

**The Impact of Child Maltreatment on the Educational and
Psychological Well-Being of Students**

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Abstract

Child maltreatment continues to be a major health and social welfare problem across the globe. In the United States, millions of children from all socioeconomic backgrounds, across all ages, religions, and cultures are victims of child maltreatment every day and millions more are at risk. Research has consistently shown that exposure to child maltreatment in all its forms negatively affects the current and future educational performance and emotional and psychological well-being of children. The purpose of this paper is to provide a literature synthesis of the impact of child maltreatment on the educational and psychological well-being of students. Recommendations for educators working in school settings are provided.

Keywords: child maltreatment, education, students with disabilities

The Impact of Child Maltreatment on the Educational and Psychological Well-Being of Students

The problems of child maltreatment have been extensively documented in the literature over the past two decades. According to the Children's Defense Fund (CDF; 2014) and the U.S. Department of Health and Human Services ([HHS], 2012, 2017), millions of children worldwide from all socioeconomic backgrounds, across all ages, religions and cultures are exposed to child maltreatment every day and millions more are at risk. Child-maltreatment is an umbrella term that includes abuse and neglect of children (McCoy & Keen, 2013; Gilbert et al., 2009).

Broadly defined, child abuse is when a parent, a primary caregiver, or any other person who has responsibility for the child through an action (e.g., beating, stabbing) causes injury, death, emotional harm, or risk of serious harm to a child. Child abuse can take many forms including physical abuse, sexual abuse, exploitation, and emotional abuse (Altafim & Linhares, 2016). Existing research indicates that emotional abuse is the most common form of abuse (Foster, Olson-Dorff, Reiland, & Budzak-Garza, 2017) with physical abuse being the most reported (Tillman et al., 2015) and sexual abuse being the least reported (Foster et al., 2017). Conversely, child neglect is defined as the failure of a parent, guardian, or other caregiver to provide for a child's basic needs (e.g., physical, medical, educational, and emotional needs). According to Foster et al. (2017), child neglect is often underreported but has devastating effects on children.

Child maltreatment consists of child abuse and child neglect. Usakli (2012) noted that child maltreatment "occurs across socio-economic, religious, cultural, racial, and ethnic groups" (p. 116). It is estimated that approximately 80% of child maltreatment is

perpetrated by parents or primary caregivers, except for sexual abuse which in most cases is perpetrated by acquaintances or other relatives (Crosson-Tower, 2003; Gilbert et al., 2009).

In the United States, child maltreatment is regarded as one of the country's' most serious problems as it is responsible for substantial morbidity and mortality of young children (Fang, Brown, & Florence, 2012; HHS, 2017). In 2015, national, state, and local child protective services (CPS) offices received four million referrals involving approximately 7.2 million children who were subjects of abuse or neglect (HHS, 2017). Of that number, it is estimated that 683,000 children died. However, it is important to note that some researchers argue that the CPS data underestimates the actual number of children who are victims of child maltreatment (Fang et al., 2012). This suggests that the number of children who are victims of child maltreatment might be more than reported (Everson et al., 2008; MacMillan, Jamieson, & Walsh, 2003).

Existing research indicates that young children are the most vulnerable to maltreatment because they may be heavily dependent on caretakers (Fang et al., 2012). Data from the HHS (2017) revealed that more than one quarter of victims of child maltreatment were below the age of three. In addition, it has been found that girls are more likely to be victims of certain forms of maltreatment (i.e., sexual abuse) than boys whereas boys are more likely to be victims of physical abuse (HHS, 2008; Andrews, Corry, Slade, Issakidis, & Swanston, 2004). Finally, research also indicates that children with disabilities (especially those with severe disabilities) may also be more vulnerable to maltreatment than children without disabilities (Sullivan, 2003; Sullivan & Knutson,

2000). It is possible that some children with disabilities may have limited communication skills and this makes it difficult for them to understand and verbalize episodes of abuse.

