

## Topic Page: [Child Abuse](#)

Definition: **child abuse** from *Philip's Encyclopedia*

Emotional and/or physical (often sexual) maltreatment of a child. Neglect is considered a form of abuse. Physical abuse may be apparent in bruising and lacerations, burns or scars. Sexual abuse is often concealed by the abused either out of fear or guilt. Physical effects of sexual abuse may be apparent to a medical practitioner. Mental effects may result in remoteness or crudely violent outbursts. It is argued that victims of abuse are more likely to be abusers later in life.

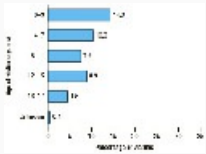


Image from: [SOURCE: U.S. Department of Health and Human... in Gale Encyclopedia of Children's Health: Infancy Through Adolescence](#)

### Summary Article: **Child Abuse**

From *Encyclopedia of Motherhood*

Child abuse is a socially defined construct; as such, it does not lend itself to an easy definition. It is a highly controversial and complex concept, subject to constant change that is influenced by a range of political and cultural factors. Historically, the highly publicized case of the abuse of a young girl named Mary Ellen Wilson led to a public outcry resulting in the foundation of the Society for the Prevention of the Cruelty to Children in 1874, which ultimately initiated dramatic changes in society's treatment of children.

However, it was not until 1974 when formal legislation was passed in North America that clearly defined a mandate for the reporting of physical child abuse, sexual abuse, emotional abuse, and physical neglect. Estimates of child abuse in North America suggest that about one in every 10 children each year receive harsh physical treatment by a caregiver or parent that puts them at risk for injury and harm. By the age of 18, one in five girls and one in nine boys will experience some form of sexual abuse. Countless other children suffer from emotional abuse and physical neglect.

### **Physical Child Abuse**

Physical abuse involves any behavior by a parent that causes physical injury to a child. Physical abuse may occur even though the parent may not have intended to hurt the child, such as in the case of harsh punishment. Physical abuse typically involves a hostile, controlling, and aggressive parenting style. This parenting approach is characterized by a wide range of hurtful actions such as hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating, punching, and other examples of physical harm. Prenatal exposure to damaging levels of alcohol or drugs may also be included. Physical harm also may be caused when a parent deliberately causes ill health to a child, commonly called Munchausen's Syndrome by Proxy.

The risk for physical abuse in childhood declines with the child's increasing age. Nearly half of all physical abuse victims are 7 years old or younger. Boys are generally at a slightly greater risk for physical abuse than girls. There is some evidence that vulnerable children may be at a greater risk for physical abuse, such as children born prematurely or children with physical or developmental disabilities. About half of all childhood deaths are a result of physical abuse. Most child deaths, whatever the age of the child, are the result of violence inflicted by males. Death may either be the result of one very violent act of aggression or the accumulation of chronic assaults. Head injuries are the main cause of death.

Younger parents are more likely than older parents to physically abuse their children. Physical abusers of very young children are more likely to be female, while abusers of older children are predominantly, though not exclusively, thought to be male. The histories of the majority of parents who physically abuse their children suggest that they have been physically abused themselves and have suffered maternal rejection and abandonment during their childhood. Typically, physically abusive parents have difficulty controlling their anger, demonstrate hostility and rigidity, have a lack of tolerance for frustration, exhibit low self-esteem, engage in substance abuse, and rarely show empathy. Compared with nonabusive parents, abusive parents have been found to have unrealistic expectations and negative perceptions of their children. They also view parenting as more stressful and dissatisfying and exhibit a number of deficits in child management skills.

Family and interpersonal difficulties such as isolation from family and friends, spousal conflict, and negative family interactions are more common among families of physically abusive parents than families of nonabusive parents. Single mothers are overrepresented among physical abusers; however, this appears to be more likely a function of poverty and stress in these families. In addition to low educational achievement of parents, low social economic status and elevated social stress are strongly associated with physical abuse. Physical abusers are more likely to live in dangerous circumstances and are likely to have experienced danger themselves in their past. Specifically, the probability that a mother will physically abuse her children is associated with three predictors of decreasing importance: being assaulted by her own mother as a child; a current abusive partner; and a previous abusive partner.

