Child and Vulnerable Adult Abuse

Part I

Abuse
Neglect
Maltreatment
Definition of Child

**Child** means a person who is less than 18 years of age.
**Definition of Vulnerable Adult**

**Vulnerable Adult** means any person 18 years of age or older who either is a developmentally disabled person or has infirmities of aging, mental illness or other like incapacities and who is:

- Significantly mentally incapable of providing for his/her own needs, or
- Unable to report cruel maltreatment without assistance.
Physical Abuse

Non-accidental physical injury inflicted on a child. The injury must be severe enough to meet the definition of “physical injury.” (ex. lacerations, fractured bones, burns, internal injuries, severe or frequent bruising or great bodily harm)
Threatened With Abuse/Neglect

Conditions or behaviors that can threaten a child’s safety. For example, violence in the home.
Physical Indicators

- Unexplained bruises (various stages of healing).
- Marks that appear to be a pattern from hand or belt.
- Unexplained burns, especially cigarette or immersion burns.
- Unexplained fractures, lacerations or abrasions.
- Pattern of severe injuries.
- Swollen areas.
- Evidence of delayed or inappropriate treatment for injuries.
- Age-inappropriate injuries.
- Bald spots (from severe hair pulling).
Behavioral Indicators

- Self-destructive.
- Withdrawn and/or aggressive - behavioral extremes.
- Shy away from touch.
- Arrives at school early/stays late as if afraid to be at home.
- Chronic runaway (adolescents).
- Complains of soreness or moves uncomfortably.
- Wears clothing inappropriate to weather, to cover body.
- Bizarre explanation of injuries.
- Wary of adult contact.
Child Neglect

Most frequent form of child abuse.

Failure, refusal or inability to provide for a child’s basic needs, endangering a child’s physical and/or psychological well-being, except if it’s a result of poverty. This includes food, clothing, shelter, medical care, or supervision.
Child Neglect -- Overview

- Refusal of health care.
- Delay in health care.
- Abandonment—the desertion of a child without arranging for reasonable care and supervision.
- Expulsion—refusal of custody.
- Inadequate supervision—leaving a child unsupervised or inadequately supervised for extended periods of time.
Physical Indicators

- Abandonment.
- Unattended medical needs.
- Consistent lack of supervision.
- Consistent hunger, inappropriate dress, poor hygiene.
- Lice, distended stomach, emaciated.
- Inadequate nutrition.
- Poor hygiene – appearing very dirty, matted and unwashed hair, or noticeable body odor.
- Untreated illnesses and physical injuries.
Behavioral Indicators

- Regularly displays fatigue or listlessness, falls asleep in class.
- Steals food, begs from classmates
- Reports that no caretaker is at home.
- Frequently absent or tardy.
- Self-destructive.
- Difficulty problem-solving.
- School dropout (adolescents).
- Extreme loneliness and need for affection.
- May show troublesome, disruptive behavior or be withdrawn and passive.
Sexual Abuse

Non-touching: obscene language, pornography, exposure or exhibition.

Touching: fondling, molesting, oral sex, intercourse.
Mandated Reporting of Sexual Activity

- Any sexual contact with a minor under the age of 16.
- Any sexual contact of a 17 or 18 year old that is not consensual.
- School nurses may not be required to report sexual activity if a student is accessing health care services.
Physical Indicators

- Torn, stained or bloody underclothing.
- Pain, swelling or itching in genital area.
- Difficulty walking or sitting.
- Bruises or bleeding in genital area.
- Venereal disease.
- Frequent urinary or yeast infections.
Behavioral Indicators

- Cruelty to animals, especially pets.
- Excessive seductiveness.
- Role reversal, overly concerned for siblings.
- Massive weight change.
- Suicide attempts (especially adolescents).
- Inappropriate sex play or premature understanding of sex.
- Threatened by physical contact, closeness.
- Very aggressive or very passive.
- Destructive behaviors: suicide attempts, alcohol/drug abuse or self-mutilation.
Emotional Abuse

