The term *physical abuse* usually evokes images of battered babies. The research evidence, however, suggests that physical abuse of adolescents occurs at least as frequently as abuse of infants and toddlers. However, it comes to the attention of child protection services less often because adolescents are less fragile than young children and therefore less likely to require emergency medical care. Nevertheless, physical abuse of adolescents poses serious health risks, especially mental health risks. If healthcare providers are aware of the extent and seriousness of the problem, primary prevention and treatment is facilitated.

**DIFFERENTIATING PHYSICAL ABUSE FROM CORPORAL PUNISHMENT**

Parents in every state of the United States are permitted to use corporal punishment on minor children in their care. The permission is usually in the form of an exemption from the crime of physical assault. These exemptions give parents the right to use "reasonable force" for purposes of discipline and control. However, the specific acts considered to be reasonable force are not identified by the law. Thus, the boundary between "reasonable force" and "physical abuse" is left to the judgment of the law enforcement and judicial systems. The definition of physical abuse has therefore reflected informal cultural norms concerning what exceeds reasonable force. Perhaps the most important criterion embedded in these cultural norms concerns injury. Essentially, parents are permitted to use any degree of force that does not result in an injury or does not involve an extremely high risk of injury. This includes hitting a child with traditionally approved objects such as belts and wooden paddles.

There is an inherent tension between the criterion of injury that defines abuse on the basis of infliction of injury and the criterion of abuse as constituting acts that entail a high risk of injury, such as kicking and punching an adolescent, even though in most cases no injury occurs. This is in contrast to physical assault of adults and sexual abuse of children, both defined on the basis of whether the act occurred rather than whether it resulted in an injury. From 1960 to 1970, every state passed legislation to define, prevent, and treat child abuse. The definitional aspect of this legislation, however, changed little. These statutes make the presence of injury the primary criterion but allow for determination of abuse on the basis of a high risk of injury. This may seem to expand the definition to include severe assaults by parents that do not result in an injury, but in practice it is rare for physical abuse to be confirmed unless it results in injury that requires medical attention and treatment. In fact, this is the law in nearly half the states, because their statutes specify that only "serious injury" is reportable abuse.' Moreover, this legislation had the ironic effect of reinforcing the right of parents to hit children by declaring that it was not intended to prohibit corporal punishment. Thus, the criminal justice system, the child protective system, and informal cultural norms are in agreement that if an assault by a parent results in an injury that requires medical attention and treatment. In fact, this is the law in nearly half the states, because their statutes specify that only "serious injury" is reportable abuse.' Moreover, this legislation had the ironic effect of reinforcing the right of parents to hit children by declaring that it was not intended to prohibit corporal punishment. Thus, the criminal justice system, the child protective system, and informal cultural norms are in agreement that if an assault by a parent results in an injury that requires medical care, it is physical abuse, but if no injury results, it is simply bad parenting but not child abuse in the legal sense. This principle was illustrated by a New Hampshire Supreme Court ruling that a mother who was hitting her child with a leather belt had not committed physical abuse because the child did not suffer an injury that required medical care.' Although the child abuse leg-

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islation did not clarify the boundary between corporal punishment and physical abuse, it may have laid the basis for long-term change in what is accepted as corporal punishment and what is considered abusive.

CORPORAL PUNISHMENT OF ADOLESCENTS AS A FORM OF ABUSE

There are important reasons to include corporal punishment in a consideration of physical abuse of adolescents. One reason is the evidence that most cases of physical abuse occur when corporal punishment escalates out of control. In addition, as shown below, ordinary corporal punishment of adolescents is associated with an increased risk of many serious social and psychologic problems.

Although the law continues to give parents the right to hit adolescents, the cultural norms are changing. Today, even pediatricians who advocate corporal punishment as a mode of discipline say it should be limited to early childhood. Thus, there are grounds for regarding any hitting of adolescents as physical abuse. Using that criterion, the fact that 52% of American parents use corporal punishment on children aged 13 and 14 can be taken to mean that over 50% of cury adolescents are victims of physical abuse by parents.

PREVALENCE STUDIES

Two main types of data have been used to compute rates of physical abuse of adolescents: reports of abuse to state child protection agencies and interviews with parents in household epidemiologic surveys.

Reports to Child Protection Agencies

CHILD PROTECTIVE SERVICES. The most widely used rate, are based on reports to state child protective service (CPS) agencies under the mandatory reporting acts (called CPS data from here on). The statistics on age in the 1994 report show the highest rate of confirmed reports for infants (16 per thousand children). The rate decreases slightly with age and is about 25% lower for children aged 12 to 14 years (12 per thousand). Thereafter the rate decreases more rapidly to about 1 per thousand at ages 15 to 17 years. However, these rates include neglect and sexual abuse as well as physical abuse. About one fourth of all confirmed cases are for physical abuse. If this proportion also applies to adolescents, it means a rate of physical abuse of about 3 per thousand children aged 12 to 14 years, and about 2.3 per thousand children aged 15 to 17 years.