## **Sexual Abuse**

Sexual abuse occurs when a person uses power over a child and involves the child in any sexual act. The abuser is more powerful because of age, intelligence, physical strength, or control over the child. The activities may involve physical contact, including penetrative and nonpenetrative acts, or noncontact activities such as allowing children to watch pornography, involving a child in pornography or prostitution, and/or encouraging children to behave in sexually inappropriate ways.

Most children who are sexually abused are between the ages of 9-11, with girls being more likely to be abused than boys. However, the abuse of boys is often underestimated. Children with a disability are at almost double the risk of sexual abuse, with the risk increasing further when children are living in some sort of residential treatment center.

The age of perpetrators of child sexual abuse varies widely. Most sexual offenders develop deviant sexual interests prior to 18 years of age. The majority of perpetrators are male, representing all ethnic, racial, and socioeconomic groups. Although a minority of women have been identified as perpetrators, this phenomenon may be more common than data suggest due to lack of reporting. Most sexual offenders of children are known to their victims. However, rather than being family members, it is more likely that these individuals are outside the family sphere, such as friends or neighbors. Childhood sexual victimization also contributes to adult perpetration. Perpetrators may have experienced abuse directly in the past themselves, or they may have observed or been aware of the abuse of other family members. In addition, perpetrators of sexual abuse often lack the necessary social skills and interpersonal intimacy required for the development of empathy, possibly contributing to sexually abusive behavior.

Families with children who are sexually abused demonstrate significant levels of dysfunction; they are the least cohesive and the most disorganized. Frequently, one or both parents are involved in drug and

alcohol abuse and possibly criminal behavior. There is often marital conflict, domestic violence, and divorce among these families. Mothers of sexually abused children are most likely to be co-conspirators rather than co-victims.

There is some evidence that mothers in incestuous families have childhood histories of sexual abuse in addition to being physically and emotionally abused by their children's perpetrators. Mothers who have been sexually abused in the past may gravitate toward men who are similar to their own abusers, or who do not make sexual demands on them because the men are sexually attracted to children. As well, maternal employment outside the home, maternal disability, or illness also is known risk factors for sexual abuse.

## **Emotional Abuse**

Emotional abuse involves any verbal or nonverbal behaviors by a parent that convey to the child that he or she is worthless or unloved, inadequate, or valued only insofar as he or she meets the needs of another person. It should be noted that some level of emotional abuse is inherent in all forms of child abuse; however, it may also occur independently. Six major types of emotional abuse have been identified, including: (1) spurning, which include hostile rejection and denigrating the child in verbal and nonverbal manners through criticizing, insulting and humiliating; (2) terrorizing, in which the parent threatens to abandon, hurt, maim, or kill the child unless he or she behaves or stops being needy; (3) isolating the child from other children from everyday activities, particularly those activities that are typically considered engaging or entertaining; (4) denying the child emotional responsiveness, such as ignoring the child's needs or failing to express positive affection toward the child; (5) exploiting or corrupting the child, such as encouraging inappropriate, antisocial, or criminal behaviors in the child; (6) failing to meet the child's medical and health needs.

The risk for emotional abuse of children increases with the age of the child. Children between the ages of 7 and 17 are more likely to be emotionally abused than children 6 years of age and younger. Findings are mixed regarding the association between gender differences and rates of emotional abuse. Some studies find no gender differences, while others find that girls compared to boys are at slightly more risk for emotional abuse by parents.

Mothers are slightly more likely to perpetrate emotional abuse than fathers. Emotionally abusive parents typically exhibit interpersonal and social difficulties, poor problem-solving skills, substance abuse, and deficits in child management techniques. They also may have a greater number of psychiatric symptoms and personality disturbances in addition to physical illnesses.