Research on the prevalence of child maltreatment is especially problematic when school personnel are underprepared to address reports and suspected cases. Teachers are usually the first school personnel to suspect cases of child maltreatment, and school counselors are usually the school personnel who most often make the reports (Altafim & Linhares, 2016). In 2012, Usakli conducted a survey with teachers and school counselors and found that both reported feeling unprepared to address child maltreatment issues at school. Teachers reported being aware of the effects of maltreatment but felt unprepared in how to identify, report, and intervene (Usakli, 2012). Moreover, Usakli (2012) found that school counselors did not feel adequately prepared to help support the child and family. School counselors reported that they “need information on the basic facts related to the subject matter, identification criteria, how they should act when they are intervening, how they should approach the student, how they should save the student, and information on the legal aspects of the program” (p. 121).

Effects of Child Maltreatment

Factors that contribute to child maltreatment are extensively documented in the literature with some studies citing parental stress and parental health as the main predictors of child maltreatment (Crouch & Behl, 2001; Nair, Schuler, Black, Kettinger, & Harrington, 2003). Other studies have shown that beliefs related to parenting (e.g., belief in the value of corporal punishment) are also related to risk of child maltreatment (Milner, 2000). Altafim and Linhares (2016) found that parents who experience high-

levels or chronic-levels of stress or experience sudden shifts on attitudes about discipline are also risk factors associated with child maltreatment. It has also been found that most child maltreatment cases involve parents or guardians who abuse drugs (HHS, 1999). A survey by the National Center on Child Abuse Prevention Research (2001) found that 85% of the states in the U.S. reported drug and substance abuse as one of the common problems in households where child maltreatment is suspected.

Child maltreatment in all its forms has significant negative impacts on the development, current and future educational performance, and emotional and psychological well-being of children (Crozier & Barth, 2005; Foster, et al., 2017; Usakli, 2012). In addition, experiences of childhood maltreatment can have detrimental implications in adulthood (e.g., emotional distress and risky sexual behavior, which increases vulnerability to sexually transmitted diseases (Currie & Widom, 2010; Pepin & Banyard, 2006).

Psychological Well-Being of Children

As previously discussed, child maltreatment is a universal problem and one that can have negative long-lasting effects on the psychological well-being of children (Altafim & Linhares, 2016; Usakli, 2012). Since child maltreatment is usually perpetrated by parents/primary caregivers or other close family members, children are often left with no one to turn to and they can experience traumatization as they might lack social and emotional support to cope with such situations.

Several large-scale studies have reported that children subjected to maltreatment may suffer from depression, anxiety, stress related disorders, and post-traumatic disorders (Lambie, 2005; Tillman et al., 2015; Usakli, 2012). For example, a study by

Widom (1999) showed that children ($n = 1196$) who were maltreated before the age of 12 and assessed at age 29 had a post-traumatic disorder diagnosis. Such a diagnosis can have devastating effects on an individual. Existing research shows that individuals with a post-traumatic disorder are more likely to commit suicide (Gilbert et al., 2009), and more likely to have alcohol and drug problems (Widom, Weiler, & Cottler, 1999).

It has also been reported that maltreatment is associated with eating disorders (i.e., bulimia and anorexia) and self-injurious behaviors (e.g., hair pulling, breaking bones, head banging) and some of these behaviors can be life threatening (Ericsson et al., 2010; Tillman et al., 2015). However, it is important to note that the psychological effects of maltreatment on a child's well-being may manifest differently for each child depending on the form of abuse. Research has found that depression and other stress related disorders are more likely to be associated with neglect and physical abuse (Gilbert et al., 2009), whereas eating disorders and self-injurious behavior are more likely to be associated with sexual abuse (Usakli, 2012).