The CPS data measure treatments or other interventions in the form of someone reporting and a subsequent investigation. Since many cases are unknown and there is therefore, no report or investigation, the CPS data underestimate the prevalence of abuse. Moreover, as pointed out earlier, the older the child, the lower are the chances of an attack resulting in injury and thus of being reported and confirmed. Consequently, the decrease with age in the CPS rate may reflect age differences in reporting rather than a lesser underlying prevalence.

NATIONAL INCIDENCE STUDIES. Another source of data for estimating physical abuse of adolescents is the National Incidence Studies (NIS) conducted in 1980 and 1986. The NIS interviewed a variety of human service professionals in a national sample of 29 counties. The respondents were asked for information on all instances of children who had suffered demonstrable harm from maltreatment in the previous 12 months. The NIS data include only cases known to service providers. Consequently, the NIS data, like the CPS data, result in a measure that is closer to an intervention rate than to a prevalence rate. A key difference, however, is that the service providers were asked about all cases, regardless of whether they had been reported to CPS. The inclusion of cases that were not officially reported probably explains why the 1986 NIS rate (6 per thousand for children aged 12 to 17 years) is almost 2.5 times higher than the estimate from CPS reports. The NIS findings on adolescents also differ from the CPS rates in demonstrating a greater prevalence of physical abuse of adolescents than that of younger children. This, too, could he the result of including cases that are known but not officially reported because these did not involve an injury that required medical attention.

Household Epidemiologic Surveys

NATIONAL FAMILY VIOLENCE SURVEYS. These surveys (NFVS), conducted in 1975, 1985, and 1992 interviewed one parent from each household in large and nationally representative samples. The NFVS measured physical abuse by means of the Conflict Tactics Scales (CTS). The CTS ask parent, about how often they engaged in each of a list of acts during the previous 12 months when they had trouble with a randomly selected child. These acts are used to compute four scales: non-violent discipline (e.g., explaining), psychologic aggression (e.g., calling the child a name), corporal punishment (e.g., slapping or spanking), and physical abuse (e.g., kicking or punching).

The physical abuse rate for children aged 12 to 17 years in the NPVS was about 25 per thousand in all three surveys, which is ten times greater than the CPS rate and
four times greater than the NIS rate. Moreover, these are lower bound estimates because it can be assumed that some of the parents interviewed did not disclose instances of abuse. In addition, only one parent was interviewed in each household. If the rate of 25 per thousand applies to the 23 million U.S. adolescents, it means that a minimum of 600,000 adolescents were severely assaulted by one of their parents during the survey year. Fortunately, this does not mean 600,000 adolescents required medical care, because the NFVS measured severe assaults in terms of parents, not injuries. Typical severe assault of an adolescent does not always result in an injury that comes to medical attention.

**Survey of Adolescents.** Beginning in 1990, the Youth Kisk Behavior Surveys (YRBS), survey of adolescents in grades 9 to 12, have been sponsored by the Centers for Disease Control and Prevention. The 1993 Oregon survey included three questions about physical abuse. The survey asked whether the person had ever been physically abused (hit, kicked, or struck with an object) when not involved in a fight. It also asked when was the last time this occurred and whether the adolescent tried to talk with someone about it. This survey was administered to 3211 students in 25 high schools in Oregon, using a stratified cluster design. A total of 32% of the adolescents reported that they had ever been abused. For some the abuse was quite recent, 3.7% reported having been abused in the past week, and 16.3% reported that the most recent occurrence was in the last year. This rate is dramatically higher than that reported by the other source.

**Subsequent Trends**

Reports of abuse to child protective services increased steadily since the data began to be compiled in 1976. The 1988 NIS also found a substantially higher rate than the first NIS found in 1980. Child maltreatment rates based on CPS and NTS reports roughly doubled from 1980 to 1990. However, for adolescents the rates were the same in all three NFVS. These seemingly contradictory trends are consistent if it is recognized that the CPS and NIS data measure interventions to treat and prevent child abuse, and that the focus of these interventions has been on infants and young children. To the extent that these interventions are effective, it should result in a decrease in the incidence rates for young children, but not for adolescents, and that is exactly what the NFVS have found. This should not be taken to mean that treatment and prevention efforts are the only, or even the main, reason for the decrease in the prevalence of physical abuse found by the NFVS. Many other changes in American society also served to lower the risk of child maltreatment, including a decrease in the prevalence of alcoholism, later marriage, more equalitarian marriages, and fewer children per couple. These have probably outweighed other changes that increase the risk of child abuse, such as a growing underclass, the crack cocaine epidemic, and a greater proportion of children in one-parent households.