Families with lower incomes are significantly more likely than families with higher incomes to be characterized by emotional abuse. There is a tendency for these families to keep authority figures at a distance, as they are often wary of professional help. They avoid doctors and other health care professionals and often fail to visit clinics when pregnant. When health providers are involved, parents tend to miss appointments, ignore medical advice, and fail to administer medication to their children.

## **Physical Neglect**

Physical neglect describes the persistent failure to provide for the child's basic physical and/or psychological needs, which is likely to result in serious harm to the child's health or development. Neglect tends to be the most common form of abuse. Physical neglect typically includes not providing adequate food, clothing, housing, supervision, or education. It also involves failing to protect a child from

physical harm or danger, or not providing access to appropriate medical care and/or treatment, as well as neglecting household sanitation and failing to meet basic standards of personal care and cleanliness of the child.

The risk for child neglect tends to decline with age of the child. It is estimated that over half of children who experience neglect are under 5 years of age, and of those, the majority are under 1 year of age. Children under 3 years of age are the most vulnerable and suffer the most significant consequences of physical neglect, such as failure to thrive, which is characterized by a cessation in growth during the first three years of life. In 2006, 41.1 percent of child maltreatment fatalities were associated with neglect alone.

Parents who are physically neglectful tend to be socially isolated and suffer from pervasive emotional numbness, feelings of hopelessness, and a sense of futility and apathy. This invariably leads to a caregiving environment that is characterized by both material and emotional poverty. Neglectful parents are typically unresponsive to the child's needs or distress; they also lack emotional involvement with the child. Mental health problems and psychiatric disorders, as well as severe developmental delays of parents, have been thought to contribute to child neglect. The histories of neglectful care-givers are often characterized by extreme neglect, such as parental depression or unresponsiveness, living in extreme poverty, or traumatic and unresolved physical and/or sexual abuse.

Families where neglect is high are generally characterized by low income, unemployment, and dependence on social assistance. Large families (four or more children), single-parent homes, and homes where mothers have a greater number of children during their teen years are at considerably higher risk for neglect.

### **Additional Forms of Child Abuse**

Substance abuse by parents, as well as parental mental health issues and the witnessing of domestic violence, are examples of caregiving environments in which the risks for child abuse increase. Furthermore, exposure to significant amounts of violence within communities is now considered a form of child abuse. Although institutional abuse is less common than other forms of child abuse, many children suffer all forms of abuse while in the care of institutional settings, which have been licensed to provide quality care for children. Other major forms of child abuse in which abuse is most likely to occur between a child and an adult who is not a family member may be through organized exploitation, such as child sex rings, child pornography, and child prostitution. Furthermore, as a means of mass communication, the Internet has proliferated these various forms of child abuse.

### **Consequences Associated With Child Abuse**

Children who experience child abuse are more likely than their nonabused peers to exhibit myriad physical, behavioral, cognitive, and emotional problems during childhood, which put them at risk for personality disorders, substance abuse, criminal behavior, and psychiatric disorders in adolescence and adulthood. The persistence of childhood difficulties into adulthood may contribute to the intergenerational transmission of the abuse. Recent evidence in the area of neuroscience has revealed how the emotional trauma associated with child abuse can negatively impact brain growth and development, which can result in enduring changes in all aspects of child development. Increased severity and duration of abuse, as well as the exposure to multiple forms of abuse, will increase the likelihood of a more negative outcome for children during childhood and in adulthood.

Posttraumatic stress disorder (PTSD) is a common, short-term symptom of trauma related to child abuse. In this case, the person is confronted with events that involve the threat of death to self or others, which provokes a response of intense fear and helplessness. Recently, complex posttraumatic stress disorder (C-PTSD) has been recognized by the psychiatric community as a condition that results from chronic exposure to extremes of social and/or interpersonal trauma, such as in cases of long-term child abuse. Specifically, C-PTSD is thought to arise from a prolonged state of victimization where the person is held in a state of captivity, either physically or emotionally, with no means for escape. While PTSD may be temporary, symptoms of C-PTSD may continue for years. C-PTSD is characterized by chronic difficulties in many areas of emotional and interpersonal functioning.

