A Review of the Literature

Prepared By:
Tenia Davis, M.S.W.
Curriculum and Evaluation Analyst
Table of Contents

EXECUTIVE SUMMARY ..................................................................................................................2
BACKGROUND ......................................................................................................................................3
UNITED STATES CHILDHOOD MALTREATMENT DATA .....................................................................4
CALIFORNIA CHILDHOOD MALTREATMENT DATA .........................................................................4
METHODS ..........................................................................................................................................5
THEORETICAL FRAMEWORK ..........................................................................................................6
REPORT STRUCTURE ..........................................................................................................................6
NEGLECT ..............................................................................................................................................7
  Psychological Effects of Childhood Neglect ......................................................................................8
  Elements of Childhood Neglect .........................................................................................................9
  Childhood Neglect Takeaway ............................................................................................................11
PHYSICAL ABUSE ............................................................................................................................13
  Psychological Effects of Childhood Physical Abuse ........................................................................13
  Elements of Childhood Physical Abuse ............................................................................................13
  Childhood Physical Abuse Takeaway .................................................................................................15
EMOTIONAL ABUSE ..........................................................................................................................16
  Psychological Effects of Childhood Emotional Abuse .......................................................................16
  Elements of Childhood Emotional Abuse ..........................................................................................17
  Childhood Emotional Abuse Takeaway ..............................................................................................18
SEXUAL ABUSE ..................................................................................................................................19
  Psychological Effects of Childhood Sexual Abuse ............................................................................21
  Elements of Childhood Sexual Abuse ...............................................................................................22
  Childhood Sexual Abuse Takeaway ..................................................................................................23
COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN ..................................................................24
  Psychological Effects of Commercial Sexual Exploitation of Children ............................................25
  Elements of Commercial Sexual Exploitation of Children ...............................................................25
  Commercial Sexual Exploitation of Children Takeaway ...................................................................28
REFERENCES .......................................................................................................................................29
Appendix I: Childhood Maltreatment Myths and Facts .....................................................................32
  Myths and Facts: Childhood Abuse and Neglect ............................................................................32
  Myths and Facts: Childhood Sexual Abuse ....................................................................................32
  Myths and Facts: Commercial Sexual Exploitation of Children .....................................................33
The purpose of this report is to inform the child welfare training system regarding the scope of childhood maltreatment. In addition, this report identifies indicators of maltreatment that trainees should consider.

More than 3.8 million United States (U.S.) children were the subject of at least one childhood maltreatment report during Federal Fiscal Year (FFY) 2012. Of those children, one-fifth were found to be the victim of an incidence of childhood maltreatment (Children’s Bureau, 2012). During FFY 2012, the United States had 678,810 unique count childhood maltreatment victims and a national victimization rate of 9.2 per 1,000 children (Children’s Bureau, 2012). During the 2013 calendar year, California had 83,951 substantiated maltreatment incidences and a statewide victimization rate of 9.1 per 1,000 children (Needell, Webster, Armijo, Lee, Dawson, Magruder, Exel, Cuccaro-Alamin, Putnam-Hornstein, King, Sandoval, Yee, Mason, Benton, Pixton, Lou, and Peng, 2014).

All 50 States, the District of Columbia, and Puerto Rico commonly recognize four childhood maltreatment subtypes: neglect, physical abuse, emotional abuse, and sexual abuse (Children’s Bureau, 2012). The Commercial Sexual Exploitation of Children (CSEC) is an emerging childhood maltreatment subtype and will be highlighted within this section and reviewed in detail within the CSEC section of this report.

Physical Abuse (CPA) is the most widely studied childhood maltreatment subtype, and historically, physical abuse has been erroneously combined with neglect and to some extent emotional abuse. Emotional Abuse is a complex childhood maltreatment subtype; hence, it has the lowest substantiation rate of all childhood maltreatment subtypes (Kairys & Johnson, 2002). While Neglect is the most common maltreatment subtype it is frequently underreported.

Sexual Abuse (CSA) was once considered a maltreatment subtype committed primarily by strangers. However, research now finds that sexual abuse is commonly perpetrated by someone close to the child or the family. In fact only 4% of sexual assaults against children are committed by strangers or by other persons unknown to either the child or the child’s family (Estes & Weiner, 2001).

Commercial Sexual Exploitation of Children (CSEC) is a subset of human trafficking and involves sexual activity with a child in exchange for something of value, or promise thereof, to the child or another person or persons (Lloyd & Orman, 2010). The intersections of CSEC and Sexual Abuse include: Child Sexual Abuse, Sexual Exploitation of Children, Commercial Sexual Exploitation of Children, and Domestic Minor Sex Trafficking (Lloyd & Orman, 2010).

Each section of this report is dedicated to the review of the five subtypes of childhood maltreatment. Within each subtype section the elements and risk factors for maltreatment are highlighted and organized according to Bronfenbrenner’s Ecological Systems theory.
The Child Abuse Prevention and Treatment Act (CAPTA) is the key federal legislation addressing and providing federal funding for prevention, assessment, investigation, prosecution, and treatment activities related to childhood maltreatment. Enacted January 31, 1974 (P.L. 93-247) and amended several times after, CAPTA was reauthorized on December 20, 2010 by the CAPTA Reauthorization Act of 2010 (P.L.111-320). The minimum definition for childhood maltreatment established by CAPTA is:

*Any recent act or failure to act on the part of a 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.*

State childhood maltreatment statutes and policies are founded on the CAPTA minimum definition for childhood maltreatment and state interpretation of CAPTA’s minimum definition. State statues and policies are consulted to either substantiate or dismiss referrals of childhood maltreatment as acts of commission (e.g., physical abuse) or omission (e.g., neglect). Acts of commission include physical abuse, emotional abuse, and sexual abuse, whereas, neglect is an act of omission.

The National Child Abuse and Neglect Data System (NCANDS) is a national data collection system established in 1992 under CAPTA that enables ongoing improvement of state Child Protective Services. NCANDS facilitates: the analysis of voluntarily submitted state-level childhood maltreatment data from all 50 states, the District of Columbia and Puerto Rico; and the annual publication of the Children’s Bureau’s *Childhood Maltreatment* report.

In the annual *Childhood Maltreatment* report state childhood maltreatment data reported through NCANDS are published as either unique count or duplicate count data. Unique count data involve a single count of subjects regardless of the number of times that they appear as the subject of a report. Duplicate count data involve a multiple count of subjects each time that they appear as the subject of a report (Children’s Bureau, 2012).

During FFY 2012, Child Protective Services (CPS) received an estimated 3.4 million referrals involving approximately 6.3 million children. Of those referrals, approximately two-thirds were screened-in (62%) and one-third were screened-out (38%). Professionals made three-fifths (58.7%) of reports with the largest percentages of report sources being legal and law enforcement personnel (16.7%), education personnel (16.6%) and social services personnel (11.1%) (Children’s Bureau, 2012).
**United States Childhood Maltreatment Data**

**Age and Gender**
During FFY 2012, more than one-quarter (26.8%) of childhood maltreatment victims were younger than age 3 and one-fifth (19.9%) were between the ages of 3 and 5 (Children’s Bureau, 2012). Boys accounted for 49-percent of victims and girls accounted for 51-percent of victims (Children’s Bureau, 2012).

**Race and Ethnicity**
During FFY 2012, 44-percent of childhood maltreatment victims were White, 21.8-percent were Hispanic, 21-percent were African-American, 1.2-percent were American Indian or Alaska Native, and 1-percent were Asian or Pacific Islander (Children’s Bureau, 2012).

---

**California Childhood Maltreatment Data**

Between January 1, 2013 and December 31, 2013 California’s total child population was 9,150,549. Of California’s total child population: 5-percent received an allegation of maltreatment (482,500); .9-percent (83,951) had a substantiated case of maltreatment; and .3-percent (31,979) entered the foster care system (Needell et al., 2014).

