

# Understanding Child Maltreatment

## Fact Sheet

2014

Child maltreatment includes all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role (e.g., clergy, coach, teacher). There are four common types of abuse.

- **Physical abuse** is the use of intentional physical force, such as hitting, kicking, shaking, burning or other show of force against a child.
- **Sexual abuse** involves engaging a child in sexual acts. It includes fondling, rape, and exposing a child to other sexual activities.
- **Emotional abuse** refers to behaviors that harm a child's self-worth or emotional well-being. Examples include name calling, shaming, rejection, withholding love, and threatening.
- **Neglect** is the failure to meet a child's basic needs. These needs include housing, food, clothing, education, and access to medical care.

For more detailed definitions, see [www.cdc.gov/ViolencePrevention/pub/CMP-Surveillance.html](http://www.cdc.gov/ViolencePrevention/pub/CMP-Surveillance.html).



### Why is child maltreatment a public health problem?

The few cases of abuse or neglect we see in the news are only a small part of the problem. Many cases are not reported to police or social services. What we do know is that:

- 1,640 children died in the United States in 2012 from abuse and neglect.<sup>1</sup>
- 686,000 children were found to be victims of maltreatment by child protective services in 2012.<sup>1</sup>
- The total lifetime economic burden resulting from new cases of fatal and nonfatal child maltreatment in the United States is approximately \$124 billion.<sup>2</sup>



### How does child maltreatment affect health?

Child maltreatment has a negative effect on health. Abused children often suffer physical injuries including cuts, bruises, burns, and broken bones. In addition, maltreatment causes stress that can disrupt early brain development.<sup>3</sup> Extreme stress can harm the development of the nervous and immune systems.<sup>3</sup> As a result, children who are abused or neglected are at higher risk for health problems as adults. These problems include alcoholism, depression, drug abuse, eating disorders, obesity, high-risk sexual behaviors, smoking, suicide, and certain chronic diseases.<sup>4,5</sup>



### Who is at risk for child maltreatment?

Some factors can increase the risk for abuse or neglect. The presence of these factors does not always mean that maltreatment will occur. Children are never to blame for the harm others do to them.

**Age.** Children under 4 years of age are at greatest risk for severe injury and death from abuse.

**Family environment.** Abuse and neglect can occur in families where there is a great deal of stress. The stress can result from a family history of violence, drug or alcohol abuse, poverty, and chronic health problems. Families that do not have nearby friends, relatives, and other social support are also at risk.

**Community.** Poverty, on-going community violence, and weak connections between neighbors are related to a higher risk for child abuse and neglect.

*Note: This is a partial list of risk factors. For more information, see [www.cdc.gov/violenceprevention](http://www.cdc.gov/violenceprevention).*

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## How can we prevent child maltreatment?

The ultimate goal is to stop child maltreatment before it starts. Strategies that promote safe, stable, and nurturing relationships (SSNRs) and environments for children and families are key to protecting against maltreatment and other harmful childhood experiences. These prevention strategies include improving parent-child relationships by teaching positive parenting skills like good communication, appropriate discipline, and response to children's physical and emotional needs. Programs to prevent child maltreatment also provide parents with social support.



## How does CDC approach prevention?

CDC uses a four-step approach to address public health problems like child maltreatment.

### Step 1: Define the problem

Before we can prevent child maltreatment, we need to know how big the problem is, where it is, and who it affects. CDC learns about a problem by gathering and studying data. These data are critical because they help us know where prevention is most needed.

### Step 2: Identify risk and protective factors

It is not enough to know that child maltreatment is affecting a certain group of children in a certain area. We also need to know why. CDC conducts and supports research to answer this question. We can then develop programs to reduce or get rid of risk factors and increase protective factors.

### Step 3: Develop and test prevention strategies

Using information gathered in research, CDC develops and evaluates strategies to prevent child maltreatment.

### Step 4: Ensure widespread adoption

In this final step, CDC shares the best prevention strategies. CDC may also provide funding or technical help so communities can adopt these strategies.

*For a list of CDC activities, see [www.cdc.gov/violenceprevention/pub/PreventingCM.html](http://www.cdc.gov/violenceprevention/pub/PreventingCM.html).*



## Where can I learn more?

To report abuse or get help, contact the National Child Abuse Hotline at 1-800-4-A-CHILD (1-800-422-4453).

### Centers for Disease Control and Prevention

[www.cdc.gov/violenceprevention](http://www.cdc.gov/violenceprevention)

### CDC Facebook Page on Violence Prevention

[www.facebook.com/vetoviolence](http://www.facebook.com/vetoviolence)

### Children's Bureau, Administration for Children and Families

[www.acf.hhs.gov/programs/cb](http://www.acf.hhs.gov/programs/cb)

### Child Welfare Information Gateway

[www.childwelfare.gov](http://www.childwelfare.gov)

### FRIENDS National Resource Center

[www.friendsnrc.org](http://www.friendsnrc.org)

### National Scientific Council on the Developing Child

[www.developingchild.net](http://www.developingchild.net)



## References

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4. Felitti V, Anda R, Nordenberg D, Williamson D, Spitz A, Edwards V, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine* 1998;14(4):245-58.
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