

CHILD ABUSE DEFINED

According to the Child Abuse Prevention and Treatment Act (CAPTA), child abuse and neglect is defined as “any recent act or failure to act on the part of the 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” (Child Welfare Information Gateway, 2019a). Furthermore, CAPTA defines “child” as a person who is under the age of 18 or who is not an emancipated minor. This coincides with Texas’ definition of child as “a person under 18 years of age who is not and has not been married or who has not had the disabilities of minority removed for general purposes” (Texas Constitution and Statutes, n.d.a).

Child Welfare Information Gateway (2019c), identifies the four main types of abuse as physical, sexual, emotional and neglect:

- *Physical abuse*—resulting in physical injury as a result of punching, beating, kicking, biting, burning, shaking, throwing, stabbing, choking or otherwise harming a child. Although an injury may result from physical abuse, the parent or caregiver may not have intended to hurt the child. The injury may be the result of over-discipline or severe punishment that is not appropriate to the child’s age or condition.
- *Sexual abuse*—includes, but is not limited to, fondling, intercourse, incest, sodomy, indecent exposure, and exploitation (use of a child in prostitution, pornography and/or internet crimes). Sexual abuse includes both touching and non-touching offenses

and may involve variable intensities of violence and emotional trauma (Child Welfare Information Gateway, 2019c).

- *Emotional abuse*—also known as psychological maltreatment, includes acts or omissions by parents or other caregivers that convey to children that they are worthless, flawed, unloved, unwanted, or endangered. There are six categories of emotional abuse: spurning, terrorizing, isolating, exploiting or corrupting, denying emotional responsiveness and medical, mental health and educational neglect (Hibbard, Barlow, and MacMillan, 2012).
- *Neglect*—characterized by a failure to provide for the child’s basic needs. The omission of care results in significant risk or harm to the child. Examples of neglect include not providing adequate food, clothing, shelter, supervision, or medical care.

In addition, abandonment, parental substance use, and human trafficking are considered to be abuse or neglect in many states. All of these maltreatments may occur either separately or in some form of combination.

(Child Welfare Information Gateway, 2019c)

The State of Texas defines *abuse* and *neglect* such that all four types of abuse identified above are incorporated within those two terms (Texas Constitution and Statutes, n.d.b).

VICTIMS OF CHILD ABUSE

In the United States during the year 2020, 618,000 children were abused or neglected.

Nationally, the victim rate is 8.4 victims of child abuse or neglect per 1,000 children in the population (U.S. Department for Health and Human Services, Administration for Children and Families [ACF], 2021). In Texas, the number of reports of child abuse and/or neglect increased from 272,248 in 2020 to 286,314 in 2021. Child Protective Investigations (CPI) completed 157,519 investigations of alleged child abuse and neglect in 2021 with 43,270 cases where there was reason to believe abuse and/or neglect occurred and 68,517 confirmed victims. In 94,878 investigations, abuse and/or neglect was ruled out. The remaining 19,371 cases were either not completed at the time of the report (1,743) or it was unable to determine if

abuse was present (17,628) (Texas Department of Family and Protective Services [DFPS], 2022a).

Confirmed victims of child abuse and neglect increased between 2020 and 2021 in all of the KCF counties of interest. Many researchers suspect that the confirmed number of cases represent only a fraction of the total number of actual abusive situations since many incidents of child abuse still go unreported and uninvestigated. Arranged by county, the following current information depicts confirmed victims of child abuse/neglect and investigations from 2020 and 2021. Three of the four KCF counties of interest continue to have rates of confirmed victims higher than the Texas state rate of 9.02 per 1,000 children.

CONFIRMED CPS VICTIMS AND INVESTIGATIONS FOR 2019 AND 2020						
Texas County	Texas Child Population		Confirmed Victims of Child Abuse/ Neglect		Confirmed Victims of Child Abuse/Neglect per 1,000 Children	
	2020	2021	2020	2021	2020	2021
Bandera	3,432	3,416	48	53	13.9	15.5
Bexar	533,642	541,891	5,499	5,641	10.3	10.4
Comal	32,639	33,681	357	391	10.9	11.6
Kendall	10,300	10,696	53	59	5.1	5.5
State Total	7,515,129	7,587,994	68,461	68,517	9.11	9.02

(DFPS, 2022a)

An abused child is likely to be a victim of more than one form of abuse. The most recent statistics show that during 2020 in the United States:

- 76.1% victims experienced neglect
- 16.5% were physically abused
- 9.4% were sexually abused
- 6.4% were emotionally or psychologically maltreated
- 2% were medically neglected
- 6% experienced other types of maltreatment—including abandonment, threats of harm, and congenital drug addiction

(ACF, 2022)

In 2020, 1,750 children died due to abuse/neglect in the United States (rate of 2.38 per 100,000 children) (ACF, 2022). In Texas the rate of

child deaths in 2021 was 2.62 per 1,000 children. The Texas Department of Family and Protective Services investigated 964 child fatalities, with 199 children confirmed to be fatally injured as a result of child abuse and/or neglect in 2021 (DFPS, 2022b).