## **Treatment**

Child abuse treatment is typically directed toward the child victims, adult survivors, and/or the perpetrators. Few interventions have been developed that are unique to physical neglect and emotional abuse, as compared with those for physical and sexual abuse. Interventions focused on physical abuse typically aim to enhance the parenting skills of perpetrators, while programs focused on children aim to reduce the effects associated with the abuse. Relational-based interventions consider the healing of the parent-child relationship to be essential through facilitating the parent's ability to meet the child's needs for safety and protection. Community interventions often serve as adjuncts, based upon the view that there are multiple factors that contribute to child physical abuse, such as social isolation, financial stress, and excessive childcare demands. Research suggests that effective sexual abuse interventions for the child victims, adult survivors, or the perpetrators require an understanding of pre-abuse histories, the nature of the abuse experiences, and as available social supports and coping strategies so that services can be tailored to meet the specific needs of the client.

## **See Also:**

Absentee Mothers, Alcoholism, Anger, Anxiety, Bad Mothers, Caplan, Paula J, Child Custody and the Law, Child Poverty, Daycare, Depression, Discipline of Children, Drug Abuse, Fetal Alcohol Syndrome, Incest, Infant Mortality, Infanticide, Mothering Children With Disabilities, Mothers Who Leave, Postpartum Depression, Poverty and Mothering, Single Mothers, Violence Against Mothers/Children, Welfare and Mothering, Work and Mothering

## **Bibliography**

- Cicchetti, Dante and Carlson, V., eds Child Maltreatment: Theory and Research on the Causes and Consequences of Child Abuse and Neglect. Cambridge, UK: Cambridge University Press,1989.
- Corby, Brian. Child Abuse: Towards a Knowledge Base, Third Edition. Maidenhead, UK: Open University Press,2006.
- Howe, David. Child Abuse and Neglect: Attachment, Development, and Intervention. New York: Palgrave Macmillan,2005.
- Miller-Perrin, Cindy and Perrin, Robin. Child Maltreatment: An Introduction, Second Edition. Thousand Oaks, CA: Sage,2007.
- U. S. Department of Health and Human Services. "Child Abuse and Neglect Fatalities: Statistics and Interventions." Child's Welfare Information Gateway Fact-sheet : , June 2008  
<http://www.childwelfare.gov/pubs/factsheets/fatality.cfm>(accessed May 2009).
- Wolfe, David. Child Abuse: Implications for Child Development and Psychopathology, Second Edition.

Thousand Oaks, CA: Sage,1999.

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Vallance, D., & Vallance. (2010). Child abuse. In A. O'Reilly (Ed.), *Encyclopedia of motherhood*. Thousand Oaks, CA: Sage Publications. Retrieved from [https://search.credoreference.com/content/topic/child\\_abuse](https://search.credoreference.com/content/topic/child_abuse)

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## Chicago

Vallance, Denise, and Vallance. "Child Abuse." In *Encyclopedia of Motherhood*, edited by Andrea O'Reilly. Sage Publications, 2010. [https://search.credoreference.com/content/topic/child\\_abuse](https://search.credoreference.com/content/topic/child_abuse)

## Harvard

Vallance, D. and Vallance. (2010). Child abuse. In A. O'Reilly (Ed.), *Encyclopedia of motherhood*. [Online]. Thousand Oaks: Sage Publications. Available from: [https://search.credoreference.com/content/topic/child\\_abuse](https://search.credoreference.com/content/topic/child_abuse) [Accessed 23 October 2019].

## MLA

Vallance, Denise, and Vallance. "Child Abuse." *Encyclopedia of Motherhood*, edited by Andrea O'Reilly, Sage Publications, 1st edition, 2010. *Credo Reference*, [https://search.credoreference.com/content/topic/child\\_abuse](https://search.credoreference.com/content/topic/child_abuse). Accessed 23 Oct. 2019.