pubPDFs/canstats.pdf>. Accessed November 15, 2020.
- Childhelp National Child Abuse Hotline. [The Issue of Child Abuse](https://www.childhelp.org/child-abuse/). Available at: <https://www.childhelp.org/child-abuse/>
- Department of Health and Human Service. [The Children, Bureau's Child Welfare Capacity Building Collaborative](https://capacity.childwelfare.gov). Available at: <https://capacity.childwelfare.gov>
- Department of Health and Human Services. [The National Child Abuse and Neglect Data System \(NCANDS\)](https://www.acf.hhs.gov/cb/research-data-technology/reporting-systems/ncands). Available at: <https://www.acf.hhs.gov/cb/research-data-technology/reporting-systems/ncands>
- Department of Health and Human Services. [The National Data Archive on Child Abuse and Neglect](https://www.ndacan.cornell.edu). Available at: <https://www.ndacan.cornell.edu>
- Mayo Clinic. [Child Abuse](https://www.mayoclinic.org/diseases-conditions/child-abuse/symptoms-causes/syc-20370864). Available at: <https://www.mayoclinic.org/diseases-conditions/child-abuse/symptoms-causes/syc-20370864>
- [Prevent Child Abuse America](http://preventchildabuse.org/). Available at: <http://preventchildabuse.org/>
- [Stop Bullying](https://www.stopbullying.gov). Available at: <https://www.stopbullying.gov>
- The American Physical Therapy Association. [Family Violence](https://www.apta.org/FamilyViolence/). Available at: <https://www.apta.org/FamilyViolence/>
- [The American Professional Society on the Abuse of Children](https://www.apsac.org). Available at: <https://www.apsac.org>
- [The National Center for Community-Based Child Abuse Prevention](https://friendsnrc.org). Available at: <https://friendsnrc.org>
- The National Child Traumatic Stress Network. External Resources. [National Child Abuse Prevention Month](https://www.nctsn.org/sites/default/files/resources/resource-guide/april_2018_national_child_abuse_prevention_month_external_resources.pdf) (April 2018). Available at: https://www.nctsn.org/sites/default/files/resources/resource-guide/april_2018_national_child_abuse_prevention_month_external_resources.pdf
- [The National Child Traumatic Stress Network](https://www.nctsn.org). Available at: <https://www.nctsn.org>

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