Children under the age of one year-old are more susceptible to fatalities caused by child abuse for many reasons, including their dependent nature, small size, and lack of defense capability. In 2020, children who were younger than 1 year-old died from maltreatment at a rate of 23.03 per 100,000 children. This is 3.3 times the fatality rate for children who were 1-year-old (6.49 per 100,000 children in the population of the same age) (ACF, 2021).

PROFILE OF THE CONFIRMED CHILD ABUSE/NEGLECT VICTIMS IN TEXAS IN 2021							
Gender	Age in Years						
	<1	1-3	4-6	7-9	10-12	13-18	Total
Female	6,118	7,377	6,279	4,661	4,847	7,054	36,336
Male	6,498	8,053	6,294	4,457	3,288	3,254	31,844
Unknown	61	93	65	42	37	32	330
Total	12,677	15,523	12,638	9,160	8,172	10,340	68,510

(DFPS, 2022a)

PERPETRATORS OF CHILD ABUSE

Although child abuse/neglect occurs in many forms, the perpetrators are most frequently individuals accountable for the well-being and supervision of their victims. In 2021, as shown in the following table, the highest percentage of perpetrators were female; parent; between the ages of 26-35; and Hispanic (DFPS, 2022a).

CHARACTERISTICS OF KNOWN PERPETRATORS IN CONFIRMED INVESTIGATIONS OF CHILD ABUSE/NEGLECT FISCAL YEAR 2021				
Characteristics	Female		Male	
Age	No.	%	No.	%
Under 18	527	1.0%	1,683	3.1%
18-25	7,835	14.5%	5,419	10.0%
26-35	12,606	23.4%	10,184	18.7%
36-45	4,625	8.6%	6,083	11.3%
Over 45	1,793	3.3%	3,206	5.9%
Unknown	1-5	0.0%	12	0.0%
Ethnicity				
Anglo	9,933	18.4%	7,812	14.5%
Hispanic	10,091	18.7%	11,538	21.4%
African American	6,204	11.5%	5,803	10.8%
Other	923	1.7%	1,143	2.1%
Asian	184	0.3%	249	0.5%
Native American	54	0.1%	42	0.0%
Relationship to Victim				
Parent	24,262	45.0%	16,991	31.5%
Grandparent	1,129	2.1%	847	1.6%
Aunt/Uncle	538	1.0%	1,211	2.2%
Other	553	1.0%	1,464	2.7%
Parent's Paramour	458	0.9%	3,563	6.6%
Sibling/Other Relative	449	0.8%	2,511	4.7%

(DFPS, 2022a)

RISK FACTORS

The Centers for Disease Control and Prevention (CDC) (2021) identified a combination of individual, family, and community factors that contribute to the risk of child maltreatment. Each of these contains characteristics that could increase the risk or potential for abuse, including but not limited to:

- Individual Risk Factors
 - Parents’ lack of understanding of children’s needs, child development and parenting skills
 - Parents’ history of child maltreatment in family of origin
 - Substance abuse
 - Mental health issues in the family, such as depression
- Parental characteristics such as:
 - Young age
 - Low education
 - Single parenthood
 - Large number of dependent children
 - Low income
 - Non-biological, transient caregivers
 - Parental sentiment that justifies maltreatment behavior
- Family Risk Factors
 - Social isolation
 - Family disorganization and dissolution
 - Violence (including intimate partner violence)
 - Parenting stress
 - Poor parent-child relationships
 - Negative interactions
- Community Risk Factors
 - Community violence
 - High poverty and residential instability
 - High unemployment rate

- High density of alcohol outlets
- Poor social connections

(CDC, 2021)

CONSEQUENCES OF ABUSE

In July 2012, the U.S. Department of Health and Human Services published the second analysis report of the National Survey of Child and Adolescent Well-Being (NSCAW) (Casanueva, et al., 2012). NSCAW examined the characteristics, needs, experiences, and outcomes for children and families who come in contact with public child welfare agencies.

The study included over 5,872 children from 81 randomly selected counties across the U.S. and

continued to follow these children to gather data about subsequent services, measures of well-being, and long-term results.

Initial measures of well-being were taken using standardized instruments; the following table, excerpted from the study, indicates that in all areas measured, children who have experienced abuse have significant deficits and demonstrate lower cognitive and academic abilities, fewer skills, more problem behaviors, and even poorer physical health than their counterparts in the general population. The study also showed that children in group care and non-kinship foster care fared the worst in all areas assessed.

