



EXCHANGE CLUB

Carl Perkins
Center for the prevention
of child abuse

Child Abuse: **What You Should Know**

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Child Advocacy Centers (CACs)

- CACs work with children's services, law enforcement, prosecutors, juvenile court representatives, and other agencies to create a coordinated response to child abuse in their communities.
- The CAC model seeks to improve outcomes of children and families affected by abuse (successful prosecution, resource linkage, mental health, etc.) while providing needed services in a manner that prioritizes the child's safety and comfort.

Child Advocacy Centers (CACs)

- Accredited CACs provide a number of services including:
 - Coordinating multidisciplinary team meetings
 - Tracking child abuse investigations and outcomes
 - Forensic interviewing
 - Forensic medical exams and treatment
 - Victim advocacy
 - Trauma-focused mental health treatment
- All services at CACs are required to be offered free of charge to victims and their families.

Without CACs



With CACs



Child Advocacy Centers (CACs)

- Every judicial district in the state of Tennessee is served by a CAC.
- For more information about CACs, visit:
 - *Children's Advocacy Center's of Tennessee*
 - <https://www.cactn.org>
 - *National Children's Alliance*
 - <https://www.nationalchildrensalliance.org>
 - *National Children's Advocacy Center*
 - <https://www.nationalcac.org>

CDC Definitions of Child Abuse

- **Physical abuse** is the intentional use of physical force that can result in physical injury. Examples include hitting, kicking, shaking, or other shows of force against a child.
- **Sexual abuse** refers to any completed or attempted sexual acts or sexual contact with a child who does not or is unable to consent to the activity. Examples include fondling, penetration, and exposing a child to other sexual activities or situations.
- **Emotional abuse** refers to behaviors that harm a child's self-worth or emotional well-being. Examples include name-calling, shaming, rejecting, and withholding love.
- **Neglect** is the failure to meet a child's basic physical and emotional needs. These needs include housing, food, clothing, education, access to medical care, and having feelings validated and appropriately responded to.

Child Abuse Statistics

- The US government estimates that there were **550,000** unique instances of child abuse in 2022. (NCA)
- CACs served **370,000** children in 2024. (NCA)
- 1 in 4 girls and 1 in 13 boys will experience sexual abuse during childhood. (CDC)
- 1,820 children died from abuse in the US in 2021. (CDC) The fatality rate for child abuse is 2.2 per 1,000 children. (NIH)
- Child abuse victims develop significant mental health concerns are 4x the rate of the general population. (Spataro et al., 2004)

Impact of Child Abuse

- Economic Impact

- Total lifetime economic impact of child abuse in the United States was estimated to be **\$592 billion** in 2018. (Klika, Rosenweig, & Merrick, 2018)
- It is estimated that the economic impact of child abuse in Tennessee is around **\$3 billion** per year, and the lifetime economic impact of **\$210,000** per substantiated child abuse victim. (Harris & Pratt, 2023)

- Other Impacts

- Child abuse victims are far more likely to develop substance use issues, have chronic health conditions, experience poor mental health, and die early. (ACES)
- Children of child abuse victims are more likely to be abused themselves. This leads to a pattern of generational child abuse and trauma.

Perpetrators

- Over 90% of child abuse perpetrators are well known to child/family. (Darkness to Light)
 - Most children are taught stranger danger but few are taught that it is not OK for friends/family members to harm them.
 - Authority figures such as teachers, coaches, religious figures, and others are often trusted implicitly, and their behaviors and motives are presumed to be good.
- Up to 40% of child abuse is committed by minors.
 - This rate is much higher when victims are under the age of 6.
 - Sibling sexual abuse is a significant concern in child safety.
 - 82% of victims of sibling sexual abuse are under the age of 13.
 - Males account for 92% of sibling sexual abuse perpetrators.
 - The average age difference between perpetrator and victim is 5.5 years.

Recognizing Grooming Behaviors

1. Identifying and targeting the victim.
2. Gaining trust and access to the victim.
3. Playing a role in the victim's life.
4. Isolating the child.
5. Creating secrecy around the relationship.
6. Initiating sexual contact.
7. Controlling the relationship.

National Center for Victims of Crime

<https://victimsofcrime.org/grooming-dynamic/>

Factors That Increase Risk of Abuse

- Being a girl (at least 2x)
- Being age 7-12 (average victim age = 9)
- Being in foster care (10x)
- Previous abuse history or abuse in immediate family
- LGBTQ+ identity
- Belonging to a minority group
- Low SES classification (3x if parent does not work)
- Living in a rural area (2x)
- Poor parent-child relationship/communication
- Disability/child vulnerability

Child Abuse Disclosure

- Most child abuse is never disclosed.
 - *Victims that do disclose often wait until adulthood to tell anyone.*
- Immediate disclosure is defined as disclosure within one month of the abuse occurring.
- Many victims attempt to tell multiple times before someone understands, believes them, or helps them.
- If a child discloses to you, it is because something about you makes the child believe you are a safe person they can trust.