No concrete marks.
Harder to detect.
Inadequate nurturing.
Negative comments.
Physical Indicators

- Name-calling, insults, put-downs, etc.
- Terrorization, isolation, humiliation, rejection, corruption, ignoring.
- Speech disorders.
- Delayed physical development.
- Substance abuse.
- Ulcers, asthma, severe allergies.
Behavioral Indicators

- Habit disorder (sucking, rocking, biting).
- Antisocial, destructive.
- Neurotic traits (sleep disorders, inhibition of play).
- Passive and aggressive - behavioral extremes.
- Delinquent behavior (especially adolescents).
- Developmentally delayed.
- Frequent headaches or stomach aches.
Risk Factors for Abuse
The rate of victimization for children with disabilities is 35.5 per 1,000 children.
The rate of victimizations for children without disabilities is 21.3 per 1,000 children.
Prevalence of Abuse – Children With Disabilities

- Children with disabilities are 1.7 times more likely to be maltreated than children without disabilities.
- Children who are perceived by their parents as "different" or who have special needs—including children with disabilities, as well as children with chronic illnesses or children with difficult temperaments—may be at greater risk of maltreatment.
- Children who are mentally ill are more likely to be maltreated.
Prevalence of Abuse – Specific Disabilities

- Profoundly mentally retarded children were less likely to be maltreated/abused than those who are less obviously disabled.
- The greater the speech deficit, the greater the presence of maltreatment.
- The worse the behavior, the worse the maltreatment.
Risk Factors Specific to Disability

- Demands of caring for these children may be overwhelming.
- Disruptions may occur in the bonding or attachment processes, particularly if children are unresponsive to affection or if children are separated by frequent hospitalizations.
- Children with disabilities may not understand that the abusive behaviors are inappropriate, and they may be unable to escape or defend themselves in abusive situations.
Societal attitudes, practices, and beliefs that devalue and depersonalize children with disabilities sanction abusive behavior and contribute to their higher risk of maltreatment. For example, society may have a greater tolerance of a caregiver verbally belittling or physically responding to a disabled child's inability to do a task or act in an unusual manner than there would be if an adult behaved in the same way toward a child who wasn’t disabled.
Risk Factors Specific to Disability

- Children are less able to defend themselves.
- The need for help in personal care blurs the privacy boundaries.
- Emphasis on compliance diminishes the ability to disagree with abusive directives.
Sexual Abuse and Disability Category

- 67% had a Cognitive Impairment.
- 18% had a Physical Impairment.
- 14% had a Hearing Impairment.
- 6% had a Psychological Diagnosis.
- 19% were Multiply Disabled.
Sexual Abuse

- By the age of 18, one out of six males is a victim of sexual abuse.
- 10% - 20% are sexually abused by a family member.
- By the age of 18, one out of four females is a victim of sexual abuse.
- 33% – 50% are sexually abused by a family member.
- Peak age of vulnerability is 7 – 13.
Differences of Child Maltreatment Based on Sex

- Girls are more likely to be sexually abused.
- Boys are more likely to be neglected.
Resources

- National Children’s Alliance [www.nca-online.org](http://www.nca-online.org)
- U.S. Department of Health & Human Services
- Prevent Child Abuse America [www.preventchildabuse.org](http://www.preventchildabuse.org)
- American Academy of Pediatrics [www.aap.org](http://www.aap.org)
- National Children’s Advocacy Center [http://www.nationalcac.org](http://www.nationalcac.org)
References

- **The School’s Role in Preventing Child Abuse and Neglect**, Oct. 2007, Department of Public Instruction.
- **Child Welfare Information Gateway**.
- **HelpGuide.org** (rotary group)
- **www.legis.state.wi.us**.
- **Child Maltreatment Conference handouts** (2006)