**CLINICAL CHARACTERISTICS**

**Adolescents versus Younger Children**

Three of the four sources of data on the prevalence of physical abuse permit comparison by age. The three studies provide conflicting data over whether the rate of physical abuse of adolescents differs from that for younger children. The CPS report data indicate less abuse of adolescents, the NIS data indicate more abuse of adolescents than of younger children, and the NFVS found about equal rates for all age groups. The higher rate for younger children in the CPS reports probably occurs because younger children are more likely to be injured and thus to be confirmed as cases of physical abuse. Similarly, the equal rates of abuse of adolescents and younger children in the NFVS may occur because those surveys counted severe assaults such as kicking or punching a child as abuse, regardless of whether an injury occurred.

**Adolescent and Family Characteristics**

Analyses of the NFVS show that more boys than girls are physically abused, and that the difference becomes greater as children age. Adolescent boys are physically abused twice as often as girls. The rates of abuse by mothers and fathers also change as children grow older. Although among infants the rate of abuse by mothers is about five times greater than that by fathers, the rate of physical abuse of adolescents by fathers is about double that by mothers.

A similar reversal of differences between white and minority children occurs with age. Among infants and toddlers, the rate for minority children in the NFVS was half again greater than for white children, but among adolescents it was half again greater for whites.

In contrast to the NFVS, data from the YRBS for high school girls reported a higher rate of physical abuse for the past year than for boys (17.6% vs. 14.8%). However, the definition used in the YRBS did not specify that the perpetrator he a parent. Dating violence or other unprovoked hitting may have been included by the girls. There were no differences in reports of physical abuse by high school students in terms of race of urban versus rural origin in the YRBS in Oregon.
ETIOLOGY OF ADOLESCENT ABUSE

Onset During Adolescence

Little is known about the extent to which abuse of adolescents begins during the adolescent years as opposed to cases that are a continuation of a long-standing pattern. This information could be helpful in determining prevention and treatment, because the dynamics of adolescent-onset abuse might be different from those of early-onset abuse. Libbey and Bybee found that in nearly half their 24 cases abuse began in adolescence, and that these cases were less often characterized by major disorganization and parental inadequacy than early-onset cases. This is consistent with the report of Moran and Eckenrode, who found that adolescent onset is associated with a lower risk of psychologic injury to the child. It is also consistent with the theory that much adolescent abuse occurs as a response by previously nonabusive parents to delinquency and rebelliousness emerging during adolescence. If this is correct, treatment and primary prevention of such cases must include work with the adolescent as well as the parents.

Etiologic Theories

Libbey and Bybee argue that understanding abuse of adolescents requires considering not only the characteristics of the parents but also the characteristics of the child, and the social circumstances of the family such as stress, poverty, and social isolation. They identify theories that emphasize one or the other of these three types of etiologic factors, starting with what might be called “developmental vulnerability” theories. These theories postulate that the developmental tasks of separation and control during adolescence make the adolescent vulnerable. What they perceive to be the typical case involves parents who have not previously abused but who, in responding to adolescent misbehavior may tend to “go too far.”

A second theoretical approach involves par-ental “inadequacy theories.” Researchers who advocate this perspective focus on characteristics of the parent that put them at risk of abusing an adolescent, such as psychopathology, alcoholism, disorganized and dysfunctional family patterns, and rigid and controlling discipline.

The third theoretical approach is “sociologic.” These theories focus on socially generated stresses such as social isolation, unemployment, and poverty.

As useful as it is to identify the predominant focus of these three theories, Libbey and Bybee emphasize that “all of these models include the relation parent + child + crises = abuse.” In addition, although they do not identify it as a theory, these authors put forward what can be called an escalation from corporal punishment theory. They report that 22 of the 24 most recent abusive incidents were immediately preceded by “typical adolescent-parent conflicts.” They also found that most of the abusing parents believed they were disciplining the youth.