Kids may not tell because they...

- Don't realize what is happening is not OK.
- Believe they will be in trouble.
- Fear retaliation against themselves or their family.
- Don't want the perpetrator to get in trouble.
- Told or attempted to tell in the past, but no one helped them.
- Fear the unknown more than they fear continued abuse.
- Feel telling would violate a cultural belief or practice.
- Believe others can tell they are being abused but do nothing to help.

Possible Signs of Physical Abuse

- Frequent, unusual, or unexplained bruises, lacerations, fractures, burns, or other physical injuries
- Wearing inappropriate or unusual clothing for the environmental conditions (i.e. a child may wear a sweatshirt in hot weather in order to hide bruises on their arms)
- Social or emotional withdrawal
- Overly aggressive behavior
- Easily startled or overly reactive to being approached
- Inconsistent explanations for injuries or explanations that are not consistent with the nature of the observed injury

Possible Signs of Sexual Abuse

- Sudden increase in interest about sex or sexual topics
- Knowledge about sexual behavior that is too abnormally advanced for the child's age/developmental level
- Developmentally inappropriate sexual behaviors
- Play that imitates specific sexual acts
- Social or emotional withdrawal
- Sudden onset of anxiety, depression, etc.
- New possessions (e.g. clothes, phones, gift cards, etc.) with no logical explanation of how they received the items
- Sudden changes in personal hygiene (i.e. over cleaning or under cleaning)

Possible Signs of Emotional Abuse

- Unusual shyness or social withdrawal
- Poor self-esteem
- Self-deprecating language
- Unusually high desire to please others
- Difficulty expressing self or advocating for self
- Poor attachment to caregiver
- Overly compliant or passive behavior
- Appears to have assumed a caregiving role for other children
- Displaying abusive/aggressive language or behavior that may have been modeled in their presence

Possible Signs of Neglect

- Frequent hunger
- Unkempt appearance/ poor hygiene
- Wearing the same/soiled clothes on consecutive days
- Frequent absences from school
- Frequent fatigue/sleeping during the day
- Food hoarding/food insecurity
- Delayed development (physical, cognitive, emotional, etc.) or developmental regression

Child Abuse & TBI - Perpetrators

- People who have experienced a traumatic brain injury may be more likely to perpetrate abuse due to factors such as increased aggression, behavioral/personality change, development of mental health disorders, diminished impulse control, and other symptoms that may be experienced after a head injury.
- The strongest predictors of post-TBI aggression are the development of new moderate/severe depressive symptoms after a TBI and a younger age at the time of the head injury. (McKinlay & Albini, 2016)

Child Abuse & TBI - Perpetrators

- Some studies show relatively low overall rates of physical aggression in those who have experienced a TBI . Rao et al. found around 25% of subjects developed verbal aggression while less than 2% developed physical aggression. (2010)
- In contrast, 60.25% of adult prisoners have experienced at least one head injury (Colantonio et al, 2006). Gordon et al. found that 21.9% of juvenile delinquents had experienced a head injury, and the TBI preceded any criminal offenses in 51.8% of those with reported history of TBI. (2017)

Child Abuse & TBI - Victims

- In 2023 Beitchman, Dakil, & Stokes reported the following concerns/needs related to abusive head trauma (AHT) in children:
 - Severe TBI is the leading cause of death in children under the age of 5.
 - Mild/Moderate TBI (mTBIs) are often overlooked as they rarely present with observable external injuries.
 - AHT most often presents with symptoms fever, dizziness, difficulty breathing, nausea, vomiting, poor eating, extremity concerns (bruises, swelling, and fractures), seizures, and skin concerns
 - Child abuse victims often suffer multiple mTBIs over the course of several years due to lack of discovery or disclosure.
 - Child abuse victims with multiple mTBIs are more likely to develop significant cognitive, behavioral, and emotional difficulties.

Child Abuse & TBI - Victims

- In response they advocate the following to better identify and treat victims of AHT:
 - Medical providers should always consider head trauma as a primary or comorbid condition when symptoms are consistent with possible TBI and rule out TBI before moving forward with other interventions.
 - Other professionals should be aware of signs of AHT that may be observed in their interactions with children.
 - Providers should screen for factors associated with increased risk for AHT including unknown/changing number of adults in a home, intimate partner violence in the home, caregiver substance use, and prior police involvement.
 - Providers should implement treatment protocols often used to address TBI in athletes to provide better outcomes for victims of AHT.

References

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