Educational Performance

Regarding educational performance, child maltreatment has been linked to lower cognitive functioning and academic achievement, low levels of school preparedness, and frequent occurrence of problem behavior in young children and adolescents (Crozier & Barth, 2005; Eckenrode, Laird, & Doris, 1993; Rowe & Eckenrode, 1999). For instance, Perez and Widom (1994) examined the long-term intellectual and academic outcomes of 413 children who were victims of child maltreatment compared to a matched control group of 286. Results of the study revealed that children subjected to

different forms of maltreatment (i.e., sexual, physical, and neglect) differed significantly in IQ scores after controlling for different demographic variables (i.e., age, sex, race, and social class). Additionally, significant differences were reported in relation to their reading abilities. Crozier and Barth (2005) examined the cognitive functioning and academic achievement of school-age children ($n = 2,368$) receiving child welfare services due to child maltreatment. Results of the study indicated that on average, the children performed below the national norms on standardized tests of cognitive functioning (i.e., the Kaufman Brief Intelligence Test, Woodcock-McGrew-Werder Mini-Battery of Achievement).

In addition, children who have been victims of maltreatment have also been shown to display non-academic problem behaviors (i.e., aggression, off-task behavior, and poor social skills) at higher proportions compared to their non-maltreated peers (Wolfe, 1999). Consequently, maltreated children are more likely to receive school discipline referrals, suspensions, and expulsions (Jonson-Reid, Drake, Kim, Porterfield, & Han, 2004; Goerge, Voorhis, Grant, Casey, & Robinson, 1992). Leiter and Johnsen (1997) reported that decreased school attendance and diminished school performance coincided with the timing of maltreatment. As a result of the poor academic outcomes experienced by children who are victims of child maltreatment, most of these children received special education services under a variety of disability categories (Crozier & Barth, 2005; Sobsey, 2002; Sullivan, 2003). Jonson-Reid and colleagues (2004) reported that 24% of children subjected to different forms of child maltreatment received special education at approximately eight years old, while only 14% of children with no history of maltreatment received special education services (Jonson-Reid et al., 2004).

Considering these findings, it is apparent that child maltreatment can have devastating outcomes on the educational performance or achievement of children. These negative outcomes might have long lasting effects on a child's academic and career potential (Altafim & Linhares, 2016; Tillman et al., 2015).

Recommendations

Considering the devastating repercussions of child maltreatment, it is of paramount importance for professionals who work with young children to be familiar with some of the recommended strategies that can be undertaken to address the impact of child-maltreatment on young children (Altafim & Linhares, 2016; Ridings, Beasley, & Silovsky, 2017; Usakli, 2012). The recommendations provided here focus on the collaboration between school counselors and teachers by virtue of the school counselors' expertise in addressing mental health concerns and the teachers' significant time spent with children.

First, recognizing and reporting cases of maltreatment is important to prevent it from recurring. School counselors and teachers who work directly with the students should be actively involved in working with responsible agencies (i.e., child advocacy centers) to prevent maltreatment from ever occurring. There should be clear protocols to enable school counselors and teachers to identify and address cases of maltreatment. The first step is to ensure that they are adequately trained to recognize and identify signs of maltreatment. Existing research indicates that school counselors and teachers are underprepared in identifying signs of child maltreatment (Tillman et al., 2015; Usakli, 2012). For example, Kenny (2004) found teachers to be unaware of the signs and symptoms of maltreatment as well as reporting procedures. Thus, there is a

need to provide ongoing training in schools so that educators become equipped with the conceptual knowledge needed in the identification of child maltreatment. We recommend that schools utilize trained experts to facilitate in-service training to school counselors and teachers regarding the signs of child maltreatment. Experts could include professionals from child advocacy centers and other child welfare agencies. Moreover, it is imperative that the training emphasize the importance of acknowledging personal biases and assumptions so that school counselors and teachers do not make any biased or unwarranted reports. As noted earlier, child maltreatment is not limited to one demographic variable but consists of multiple variables and factors (Usakli, 2012). It is also important for school counselor and teacher training programs to develop and offer courses that prepare future counselors and teachers on the protocols that must be followed when reporting cases of maltreatment. Well prepared educators in the schools can be of great help to maltreated children and their families.