PSYCHOSOCIAL HEALTH RISKS ASSOCIATED WITH PHYSICAL ABUSE

Physically abused adolescents experience a greater risk of a wide variety of psychosocial and behavioral problems than other adolescents. The YKBS found a strong association between a history of abuse and a variety of serious outcomes. When adolescents who were physically abused compared with those who were not, the odds for a poor self-image were 1.6; the odds for having seriously considered suicide in the past year, 2.1; the odds for alcohol, cigarettes, and marijuana use, all approximately 1.7; and the odds for more than three sex partners in a lifetime and for involvement in a pregnancy, 1.9. Aggressive behaviors in physically abused adolescents were also increased. The odds of fighting in the previous year were increased to 2.2 and the odds for carrying a weapon in the past 30 days were 1.9. These findings are all consistent with previously reported associations.

As mentioned previously, in addition to physical abuse, over half of American adolescents experience less severe assaults by parents in the form of corporal punishment, such as a slap in the face. This widely occurring practice is associated with an increased risk of such problems as depression, delinquency, and impaired school performance in the adolescent.

PREVENTION AND TREATMENT

Primary Prevention

Because over 90% of parents spank and slap toddlers, and just over 50% use corporal punishment of adolescents, it is likely that most abuse of adolescents represents an escalation of a pattern that began with slapping the hand of an infant. This suggests that the most important step for primary prevention of adolescent abuse is the same as the most important primary prevention step to prevent physical abuse of young children: total avoidance of corporal punishment as a means of discipline. A prevention approach that begins with avoiding corporal punishment of toddlers is also likely to apply to parents who gradually reduce the amount of corporal punishment as the child grows older. About 40% stop by the time the child is 10 or 11 years old. For these parents, the onset of adolescence, with attendant difficulties in monitoring and directing the child’s behavior, can lead come to revert
to corporal punishment. During adolescence, a slap in the face for "mouthing off" or staying out late carries a greater risk of escalation into physical abuse because the adolescent may retaliate verbally or physically. The furious parent may use physical force in retaliation.

**Treatment**

Treatment and secondary prevention is more difficult because it often involves addressing the combination of entrenched pattern of harsh but inconsistent discipline, including corporal punishment, and the acting out of rebellious youth.\(^{19,20}\) The combination manifests itself as a vicious circle of coercion, abuse, and acting out. To end this pattern, parents can be helped (1) to understand that corporal punishment, especially at this age, is counterproductive; and (2) to learn and practice more effective disciplinary methods.

Mandatory reporting laws require the reporting of abuse of adolescents to child protective service agencies in all 50 states. The process of recognizing and reporting adolescent abuse can serve to begin a discussion directed at helping the family and the adolescent. Treatment begins at the point of recognition of the problem through the responses of the observing professional. It may first be necessary to deal with concerns related to making the mandatory report. Protective service agencies on their own connotes both treatment and punishment. In most states the protective service agency must share all confirmed reports with police authorities. However, child protective service agencies have a mandate to protect the child and preserve the family. The risk of foster home placement and/or criminal prosecution is low. Adolescents whose physical abuse is substantiated by protective service agencies are less likely to be put into foster care than either adolescents associated with sexual abuse allegations or younger children.\(^{21}\) This may result from the increased difficulty in finding placements for adolescents, or from a perception by CPS workers that physical abuse of adolescents is less serious.

Successful treatment of adolescent abuse is likely to involve multiple agencies and disciplines working with families. In addition to working with parents, treatment may involve agencies that deal with the adolescent’s behaviors. The school, courts, police, and protective service agencies all play an important role in supporting the adolescent and the family engaged in treatment. Treatment must be directed at the child and parents as individuals and at the family unit. The behaviors and responses of abusing parents and their children have developed over a long time. Consequently, treatment is not likely to be brief.\(^{22}\)

The more effective treatments are based on the discipline already practiced by almost all parents, but not consistently enough. These include providing clear standards and expectations, recognizing and praising good behavior, and the sparing use of nonviolent punishments.\(^{23}\) The behavior of the acting-out or rebellious youth must also be addressed. Just as parents need to understand that corporal punishment is counterproductive and dangerous, adolescents should recognize that the defiance and delinquency are also counterproductive. The methods of resolving conflicts with peers being taught in school-based violence prevention programs at-e also effective in preventing conflicts with parents. Mediation is an element of these programs that is applicable to parent-child conflict. In some states such as New Hampshire, parent-child mediation is currently the largest single category of cases among members of the mediators association.

Adolescents experience a very high rate of severe physical violence by parents. In addition, just over half of early teenagers experience less dangerous forms of violence by parents, such as a slap. Although the less serious violence rarely results in a physical injury requiring treatment, it puts the child at an increased risk of serious social and psychologic problems resulting in reduced school performance, violence, delinquency, and depression.\(^{24}\) Efforts to prevent and treat abuse for all children under age 18 are explicit national goals for the year 2000.\(^{25}\) Adolescents must be included as beneficiaries in this national enterprise.

**References**