**Age and Gender**
In 2013, slightly more than one-twentieth (6.4%) of California’s children under age 1 received an allegation of maltreatment in their first year of life (Needell et al., 2014). Slightly less than one-fifth (17%) of California’s children under age 5 received an allegation of maltreatment. Of those that received an allegation, slightly less than one-twentieth (4.4%) had a maltreatment substantiation (Needell et al., 2014). In 2013, 16,818 children under the age of 5 entered the foster care system in California. Of those who entered the foster care system in 2013, 49.9-percent were males and 50.1-percent were females (Needell et al., 2014).

**Race and Ethnicity**
In 2013, the racial distribution of foster care entries in California were 52-percent Latino, 25-percent White, 18-percent African American, 3-percent Asian or Pacific Islander, and 1-percent Native American (Needell et al., 2014). The graph depicted right illustrates the percentage of children in the total population who received an allegation, the percentage of allegations that were substantiated, to ultimately, the percentage of substantiated cases of maltreatment that resulted in entry into the foster care system by ethnic group. Data used to generate the graph of California’s Child Welfare System in 2013 are from Needell et al., 2014.
METHODS

This report was prepared through consultation and review of primary and secondary research literature including review articles, meta-analysis, meta-synthesis, systematic reviews and research articles. As a vetting methodology to identify novel, timely and relevant literature for inclusion in this report, state-level and national-level NCANDS data were consulted.

Between November 2013 and August 2014 childhood maltreatment literature were consulted to substantiate elements currently taught under the State of California’s Child Welfare Common Core Curriculum; to identify childhood maltreatment risk factors; and to examine the emerging subtype of Commercial Sexual Exploitation of Children (CSEC).

More than 140 journal articles were reviewed in entirety or at the abstract-level. Articles consulted were housed in a database generated for the sole purpose of reviewing Childhood Maltreatment Indicators (CMI) literature. Utilizing the database, literature were reviewed under three phases.

**Phase I** involved an initial skim of 140 journal articles and article annotation to identify articles necessitating further review. Approximately 45 articles were annotated and added to the CMI database with pertinent field information (e.g., citation, abstract, CMI subtype and date of publication). Under **Phase II** a re-examination of annotated articles was conducted and led to reduction of the literature considered for inclusion by approximately 20 articles. **Phase III** involved an additional review of literature selected for inclusion. Approximately twenty-five articles were selected based upon the criteria of being novel, relevant or timely. Whenever possible, primary source literature were consulted under Phase II.

A thorough review of the literature was conducted through a phased literature review process; consultation of primary source literature whenever possible; and continuous consultation of literature identified through search engine referral.

A phased literature review process facilitated literature synthesis and contributed to refinement of the search terms used to obtain CMI literature. Some terms used to obtain literature were: “childhood maltreatment”; “child neglect and culture”; “child abuse and culture”; “parental depression and child abuse”; “substance abuse and child abuse”; “child sexual abuse”; “commercial sexual exploitation of children”; and “myths and facts about childhood maltreatment.” Although several terms were searched, the terms consistently searched to obtain literature are identified above. Search engines and catalogs used to obtain articles include: the University of California, Berkeley electronic resources database; Google Scholar; Springer Link; PubMed; Science Direct; and EBSCO.
THEORETICAL FRAMEWORK

Bronfenbrenner’s Ecological Systems theory was consulted throughout the literature review process to guide the identification of mutually influencing sources of childhood maltreatment risk within the child’s ecology (Lynch & Cicchetti, 1993 as cited in Lynch & Cicchetti, 1998).

Elements of Childhood Maltreatment
The child, the parent, and the environment were elements frequently cited as proximal risk factors for childhood maltreatment in the literature. The role of the child, the parent, and the environment were explored as sources of childhood maltreatment risk within the child’s ecology and are reviewed under each subtype section of this report.

Variables of Childhood Maltreatment
Multiple variables of childhood maltreatment were identified for each element. Variables are presented based upon their relevance as a childhood maltreatment indicator. A few variables commonly identified are: Chronological Age of the Child; Developmental Abilities of the Child; History of CWS Involvement; Parent’s/Caregiver’s Own History of Maltreatment; Parent/Caregiver Substance Abuse; and Maternal Mental Health and Parent-Child attachment.

REPORT STRUCTURE

- The Executive Summary provides a high-level overview of childhood maltreatment.
- The Methods section outlines the literature management and selection procedures used to obtain, house, review and select literature for inclusion in this report.
- United States and California childhood maltreatment data are presented within the United States Childhood Maltreatment Data, and California Childhood Maltreatment Data sections.
- The construct of childhood maltreatment is discussed within each section of this report. An operational definition, the psychological effects, elemental risk factors, and a high-level takeaway are provided for each subtype.
- In the Appendix I: Childhood Maltreatment Myths and Facts section common myths and facts are presented.
The most common maltreatment subtype is neglect: however, what constitutes neglect is subjective and often entangled with other forms of maltreatment. Since neglect is an act of omission the under-acknowledgement and underreporting of neglect may be influenced by its lack of a uniform definition. DePanfilis (2006) has identified six subtypes of neglect that can aid professionals in identifying an incidence of neglect despite the lack of a uniform definition for the phenomenon:

- **Physical neglect** is the most widely recognized subtype and includes abandonment, expulsion, shuttling, nutritional neglect, clothing neglect, or other physical neglect (p.12).
- **Medical neglect** encompasses parent or guardian denial of or delay in seeking needed health care and includes denial of health care or delay in health care (p.12).
- **Inadequate supervision** encompasses a number of behaviors including lack of appropriate supervision, exposure to hazards, or inappropriate caregivers (p.13).
- **Environmental neglect** is primarily concerned with conditions in the home or parental omissions in care (p.13-14).
- **Emotional neglect** is the most difficult subtype of neglect to assess. Emotional neglect includes inadequate nurturing or affection, chronic or extreme spouse abuse, permitted drug or alcohol abuse, other permitted maladaptive behavior, and isolation (p.14).
- State statutes and policies vary for what defines an act of educational neglect. In general, educational neglect includes permitted and chronic truancy, failure to enroll or other truancy, or inattention to special education needs (p.14).

Additional parental behaviors identified as possible indicators of childhood neglect include:

- Apparent indifference towards the child;
- Apathy or depression;
- Irrational or bizarre manner;
- Alcohol or drug abuse;
- Denial of the existence of the child or blaming the child for the child’s problems in school or at home;
- Seeing the child as entirely bad, worthless, or burdensome; or
- Looking to the child primarily for care, attention, or satisfaction of emotional needs.
Psychological Effects of Childhood Neglect

Childhood neglect can negatively affect a child’s long term health and physical development; intellectual and cognitive development; emotional and psychological development; and social and behavioral development (DePanfilis, 2006). Short term psychological consequences of childhood neglect include fear, isolation, and an inability to trust (Erickson & Egeland, 2002 as cited in DePanfilis, 2006).

Children who experience neglect tend to demonstrate higher frequencies of insecure, anxious, and avoidant attachment as compared to non-neglected children (Crouch & Milner, 1993 as cited in DePanfilis, 2006). In fact, 70 to 100-percent of maltreated infants have an insecure attachment with their caregivers (Wolfe, 1993 as cited in DePanfilis, 2006).

According to DePanfilis (2006) children who experienced neglect and have difficulties forming an attachment with their primary caregiver may exhibit the following behaviors:

- Be more mistrustful of others and less willing to learn from adults as compared to non-neglected children.
- Have difficulty understanding the emotions of others, regulating their own emotions, and maintaining relationships with others.
- Have limited ability to feel remorse or empathy.
- Demonstrate a lack of confidence or social skills that may hinder their success in school, work and relationships.
- Demonstrate impaired social cognition (i.e., one’s awareness of oneself in relation to others and an awareness of other’s emotions).