In addition to providing training to school counselors and teachers, it is essential for schools to have clear reporting policies regarding cases of child maltreatment. In some cases, confusion may arise concerning who is supposed to make the reports when there is a possible case of maltreatment. For example, some school administrators may expect school counselors to report suspected cases to them before contacting law enforcement or CPS (Kenny, 2004). Thus, schools should generate clear guidelines regarding the reporting of cases of maltreatment and they should be made available to responsible personnel. We recommend that school counselors and teachers be involved in the development of such guidelines to give them influence regarding this procedure.

As previously discussed, the lives of children subjected to maltreatment are stressful, so school personnel should be aware of this stress and create a stable environment for these children. School counselors are the trained mental health providers in schools and consequently, they play big role in helping the children with their psychological needs (Ridings et al., 2017). School counselors can work with parents to learn effective ways to establish caring relationships with their children (Altafim & Linhares, 2016). In addition, school counselors can help children process their emotions around the maltreatment. Usakli (2012) argued that school counselors should help children “understand that they are not to blame for their parents’ actions” (p. 119). Helping children understand they are not responsible for their parents’ actions can help them to see that the maltreatment was not their fault.

It is also important to provide social support to children and their families. Based on their professional expertise, school counselors are the most qualified personnel to provide such services. Ridings et al. (2017) argued that by providing social support and maintaining resources for families, school counselors can help mitigate stress that might be associated with child maltreatment. School counselors can engage teachers in this process to help bridge the gap between the classroom and home to support the child and family. In addition, providing parents with workshops and opportunities to learn more about social support and resources might help prevent maladaptive behaviors from occurring (Ridings et al., 2017). Teachers can work with school counselors and social workers to provide parenting workshops and peer support, and to integrate local resources into the school to help affirm positive interactions with children (Altafim & Linhares, 2016; Ridings et al., 2017).

Schools can also offer self-protection programs that are meant to help children defend themselves against all forms of maltreatment. This might involve developing a curriculum that is focused on child maltreatment. Components of such a curriculum might include educating children on sexual abuse (i.e., distinguishing among *good, bad and confusing touches*); making children aware of potential abusers; and teaching children what to do if they are abused or feel that they are vulnerable to abuse (Crosson-Tower, 2003). Research on the effectiveness of such self-protection school-based programs has shown that children who are involved in such programs are able to grasp basic concepts and are able to communicate more openly about maltreatment in the classroom and with parents (Casper, 1999; Davis & Gidycz, 2000).

Finally, schools can participate in community public-awareness programs through different community organizations. Over the past decade, school-community partnerships that emphasize working with children subjected to maltreatment have been on the increase to mitigate the impacts of maltreatment (HHS, 2017). Increasing public awareness to child maltreatment helps in the development of concerned individuals who will press for resources and programs for child abuse and neglect prevention because the school and the community can serve as powerful advocates for children. For example, schools can organize parent-teacher conferences and invite community organizations and offer adult education that is focused on parenting, childhood development, and alternative disciplinary practices. These efforts might go a long way in increasing public awareness of child maltreatment.

Conclusion

It is apparent that child maltreatment in all its forms is associated with a variety of negative consequences to student well-being including, cognitive, educational, and psychological development (Crozier & Barth, 2005; Foster, et al. 2017; Usakli, 2012). Thus, more attention must be given to children who are victims of maltreatment. It is necessary for school counselors and educators to be proactive by adopting strategies to mitigate the impact of child maltreatment. More research related to the differing needs of children who are maltreated would be beneficial. This research may help in developing effective treatment plans for these students. Finally, there is need to research the impact of child maltreatment by type and severity to better understand the long-term impacts (Fang et al., 2012).

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