Proportion of Children Involved with Child Welfare System at “Clinical” Levels on Standardized Measures as Compared with the General Population

Standardized Measure	Proportion “Clinical” ^a	Comparable Norm ^b
	Percent	
Cognitive Development	20.5	2.3
Risk of developmental delay or neurological impairment	54.5	14
Language skills	26.0	2.3
Problem behaviors, 1.5 to 17 years	20.5	8
Problem behaviors, 5 to 17 years	11.9	8
Problem behaviors, Youth Self Report aged 11-17	19.7	8
Depression	7.8	6.7
Social skills	30.0	15
Daily living skills	12.5	2.3
Reading skills	7.8	2.3
Mathematics skills	7.5	2.3
^a More than 2 standard deviations below mean or otherwise considered at high-risk or in the lowest skill range		
^b proportion in general population expected to have a score in the very low or clinical range		

(Casanueva, Ringeisen, Wilson, Smith, & Dolan, 2012, p. 59)

LONG-TERM CONSEQUENCES

Many studies have been, and continue to be, conducted to identify long-term effects of child abuse. While specific effects are listed below, it is important to note that these effects often cannot be separated; for example, physical trauma can have psychological consequences which can lead to behavior problems:

➤ *Physical consequences*

- Bruises/cuts/broken bones
- Abusive head trauma (shaken baby

syndrome)

- Impaired brain development (increased risk for cognitive, language, academic, and psychological disabilities)
- Poor physical health (increased risk of heart, lung, and liver disease; diabetes; asthma; and obesity)

➤ *Psychological consequences*

- Difficulty during infancy (cognitive delays, language difficulties)
- Poor mental and emotional health

(borderline personality disorder, depression, anxiety)

- Cognitive difficulties (low IQ, low academic achievement)
- Social difficulties (antisocial traits, attachment issues, aggression)

➤ *Behavioral consequences*

- Difficulties during adolescence (grade repetition, substance abuse delinquency, truancy, pregnancy)
- Juvenile delinquency and adult criminality
- Alcohol and other drug abuse
- Abusive behavior

(Child Welfare Information Gateway, 2019b)

The physical, psychological, and behavioral consequences listed above, as well as abusing their own children, have all been linked to adults who were abused as children (Child Welfare Information Gateway, 2019b).

Statistics on abuse victims show that:

- Individuals who reported six or more adverse childhood experiences had an average life expectancy two decades shorter than those who reported none
- 80% of 21-year-olds that were abused as children met criteria for at least one psychological disorder
- 14% of all men and 36% of women in prison in the USA were abused as children, about twice the frequency seen in the general population
- As many as two-thirds of those in substance use treatment reported being abused or neglected as children
- Abused and/or neglected children in the child welfare system also report higher than national norms of early onset of sexual activity (20.4% to the national rate of 8.3%) and a considerably higher rate of pregnancy

(Childhelp, n.d.; James, et. al, 2009)

One thing that researchers are beginning to investigate is why some children experience significant long-term issues and others do not. Many factors affect individual outcomes including:

- Age and developmental status at time abuse took place
- Type of abuse
- Frequency, duration, and severity of abuse
- Relationship between the victim and abuser
- Protective factors
- Individual characteristics (optimism, self-esteem, intelligence, humor)
- Social environment (access to caring adult)

(Child Welfare Information Gateway, 2019b)

EMERGENCY SHELTER

In Texas during 2021, 16,028 child abuse/neglect victims were removed from their home, including 2,350 in the San Antonio region (DFPS, 2022a). Once removed, a child may be placed in an emergency shelter or youth home prior to foster placement.

Several non-profit organizations provide emergency shelter to children from the four-county KCF areas of interest (Kendall, Comal, Bandera and Bexar). Most of these shelters are located in Bexar County, though Comal, Kendall, and Bandera County do each have emergency shelters.

These organizations differ in the age group they serve, capacity limitation, and the length of stay that the child or children can remain in the emergency shelter. The table at the end of this brief describes some of the identified organizations that have an emergency shelter available.

During their stay, the children undergo assessments (psychological, physical, educational, and medical) to determine what type of services they need, where they should go after the emergency stay, and where to go when it becomes clear that they will not be returning home. Almost all of the organizations provide on-site school so that education is not disrupted. Depending on the situation, the child will either stay with the host organization or be referred to another organization that better meets the needs of the child.

Organizations that have Emergency Shelter				
Organization	Location (County)	Age Group	Capacity Limit	Length of Stay
K'STAR Emergency Shelter	Bandera	0-17 years	20 children	Up to 90 days
Boysville, Inc.	Bexar	0-17 years	28 children	Up to 90 days
The Children's Shelter*	Bexar	0-17 years	66 children	Up to 90 days
Roy Maas' Youth Alternatives, Inc.	Bexar	5-17 years	20 children	Up to 90 days
St. Peter-St. Joseph Children's Home	Bexar	0-17 years	53 domestic/ 82 international	Up to 90 days
Boerne Blessings	Kendall	0-17 years	Unknown	Unknown
St. Jude's Ranch for Children	Comal	0-21 years	24 youth	Up to 90 days
(K'STAR Emergency Shelter, 2021; Boysville, n.d.; The Children's Shelter, 2021; Roy Maas' Youth Alternatives, Inc., n.d.; St. Peter–St. Joseph Children's Home, n.d.; Boerne Blessings, 2017; St. Jude's Ranch for Children, personal communication, November 8, 2018;) *The Children's Shelter is not currently active				

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