The psychological effects of childhood neglect may be evident either immediately or many months or years after the maltreatment. In addition, children who are neglected may exhibit a variety of internalizing or externalizing behaviors resultant from the maltreatment (DePanfilis, 2006).

- **Internalizing behaviors resultant from childhood maltreatment include:**
  - agitation, nightmares, avoidance of certain activities or people, difficulty falling asleep or staying asleep, sleeping too much, difficulty concentrating, hyper vigilance, irritability, becoming easily fatigued, poor appetite or overeating, low self-esteem, or feelings of hopelessness (DePanfilis, 2006).

- **Externalizing behaviors resultant from childhood maltreatment include:**
  - not listening when spoken to, difficulty organizing tasks and activities, being easily distracted, being forgetful, bedwetting, excessive talking, difficulty awaiting their turn, bullying or threatening others, being physically cruel to people or animals, playing with or starting fires, stealing, or destroying property (DePanfilis, 2006).
**Elements of Childhood Neglect**

Childhood neglect is the failure of a parent or guardian to provide necessary care resultant in harm or threat of harm to the child (Schumacher, Slep & Heyman, 2000). Elements identified by the literature as potential risk factors for childhood neglect within the child’s ecosystem are reviewed in this section of the report.

**Developmental Abilities of the Child**

Children with special needs have been found to experience maltreatment at 1.7 times the rate of children without a disability: however, the links between the developmental abilities of the child and childhood neglect are still unclear (Goldman, J & Salus, M.K., 2003 as cited in DePanfilis, 2006).

**Child Temperament and Behavior**

Neglected children tend to demonstrate passive, nonassertive, and withdrawn behaviors (DePanfilis, 2000 as cited in DePanfilis, 2006). Children of mothers who report child behavior problems or child conduct disorder symptoms are at increased risk for child neglect (Schumacher et al., 2000). The association between a child’s behavior and neglect is significant because children who experience early neglect exhibit higher levels of aggression, additionally, children under age five who experience neglect may exhibit worsening problem behaviors (Kotch et al., 2008 as cited in Woodruff and Lee, 2011).

In the 2011 study by Woodruff and Lee, more than half (60.6%) of maltreated four year olds exhibited borderline or clinical level externalizing behaviors at some point, and internalizing and attention problems. This is significant because such behaviors exhibited early in life (at age 4) were found to be salient factors related to worsening externalizing behavior trajectories. Children with externalizing behavior scores within normal limits at age 4, which subsequently increased into the clinical range (the worsening group), tended to have elevated internalizing scores at age 4. Additionally, youth who had attention problems at age 4 were less likely to be in the low/normal trajectory but over time these youth may demonstrate a decrease in externalizing problem behaviors.

**Chronological Age of the Child**

During FFY2012, children aged 1 to 5 had the greatest number of substantiated childhood neglect cases (Children’s Bureau, 2012). Children in the 15 to 17 age range are at increased risk for physical and educational neglect compared to children of other age groups (Sedlak, 1997 as cited in Schumacher et al., 2000).

**Parenting and Problem Solving Skills**

Parents who are unaware of the developmental and cognitive abilities of children with respect to their age may have unrealistic expectations and be more likely to neglect their children (DePanfilis, 2006). Additionally, parents who are inconsistent with discipline or use harsh or excessive punishment can be at risk for neglecting their children (Thomlison, B. 1997 as cited in DePanfilis, 2006).

**Parent’s Childhood, Developmental History, and Personality Factors**

How a parent was raised has an effect on the way that he/she raises his/her own children. While the majority of parents who were maltreated did not maltreat their own children (DePanfilis, 2006) neglectful mothers...
were found to be three times more likely to have been sexually abused (Connell-Carrick, K., 2003 as cited in DePanfilis, 2006).

**Familial Communication & Interaction Patterns**
Neglectful families often have problems communicating and interacting in a positive or appropriate way (DePanfilis, 2006). Neglectful families also tend to lack empathy, openness, emotional closeness, negotiation skills, and a willingness to take responsibility for actions (Connell-Carrick, K., 2003 as cited in DePanfilis, 2006).

**Familial Stress**
Neglectful families report more day-to-day stress than non-neglectful families. Commonly reported daily stressors include financial difficulties, substance abuse problems, housing problems, or illness (DePanfilis, 2006).

**Domestic Violence**
Children who live in homes where domestic violence is present are at increased risk for being neglected (DePanfilis, 2006).

**Substance Abuse**
Neglect has the strongest association with substance abuse among all childhood maltreatment subtypes (DePanfilis, 2006). Children of parents who abuse alcohol and other drugs are likely to be neglected at four times the rate of the children of parents who do not abuse substances. In fact, 65-percent of maltreated children were maltreated while one or both of their parents were intoxicated and/or have parents who suffer with substance abuse problems (Goldman, J & Salus, M.K., 2003 as cited in DePanfilis, 2006).

Children reared in households where parental substance abuse and domestic violence are present are at increased risk of enduring Adverse Childhood Experiences (ACE). ACEs include parental alcohol abuse, exposure to childhood abuse, neglect, household substance abuse, parental discord, criminality, and mental illness among household members (Dube, Anda, Felitti, Croft, Edwards and Giles, 2001).

**Familial Composition**
Single parenthood is associated with higher incidences of neglect. Single-parent families are more likely to live in poverty than households with two-parents. In 2003, the poverty rate for children living in a single parent home was 34-percent (DePanfilis, 2006).

**Poverty**
Neglect is strongly associated with poverty compared to other childhood maltreatment subtypes (Charlow, 2001 as cited in DePanfilis 2006, as cited in). While it is important to note that many poor families are well adjusted and competent (DePanfilis 2006), when combined with other risk factors, poverty can place a child at greater risk for neglect (Goldman & Salus, 2003 as cited in DePanfilis 2006).
Communities with high poverty, high school dropout rates, and fewer two parent families experience greater rates of substantiated neglect. Children who live in very large urban counties are at greater risk for both physical and educational neglect (Schumacher et al., 2000).

According to Jenny (2007), poverty is associated with medical neglect. In the United States medical neglect accounts for 2.3% of all substantiated cases of childhood maltreatment. Families may fail to seek medical services for various reasons that may include poverty or economic hardship; lack of access to care; family chaos and disorganization; lack of awareness, knowledge, or skills; lack of trust in health care professionals; impairment of caregivers; caregiver's belief system; and the child's attitudes and behaviors. Physician related factors that may contribute to medical neglect include pediatricians’ misunderstanding of different cultures, lack of parent health literacy, and a lack of communication in the medical setting (Jenny, 2007).

**Social Support**

Impoverished communities often lack positive informal and formal support systems. This is significant because families with healthy support networks have more access to models of suitable parental behavior (DePanfilis, 2006).

**Childhood Neglect Takeaway**

Childhood neglect involves a complex interplay between risk and protective factors at each level of the child’s ecological system (DePanfilis, 2006). When assessing a referral of childhood neglect through a culturally competent lens, parental motives cannot be categorized as either squarely intentional or unintentional but must be considered within the context of one’s culture (DePanfilis, 2006). According to DePanfilis (2006) when determining whether a cultural practice is potentially harmful to a child the following questions should be considered:

- What exactly is the practice?
- Is it safe?
- Is actual or potential harm involved?
- Is there a significantly better option?
- Are there potentially harmful implications of deviating from the cultural practice?
- Have the child’s basic needs not been met?
- Is it against the law?

Mitigating factors for childhood neglect include: 1) “having an emotionally supportive adult either within or outside the family such as a grandparent or a teacher who is available during childhood”; and 2) “having a loving, accepting spouse or close friend later in life” (Egeland & Erickson, 1999 as cited in DePanfilis, 2006). Children who are neglected may not only survive the neglect but may achieve positive outcomes despite it. What sets these children apart may be a number of protective factors related to the child, the parent, or the environment.
Identified protective factors include: good health, a history of adequate development, above-average intelligence, hobbies and interests, humor, a positive self-concept, good peer relationships, an easy temperament, a positive disposition, an active coping style, good social skills, an internal locus of control, and a balance between seeking help and autonomy (Child Welfare Information Gateway, 2003 as cited in DePanfilis, 2006).
Survivors of childhood physical abuse are at risk of experiencing adverse short and long-term mental and physical health outcomes that persist into adulthood (Williamson, Thompson, Anda, Dietz & Felitti, 2002 as cited in Valle & Lutzker, 2006). Childhood physical abuse involves:

“Non-accidental physical injury of a child by a parent or other caregiver, which can include bruises, fractures, cuts, burns, welts, and other injuries” (Valle et al., 2006).

A substantial percentage of children appear to be resilient and demonstrate few, if any, known problems other than the physical injury (Valle et al., 2006). Variation in problems resultant from childhood physical abuse suggest that characteristics of the physical abuse (e.g., severity, frequency, duration, and child’s developmental age of onset), the child, and his/her environment, may contribute to the child’s adaption following the abuse.

**Psychological Effects of Childhood Physical Abuse**

Kolko (2002) as cited in Valle et al., 2006 has identified several psychological sequelae resultant from childhood physical abuse. The identified sequelae are:

- Left hemisphere neurological impairments that may be associated with impaired language development or other specific cognitive deficits related to attention and comprehension that may impact academic and social performance;
- Aggressive behavior;
- Cognitive patterns and skills deficits associated with aggressive behavior, such as perception of others as hostile;
- Difficulty with trust and social problem-solving deficits;
- Delinquency, conduct disorder, and substance abuse;
- Low self-esteem, depression, suicidal ideation, fear and anxiety, including posttraumatic stress disorder (PTSD) or PTSD symptomatology;
- Insecure attachment and difficulties in peer relationships, including social withdrawal, social skills deficits, and peer rejection.

**Elements of Childhood Physical Abuse**

Childhood physical abuse is generally identifiable through injuries that are unusual in type (e.g., oddly shaped), location (e.g., back of the hands), severity (e.g., first-degree burns), frequency (e.g., repeated fractures), and/or that are abnormal for the child’s developmental and chronological age (Valle et al., 2006).
Elements identified by the literature as potential risk factors for childhood physical abuse within the child’s ecosystem are outlined in this section of the report.

**Chronological Age of the Child**
Children under four comprise the majority of physical abuse cases. This is significant as children abused before age three are ten times more likely to suffer a repeat episode of physical abuse (Algood, Hong, Gourdine & Williams, 2011).

**Developmental Abilities of the Child**
Disabled children are one of the most vulnerable subgroups for physical abuse. Children with developmental disabilities are at increased risk of experiencing polyvictimisation. In fact, one in four children with a disability experience physical violence, one in six experience sexual victimization, and one-third have been victimized in multiple ways, by multiple perpetrators, and in multiple settings making them polyvictims (Hamby & Grych, 2013). According to Algood et al. (2011) the following risk factors exist for disabled children:

- Boys with disabilities disproportionately experience physical abuse compared to girls with disabilities;
- Abused children are disproportionately enrolled in special education programs and children who experience physical abuse have the highest rate of special education enrollment;
- Hearing impaired children are at increased risk of experiencing severe physical punishment that escalates into maltreatment;
- For children with disabilities, domestic violence tends to co-occur with physical abuse;
- Parents with limited social support tend to feel overwhelmed and unable to cope with the required supervision responsibilities of a child with disabilities therefore, increasing the likelihood of this group to experience physical abuse; and
- Abused children tend to reside in impoverished areas where they are prone to conditions associated with disability, such as low birth weight, lead exposure, and chronic illness.

**Maternal Mental Health and Substance Abuse**
Clear links were found between maternal problems with anger and reactivity, substance abuse, and potential for physical abuse. Substance-using mothers were found to use aggressive tactics in parenting compared to mothers who did not have issues with substances. In fact, mothers in the Substance Use group had a statistically higher risk for physical abuse potential compared to mothers who did not use substances; and depressed mothers had a statistically comparable risk potential for physical abuse (Hien, Cohen, Caldeira, Flom & Wasserman, 2010).

**Poverty**
Socio-economic variables associated with childhood physical abuse include maternal employment status, class, and family income. Mothers who did not work or who worked part-time were more likely to perpetrate childhood physical abuse, whereas blue-collar parents were more likely to perpetrate severe child physical abuse. Family income was found to be inversely related to perpetration of severe childhood physical abuse (Black, Heyman & Slep, 2001a).
**Childhood Physical Abuse Takeaway**

Acculturation, education, and income are not significant predictors of acceptance of childhood physical abuse, according to Maker, Shah and Agha’s (2005) exploratory study on the prevalence, characteristics, predictors and beliefs about parent-child violence held by middle to high-SES South Asian, Middle Eastern, East Asian, and Latina women in the United States. Rather, culture and an experience of childhood physical violence are more powerful predictors of intergenerational child abuse.

When assessing for an incidence of childhood physical abuse it is important to understand the child’s voice, their narratives, and their own understanding of the abuse (Katz and Barnetz, 2014). When attempting to understand a child’s experience and their perception of the abusive incident it is important to consider cultural aspects (Katz et al., 2014).

The complexity of childhood physical abuse and family dynamics are highlighted through Katz’s (2014) thematic analysis on children’s responses to and understandings of their physical abuse experience(s). According to Katz and Barnetz (2014) children’s narratives around physical abuse revealed five key categories. The five categories are:

- **Children's sensations during the abusive incidents**
  - "His hitting was so strong so it was very painful. It hurt me so much, like burning pain."

- **Children's emotions during the abusive incidents**
  - "I felt so angry toward him."

- **Children's understanding of the abuse**
  - "It is nothing really, just a hitting. Our love is bigger than that."
  - "My daddy is miserable. It is not his intention to hit us, and he does that only because his father used to hit him all the time."

- **Dynamics within the families**
  - "After hitting me, they are crying. They are hitting and crying and I cannot understand why."
  - "Well, I decided to be brave, and I went and talked to my parents about their hitting so they would not hit me again."

- **Children's desires for the future**
  - "I want to forget it; I already moved on. I think there is no point in talking about it."

Additional research on culture and childhood physical abuse is needed to gain deeper understanding of the relationship between one’s experience of childhood physical abuse and acceptance of physical violence as an appropriate means of discipline and as a parental prerogative (Maker et al., 2005). Future research should focus on expanding and developing cultural risk models of family violence to include unique beliefs about patriarchy, parental discipline, and gender roles (Maker et al., 2005).
Children who experience severe and frequent emotional abuse may internalize messages that they are worthless, flawed, unloved, unwanted, endangered, or only of value when meeting the needs of another person (Brassard, Germain, and Hart, 1987 as cited in Kairys, Johnson, and the Committee on Child Abuse and Neglect, 2002).

Negative internalized messaging is detrimental to a child’s cognitive and emotional development and functioning, including his/her intelligence quotient, executive functioning, psychological processing, attachment, and psychological development (Hibbard, Barlow, MacMillan, and the Committee on Child Abuse and Neglect, 2012). According to Kairys et al. (2002) psychological abuse involves:

“A repeated pattern of damaging interactions between parent(s) and child that becomes typical of the relationship. In some situations, the pattern is chronic and pervasive; in others, the pattern occurs only when triggered by alcohol or other potentiating factors. Occasionally, a very painful singular incident, such as an unusually contentious divorce can initiate psychological maltreatment.” (Kairys et al., 2002 as cited in National Center of Child Abuse and Neglect, 1997; Glasser and Prior, 1997; Buntain-Ricklefs, Kemper, Bell and Babonis, 1994; Klosinski, 1993).

The following parental behaviors may constitute psychological maltreatment (Kairys et al., 2002):

- Spurning (belittling, degrading, shaming, or ridiculing);
- Terrorizing (committing life threatening acts; making a child feel unsafe);
- Exploiting or corrupting (modeling, permitting, or encouraging antisocial and developmentally inappropriate behavior);
- Denying emotional responsiveness (ignoring a child or failing to express affection);
- Rejecting (avoiding or pushing away);
- Isolating (confining);
- Unreliable or inconsistent parenting (contradictory or ambivalent demands);
- Neglecting mental health, medical and educational needs (ignoring, preventing, or failing to provide treatments or services for emotional, behavioral, physical, or educational needs or problems); and
- Exposing the child to intimate partner violence (domestic violence).

**Psychological Effects of Childhood Emotional Abuse**

Emotional maltreatment affects the personal safety of a child and his or her sense of self. If the emotional abuse is chronic the adverse effects of the abuse can negatively affect the child’s interpersonal thoughts, emotional health, social skills, learning, and physical health (Hart et al., 1987 as cited in Kairys et al., 2002).
Children who are exposed to intimate partner violence may evidence adverse effects similar to children who experience direct emotional abuse (Hughes and Graham-Bermann, 1998 as cited in Kairys et al., 2002). Severe forms of psychological deprivation may be associated with growth failure, formerly known as psychosocial dwarfism (Munoz-Hoyos, Molina-Carballo and Augustin-Morales et al., 2011 as cited in Hibbard et al., 2012). Additional adverse effects of chronic psychological abuse are outlined in Table 3.1.

### Elements of Childhood Emotional Abuse

During FFY 2012, emotional abuse was the fourth most common childhood maltreatment subtype preceded by neglect, physical abuse, and sexual abuse. Emotional abuse is not yet clearly defined, as it is one of the more elusive forms of childhood maltreatment (Black, Slep & Heyman, 2001b). As a result, there is limited literature on the phenomenon (Black et al., 2000). Elements identified by the literature as risk factors for childhood emotional abuse within the child’s ecosystem are outlined in this section of the report.

#### Gender of Child

Boys are slightly more likely to experience emotional abuse compared to girls (Vissing, Straus, Gelles, and Harrop, 1991 as cited in Black et al., 2001b).

#### Child Temperament

Child aggression (e.g., physical fights with other children), child delinquency (e.g., vandalism), and child interpersonal problems (e.g., trouble making friends) are significantly associated with childhood emotional maltreatment (Vissing et al., 1991 as cited in Black et al., 2001b).

#### Parental Mental Health

Mothers who are emotionally abusive towards their children report more dysthymic symptoms, neurotic symptoms, aggression, and hostility (Lesnik-Oberstein, Koers, & Cohen, 1995 as cited in Black et al., 2001b).

---

| Table 3.1 | *Adverse Effects of Chronic Psychological Abuse*
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1) Intrapersonal Thoughts</td>
</tr>
<tr>
<td></td>
<td>2) Emotional Health</td>
</tr>
<tr>
<td></td>
<td>3) Social Skills</td>
</tr>
<tr>
<td></td>
<td>4) Learning</td>
</tr>
<tr>
<td></td>
<td>5) Physical Health</td>
</tr>
</tbody>
</table>

*Kairys et al., 2002 as cited in Hart et al., 1987*
Parents' Family of Origin Experiences
Mothers who emotionally abuse their children reported having less caring mothers and fathers compared to non-abusive mothers. In addition, mothers who yelled at their own children daily were likely yelled at daily as children by their own parents (Lesnik-Oberstein et al., 1995 as cited in Black et al., 2001b).

Parent-Child Physical Aggression
Emotional abuse is a precursor to physical abuse (Straus et al., 1998 as cited in Black et al., 2001b).

Familial Composition
Mothers who emotionally abuse their children report less affection from their husbands and greater levels of verbal aggression and physical aggression in the husband-to-wife relationship (Lesnik-Oberstein et al., 1995 as cited in Black et al., 2001b).

Poverty
Children from homes with an income of less than US $15,000 are at increased risk of experiencing emotional abuse compared to children from families earning more than US $30,000 per year (Sedlak, 1997 as cited in Black et al., 2001b).

Childhood Emotional Abuse Takeaway
Emotional maltreatment has the lowest substantiation rate of any childhood maltreatment subtype (Kairys et al., 2002) perhaps because emotional maltreatment involves “a relationship between the parent and the child, rather than an event or series of repeated events occurring within the parent-child relationship” (Glasser, 2002 as cited in Hibbard et al., 2012). According to Kairys et al. (2002) children who are at risk for experiencing psychological abuse are:

1. Children whose parents are involved in a contentious divorce;
2. Children conceived from an unwanted pregnancy;
3. Children whose parents are unskilled or inexperienced in parenting;
4. Children whose parents engage in substance abuse, animal abuse or domestic violence; and
5. Children who are socially isolated or intellectually or emotionally handicapped

The premier proximal risk factor for emotional abuse is verbal and physical aggression within the parent-to-parent relationship (Black et al., 2001b). It is worth noting that some parents may engage in behaviors that are emotionally abusive without knowing it (Boulton and Hindle, 2000 as cited in Hibbard et al., 2012).
**SEXUAL ABUSE**

Childhood sexual abuse (CSA) is a complex life experience that involves an array of sexual activities including intercourse, attempted intercourse, oral-genital contact, direct fondling of genitals or fondling through clothing, exhibitionism or exposing children to adult sexual activity or pornography and the use of a child for prostitution or pornography (Putnam, 2003). Childhood sexual abuse is defined as:

> “Involvement and coercion of children (up to 14 years) or adolescents (14-18 years) in sexual activities that they due to their developmental immaturity are unable to fully comprehend and consciously consent to, and which break family and social taboos” (Dettmeyer, Verhoff & Schutz, 2014).

The abuse rate for penetrating childhood sexual abuse is 10-15% for girls and 5-10% for boys (Dettmeyer et al., 2014). In general, pedophile offenders are male and abuse children who are 1) emotionally neglected; 2) intellectually disabled; 3) have parents who live in marital conflict; 4) have parents who are not available to them due to sickness and/or drug or alcohol dependence; and 5) live in the same home as a stepfather (Dettmeyer et al., 2014). Perpetrators of childhood sexual abuse tend to be known by the child and to come from the child’s immediate social environment (Dettmeyer et al., 2014).

When abuse is reported a head-to-toe examination must be performed as there is no “abuse syndrome” that can substantiate or dismiss a claim of childhood sexual abuse. In fact, normal findings in the anogenital region do not exclude penetrating childhood sexual abuse (Dettmeyer et al., 2014). In incidences where oral skin contact (licking, kissing, biting, etc.) is reported the reported area of contact should be examined (Dettmeyer et al., 2014).

Detection of a sexually transmitted disease in a child requires that the route to infection be established (Dettmeyer et al., 2014). Three sexually transmitted diseases have strong evidentiary value: 1) Syphilis; 2) Gonorrhea; and 3) Trichomoniasis. The following evidence clearly indicate childhood sexual abuse:

- Semen or sperm in or on a child’s body;
- Pregnancy;
- Positive and confirmed cultures for Neisseria gonorrhoeae (vaginal, urethral, anal, or pharyngeal);
- Syphilis with no indication of perinatal transmission;
- HIV infection where there is no possibility of perinatal transmission through blood products or contaminated needle; and
- Cases in which there are photos or videos of the child being abused.

(Dettmeyer et al., 2014)
Childhood Sexual Abuse and the Non-offending Caregiver

Following disclosure of childhood sexual abuse most non-offending caregivers experience both psychological and emotional distress (Toledo and Seymour, 2013 as cited in Elliott & Carnes, 2001). A survey of the caregivers of sexual abuse victims found that in retrospect many caregivers viewed disclosure of CSA as a major life crisis that they were ill prepared to deal with (Humphreys, 1995; Lipton, 1997 as cited in Toledo et al., 2013).

While caregivers tend to experience disclosure of CSA as a major life crisis many are aware that they need to provide support to their child in the aftermath of a disclosure of sexual abuse (Humphreys, 1995 as cited in Toledo et al., 2013). Caregivers may require personal assistance to increase their ability to cope; work through feelings of denial, guilt, anger, self-pity, resentment and fear; and to keep their child safe (Print & Dey, 1992 as cited in Toledo et al., 2013).

Psycho-education interventions targeted at the non-offending caregiver may lead to positive effects for both the caregiver and the child (Elliott & Carnes, 2001 as cited in Toledo et al., 2013). In fact, mothers provided with an educational pamphlet and video retained more information and demonstrated more supportive behaviors towards their child during the evidential video interview stage of an investigation than did mothers who did not receive such information (Toledo et al., 2013).

Psycho-education support groups are good for caregivers whose children have experienced childhood sexual abuse. Common themes in small, short- and long-term support groups’ are: issues around loneliness, loss, anger, sexuality, economic problems, and relationships with children; efforts to understand incest; and issues around dealing with agencies (Hewitt & Barnard, 1986 as cited in Toledo et al., 2013).

As a result of having participated in a psycho-education support group many caregivers report increased wellbeing and confidence; understanding of child behavior management; and understanding of how to care for their child (Barth et al., 1994; Winton, 1990 as cited in Toledo et al., 2013). Caregivers also report benefiting vicariously through participating in a CSA psycho-education support group with other caregivers; and appreciating the non-judgmental environment that enables them to safely express their own emotions (Hewitt & Barnard, 1986; Hill, 2001 as cited in Toledo et al., 2013).

The survivors of childhood sexual abuse whose parents are supportive present levels of adjustment similar to non-abused children, particularly in their abandonment anxiety and psychological distress levels. CSA survivors with supportive parents also express lower avoidant attachment. The positive effects of parental support in the aftermath of a disclosure of sexual abuse highlight the healing effect of a positive attachment figure in traumatic situations (Godbout, Briere, Sabourin and Lussier, 2013). Conversely, CSA victims with an unsupportive parent(s) report abandonment anxiety and psychological distress as a result of the sexual abuse.
Psychological Effects of Childhood Sexual Abuse

The psychological effects of childhood sexual abuse occur in three stages according to Briere & Elliot (1994). The stages are:

- **Stage One:** Initial reactions to victimization involving posttraumatic stress, disruptions of normal psychological development, painful emotions and cognitive distortions;
- **Stage Two:** Accommodation to ongoing abuse that may involve coping behaviors intended to increase safety and/or decrease pain during victimization; and
- **Stage Three:** More long-term consequences that reflect the impacts of initial reactions and abuse related accommodations on the individual’s ongoing psychological development and personality formation.

Briere & Elliot (1994) have identified six broad categories for the psychological effects of childhood sexual abuse. The categories are:

- **Posttraumatic Stress:** More than 80% of sexually abused children report symptoms of posttraumatic stress;
- **Cognitive Distortions:** Sexually abused children may suffer with chronic self-perceptions of helplessness and hopelessness, impaired trust, self-blame, and low self-esteem;
- **Emotional Distress:** Sexually abused children and adult survivors of childhood sexual abuse disproportionately suffer with major depression compared to non-abused children and adults;
- **Impaired Sense of Self:** Sexually abused children may suffer with an inability to define their own boundaries; and may have inadequate self-protectiveness that makes them susceptible to being victimized and/or exploited by others;
- **Avoidance:** Common avoidance responses of sexually abused children are: dissociation, substance abuse and addiction, suicide, and tension-reducing activities (e.g., indiscriminate sexual activity, binging or chronic overeating, and self-mutilation);
- **Interpersonal Difficulties:** Sexually abused children tend to be less socially competent, more aggressive, and more socially withdrawn than non-abused children.
Elements of Childhood Sexual Abuse

Elements identified by the literature as potential risk factors for childhood sexual abuse within the child’s ecosystem are reviewed in this section of the report.

Gender
Male children who experience CSA tend to be younger than the average female CSA victim. The average age of a male CSA victim is 8.6 years and the average age of a female CSA victim is 10.6 years (Pierce et al., 1985). Female CSA victims are more likely to be victimized by their natural father and are highly likely to have been fondled (Pierce & Hauck, 1985). Male CSA victims are most likely to be victimized by a stepfather and to be forced to engage in oral intercourse and/or three or more sexual acts.

Perpetrators of CSA against male children are highly likely to use force and threats. Perpetrators of CSA against female children are highly likely to have alcohol dependency issues (Pierce et al., 1985). The non-perpetrating parent of a male CSA victim is likely to fear violence and encourage the abuse (Pierce et al., 1985).

Chronological Age of the Child
According to data obtained from the Childhood Maltreatment (2012) report, children aged 12-14 experience the highest incidence of substantiated childhood sexual abuse (26.3%) followed by children aged 15-17 (20.9%); 9-11 (18.4%); 6-8 (17.2%); 3-5 (14%); and 1-2 (2.6%).

Developmental Abilities of the Child
One in six children with developmental disabilities will experience sexual victimization. The risk for sexual violence is significantly higher for children with psychological or intellectual disabilities compared to children with physical disabilities (Hamby et al., 2013). Boys who have a developmental disability are at increased risk for experiencing sexual abuse compared to girls who have a similar disability (Algood et al., 2011).

Maternal Childhood maltreatment History
The children of a parent who experienced childhood sexual abuse are at increased risk for experiencing childhood sexual abuse (Black, Heyman & Slep, 2001c as cited in Finkelhor et al. 1997).

Familial Composition
According to Pierce et al. (1985) male victims of childhood sexual abuse are more likely to have an absentee father (38%), a mother who receives public assistance (52%), or a mother who completed high school (86%). Female victims are more likely to have their natural father present in the home (58%), to have a father who is employed (50%), and to be placed away from the home after discovery of incest (20%). Male and female victims of CSA are equally likely to come from large families with three or more members; to reside in homes where their natural mother is present; and to have a stepfather present in the home (Pierce et al., 1985).
Childhood Sexual Abuse Takeaway

Determining whether a child’s sexual behaviors are abnormal for his/her chronological age and developmental abilities is essential when assessing for sexual abuse (Johnson, 2011). According to Johnson (2011) identifying characteristics of problematic sexual behavior in children can be used to assess whether a child is engaging in sexual behaviors that may require a professional evaluation. The following sexual behaviors may indicate that the child should be evaluated by a qualified professional who is knowledgeable about childhood sexual abuse and sexuality:

1) Sexual behaviors are engaged in by children of different ages or developmental levels;
2) Sexual behaviors are out of balance with other aspects of the child’s life and interests;
3) The child seems to have too much knowledge about sexuality;
4) Sexual behaviors are significantly different than those of other same-age children;
5) Sexual behaviors continue in spite of consistent and clear requests to stop;
6) Child appears unable to stop themselves from engaging in sexual activities;
7) Child’s sexual behaviors elicit complaints from other children and/or adversely affect other children;
8) Child’s sexual behaviors are directed at adults who feel uncomfortable receiving them;
9) Child uses sex to hurt others.

Beitchman et al. (1991) has identified five firm conclusions that can be made regarding childhood sexual abuse. The firm conclusions are:

1) CSA victims are more likely to exhibit inappropriate and abnormal sexual behaviors as preschool and school-aged children and to act out sexually (promiscuity) as adolescents compared to non-CSA victims;
2) Victims of frequent incidences of CSA experience more severe outcomes;
3) CSA that involves force and/or penetration has greater trauma effects for the victim;
4) CSA perpetrated by a natural father or stepfather has greater trauma effects for the victim; and
5) CSA victims are more likely than non-abused children to come from disturbed families with a high incidence of marital separation/divorce; parental substance abuse; and psychiatric disturbance.

Sexual abuse victims that develop low self-esteem as a result of the abuse or who internalize hopelessness and have a weak psychological defense mechanism are susceptible to re-victimization (Dettmeyer et al., 2014).
Commercial Sexual Exploitation of Children and sex trafficking are forms of sexual abuse and Human Trafficking. Commercial Sexual Exploitation of Children (CSEC) involves the sexual exploitation of minors for economic profit, whereas sex trafficking involves the “recruitment, harboring, transportation, provision, or obtaining of a person under age 18 for the purpose of a commercial sex act.” Commercial sex acts include “any sex act on account of which anything of value is given to or received by any person” (Clayton, Krugman and Simon, 2013). The Office of Juvenile Justice and Delinquency Prevention (OJJDP) have established the following definition for CSEC:

Commercial sexual exploitation of children (CSEC) involves crimes of a sexual nature committed against juvenile victims for financial or other economic reasons... These crimes include trafficking for sexual purposes, prostitution, sex tourism, mail-order bride trade and early marriage, pornography, stripping, and performing in sexual venues such as peep shows or clubs.

Survival sex is an element of CSEC and is referenced in the above definition under “other economic reasons.” Survival sex involves a sex crime in which a child exchanges sex for money or for something of value (e.g., shelter, food, or drugs) (Clayton et al., 2013).

According to Clayton et al. (2013) human trafficking must have three elements: act, means and purpose. Act involves steps to recruit, entice, harbor, transport, provide, obtain, or maintain an individual; Means involves the use of force, fraud, or coercion; and Purpose concerns exploitation that includes forced labor, commercial sexual exploitation, or other forms of exploitation. When a human trafficking victim is a minor, neither force, nor fraud, nor coercion need to be established (Clayton et al. 2013). As a result, Means does not need to be proven in incidences of commercial sexual exploitation of children.

Human trafficking is a profitable and international activity with an estimated $32billion dollar per year profit. The Federal Bureau of Investigation (FBI) estimates that each year 100,000 United States (U.S.) children are sold for sex and 300,000 U.S. children are at risk for becoming a victim of commercial sexual exploitation (CSE) (Walker, 2013). California’s nine human trafficking task forces have identified 1,277 CSE victims over a two year period. Of the identified CSE victims, 74-percent are U.S. citizens. The FBI has determined that three of thirteen U.S. High Intensity Child Prostitution areas are located in California: the San Francisco, Los Angeles and San Diego metropolitan areas (Walker, 2013).

The average age of onset for CSE is 11 to 13 for boys and 12 to 14 for girls. The average life expectancy of a child involved in CSE is seven years from the first date of his/her exploitation. The leading cause of death among CSE victims is HIV/AIDS and homicide (Walker, 2013). Researchers have likened the experiences of CSE victims to that of “hostages, prisoners of war, or concentration camp inmates” (Walker, 2013).
Psychological Effects of Commercial Sexual Exploitation of Children

Stockholm syndrome is a psychological trauma bonding that occurs between sexually abused children and their abusers to increase the victim’s safety and decrease the pain experienced during victimization (Walker, 2013). A victimized child may see his or her abuser as a protector and sympathize with them as an adaptive psychological strategy. Stockholm syndrome is commonly existent in situations of extreme physical danger and terror (Walker, 2013).

Young children are especially vulnerable to Stockholm syndrome. Stockholm syndrome makes it difficult to protect an exploited child as the child will resist attempts by others to free him or her from the abuser (Walker, 2013). This is significant because:

“Children who are sexually victimized develop psychologically and emotionally in ways that make them vulnerable to continued sexual predation” (Clayton et al., 2013 as cited in Stolz and colleagues, 2007)

Children with a history of Child Welfare Services (CWS) involvement or sexual abuse are at increased risk for exploitation and CSEC involvement. This is significant because:

“Exploiters know where foster care group homes are and they directly recruit girls from these settings—they prey on the kids they know are the most vulnerable” (Walker, 2013 as cited in Drager, 2013).

The status of foster youth exposes them to direct recruitment into CSEC. Foster youth are particularly susceptible to peer-pressure, involvement in survival sex, and Stockholm syndrome. As a result, their coercion into CSEC is swift and their removal from commercial sex work is intricate and complex.

Elements of Commercial Sexual Exploitation of Children

Most CSE victims have had prior system contact. According to a review of 72 cases of sexually exploited female minors in Los Angeles County, approximately 78-percent had prior contact with the Department of Children and Family Services; 58-percent were or are supervised by dependency court; 5-percent had voluntary family maintenance; and 7-percent had multiple child abuse referrals although no services were provided (Walker, 2013).

Many CSEC victims experienced childhood sexual abuse leading to their involvement in commercial sex work. In a study with U.S. persons involved in commercial sex work, 70-percent reported a history of childhood sexual abuse as the leading cause for their involvement in commercial sex work. In a 200 sample study of San Francisco sex workers, 78-percent of participants reported having been prostituted as juveniles and 67-percent reported sexual abuse by a father figure (Silbert and Pines 1981 as cited in Clayton et al. 2013). CSEC victims have high involvement with the foster care system.
Both the sexual abuse histories and CWS involvement of CSEC victims place them at increased risk for contact with CSEC offenders.

“
Youth who experience sexual abuse are twenty-eight times more likely to be arrested for prostitution at some point in their lives than children who (did) not” (Wisdom, 1995 as cited in Walker, 2013).

Elements identified by the literature as potential risk factors for CSEC involvement within the child’s ecosystem are outlined in this section of the report.

**History of CWS Involvement**

Foster youth are at increased risk for becoming homeless (NAEH, 2009 as cited in Clayton et al., 2013). This is significant due to the link between homelessness, a history of maltreatment, and involvement in commercial sex work. Approximately 40 to 60-percent of homeless youth have experienced physical abuse and 17 to 35-percent have experienced sexual abuse (Clayton et al., 2013). Homelessness puts young people at “special risk” for CSEC involvement because street life puts them at risk to encounter CSEC offenders (Estes and Weiner, 2001 as cited in Clayton et al., 2013). As a result, homeless youth are at increased risk for involvement in survival sex (Yates and colleagues, 1991 as cited in Clayton et al., 2013).

**Sexual Orientation**

LGBTQ youth are at increased risk of being expelled from their homes after the disclosure of their sexual orientation. As a result, LGBTQ youth are at increased risk for involvement in survival sex, CSEC, and sex trafficking compared to non-LGBTQ youth (Palmer, 2001 as cited in Clayton et al., 2013).

**Substance Abuse**

Substance abuse is highly interwoven into the sex trade making it difficult to determine the extent to which substance abuse is a cause or effect of sex work. Substance abuse is one of the main reasons cited by adult women for entering commercial sex work (Gossop et al., 1994; Kuhns et al., 1992; Weeks et al., 1998 as cited in Clayton et al., 2013).

**Mental Health**

Poor self-esteem, chronic depression, and external locus of control are individual risk factors for sex trafficking and CSEC involvement (Estes and Weiner, 2001 as cited in Clayton et al., 2013). While there is evidence that demonstrate an association between childhood sexual abuse and mental health further research is needed (Clayton et al., 2013).

**Gender**

Boys and young men involved in CSEC tend to be far less visible than females perhaps due to the stigma of homosexuality and resultant secrecy (Chase and Statham, 2004 as cited in Clayton et al., 2013). Boys engaged in commercial sex work tend to fall into two categories: 1) vulnerable boys who were groomed by a “caring figure” (Palmer, 2001 as cited in Clayton et al., 2013); or 2) boys escaping an unsafe or poor living situation who are trying to survive on the streets (Curtis et al., 2008 as cited in Clayton et al., 2013).
Developmental Abilities of the Child
Children with disabilities should be considered at increased vulnerability for CSEC involvement given the association between disability, sexual abuse, and CSE (Clayton et al., 2013). Adolescent girls who come to the attention of the juvenile court due to involvement in CSEC often have complex social and psychological histories. In a study of juvenile girls in residential treatment who were formerly involved in commercial sex, 59 percent had intelligence quotients that classified them as eligible for special education services (Twill, Green and Traylor, 2010).

Early Onset Puberty
Sexually abused girls tend to have earlier pubertal maturation relative to non-abused girls (Trickett et al., 2011a; Turner et al., 1999 as cited in Clayton et al., 2013). Typically commercial sexual exploitation and sex trafficking begin between the ages of 12 and 14 for girls (Shared Hope International, 2009 as cited in Clayton et al., 2013). It may be concluded that the early age at which CSEC and sex trafficking occur may be given to a combination of physical and sexual development (Clayton et al., 2013) and increased peer pressure that young girls are ill prepared to combat (Tschann et al., 1994 as cited in Clayton et al., 2013).

Self-Attitudes
Female survivors of childhood maltreatment report higher levels of sexual denigration toward the self and others. This is significant as connections between derogatory self-attitudes or self-identity and involvement in criminal environments have been confirmed. In addition, a negative self-schema characterized by feelings of disparagement toward the sexual self and others may result in heightened vulnerability to exploitation and sexual re-victimization (Howard and Reimers, 2013).

Familial Conflict
Familial risk factors for involvement in CSEC and sex trafficking include domestic violence, drug use, serious mental illness, and having sexually promiscuous family members (Lew, 2012 as cited in Clayton et al., 2013). However, appropriate parental supervision often mitigates risk factors for CSEC involvement (Walker, 2002 as cited in Clayton et al., 2013).

Community Cohesion and Supports
A lack of community supports and cohesion may lead to increased family strain (Clayton et al., 2013). Community cohesion and supports are significant risk factors for CSEC due to their association with family conflict. Collective pro-social behavior and socialization of youth may reduce early-onset sexual behavior and the risk for CSEC involvement (Clayton et al., 2013).

Community Norms and Expectations
Neighborhoods can shape ideas about the acceptability of sexual behaviors. Community norms and expectations are significant environmental risk factors for CSEC involvement. Forty-percent of commercial sex workers (in a sample: n=40) described commercial sex work as “normal” in their neighborhood and a viable option for obtaining income when surveyed on community norms, expectations, and prostitution (Cobbina and Oselin, 2011 as cited in Clayton et al., 2013).
**Poverty**

While neighborhood poverty alone is not a risk factor for CSEC involvement (Clayton et al., 2013), living in poverty has been linked to high risk behaviors and early onset of sexual activity among girls (Leventhal et al., 2009 as cited in Clayton et al., 2013).

**Commercial Sexual Exploitation of Children Takeaway**

Identifying whether a child is currently involved in commercial sex work is extremely difficult. In fact, many mandated reporters regularly interact with commercially sexually exploited children without knowing it (Clayton et al., 2013). Some behaviors and signs have been identified as indicators of possible CSEC involvement. These indicators should be thought of as a starting point in the identification process and not as confirmation of involvement in commercial sex work. According to Walker (2013), the following behaviors and signs may indicate CSEC involvement:

<table>
<thead>
<tr>
<th>Cannot and will not speak on own behalf</th>
<th>Is not allowed to speak to you alone</th>
<th>Is being controlled by another person</th>
<th>Works long hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is paid very little or nothing for work or services performed</td>
<td>Tries to protect his or her trafficker from authorities</td>
<td>Does not consider self a victim</td>
<td>Sleeps/lives separately from the “family” (in the garage or on the floor instead of bedroom)</td>
</tr>
<tr>
<td>Has excess amounts of cash</td>
<td>Lies about age/has a false ID</td>
<td>Has hotel keys</td>
<td>Has engaged in prostitution or commercial sexual acts</td>
</tr>
<tr>
<td>Is not enrolled in school</td>
<td>Is not in school of has significant gaps in schooling</td>
<td>Has a demeanor that is fearful, anxious, depressed, submissive, tense or nervous</td>
<td>Mentions a pimp/boyfriend</td>
</tr>
<tr>
<td>Has gaps in memory</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
REFERENCES


Appendix I: Childhood Maltreatment Myths and Facts

Myths and Facts: Childhood Abuse and Neglect

There are several myths surrounding childhood abuse and neglect, the HELPGUIDE, a non-profit resource, has identified and provided a few facts and myths about childhood abuse and neglect. The following were excerpted from the Child Abuse & Neglect, Recognizing, Preventing, and Reporting Child Abuse factsheet:

"It's only abuse if it's violent.

Physical abuse is just one type of child abuse. Neglect and emotional abuse can be just as damaging and since they are more subtle, others are less likely to intervene."

"Child abuse doesn't happen in "good" families.

Child abuse doesn’t only happen in poor families or bad neighborhoods. Child abuse crosses all racial, economic, and cultural lines. Sometimes, families who seem to have it all from the outside, may be hiding a different story behind closed doors."

"Most child abusers are strangers.

While abuse by strangers does happen, most abusers are family members or others close to the family."

Myths and Facts: Childhood Sexual Abuse

There are several myths surrounding childhood sexual abuse, the Rape and Abuse Crisis Center of Fargo-Moorhead, an independent non-profit agency since 1977, has identified and provided a few facts and myths about childhood sexual abuse. The following myths and facts were excerpted from the Myths and Facts about Child Sexual Abuse factsheet:

"Childhood sexual abuse occurs only among strangers.

93-percent of juvenile sexual assault victims know their attacker."

"The majority of childhood sexual abuse victims tell someone about the abuse.

An estimated 73-percent of child victims do not tell anyone about the abuse for at least one year and 45-percent of victims do not tell anyone for at least five years."

"Family sexual abuse only happens in low-income families.

Family sexual abuse crosses all classes and there is no race, or social and economic class that is immune to family sexual abuse."

"The "non-offending" parent always knows what has happened.

Some “non-offending” parents know and support offenders’ actions: however, a lack of awareness and knowledge about what to do may prevent a “non-offending” parent from acting.
Myths and Facts: Commercial Sexual Exploitation of Children

There are several myths surrounding commercial sexual exploitation of children (CSEC), the Institute of Medicine and the National Research Council of the National Academies have identified and provided a few facts and myths about CSEC. The following myths and facts were excerpted from the Myths and Facts About Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States factsheet:

"Sex trafficking only happens overseas to young girls.
Commercial sexual exploitation and sex trafficking occur every day in the United States. Its victims--both male and female-- live in cities and small towns across America."

"Minors who are commercially sexually exploited or trafficked for sex are recognized as victims of crime and abuse.
Sexual exploitation and sex trafficking are forms of child abuse, but child and adolescent victims may still be arrested for prostitution, detained, incarcerated, or subject to permanent records as offenders in most states."

"People who buy sex with minors or engage in the sale of sex with minors are caught and punished for these crimes.
Despite State laws that enable the prosecution of CSEC offenders, and the hard work of prosecutors and law enforcement in many jurisdictions, those who sexually exploit children and adolescents have largely escaped accountability."

"It is easy for professionals who interact with minors to recognize victims, survivors, and youth at risk for commercial sexual exploitation and sex trafficking.
Many teachers, doctors, nurses, child welfare workers, and other individuals that interact with youth are unaware that commercial sexual exploitation and sex trafficking of minors occurs in their communities or they lack the knowledge and training required to identify and respond to them."