Spring 3-22-2022

Knowledge Within the United States of Child Maltreatment

Rebekah Hubacek
rhubacek@mail.stmarytx.edu

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Rebekah A. Hubacek

HONORS THESIS

Presented in Partial Fulfillment of the Requirements for

Graduation from the Honors Program of

St. Mary's University

San Antonio, Texas

Approved by:

Jillian Pierucci Digitally signed by Jillian Pierucci
DN: cn=Jillian Pierucci, o, ou, email=jpierucci@stmarytx.edu, c=US
Date: 2022.02.15 20:16:29 -06'00'

Dr. Jillian Pierucci

Associate Professor of Psychology

Camille A Langston Digitally signed by Camille A Langston
Date: 2022.03.22 09:18:32 -05'00'

Dr. Camille Langston

Director, Honors Program

February 14, 2022

Abstract

The literature has looked at the knowledge of child maltreatment amongst certain positions, i.e., teachers, caregivers (Weegar and Romano, 2019; Salloum et. al, 2019). The current study aims to find out how much knowledge the general public has of child maltreatment, including the differences of knowledge among those who are trained, who are parents to minors, who have a close relationship with a minor, and those who are/do not. There are five hypotheses. First, it is expected that the general population has a lack of knowledge of child maltreatment, that their knowledge is not greater than chance. Secondly, it is expected that participants who are parents or caregivers to minors will have a significant difference of knowledge compared to those who are not. Third, it is expected that participants that have a close relationship with a minor will have a significant difference of knowledge compared to those who do not. Fourth, it is expected that participants who had prior training in recognizing child maltreatment will have more knowledge than those who have not. Lastly, it is expected that participants who work with children on a regular, professional basis will have a significant difference of knowledge compared to those who do not. H1, H2, and H3 yielded nonsignificant results, while H4 and H5 had significant results. The author highlights that adults who have a close relationship with a minor do not have more knowledge of child maltreatment than those who do not, and that is a cause for concern.

Keywords: child maltreatment, knowledge, minor, trained, caregivers, relationship

Knowledge Within the United States of Child Maltreatment

The purpose of the current study is to evaluate the knowledge within the United States of child maltreatment. Research suggests that there is a lack of knowledge on the signs and symptoms of child maltreatment, even amongst adults who have close relationships with children. The literature has currently looked at the knowledge of child maltreatment amongst certain positions, i.e., teachers, coaches, caregivers, or have a focus on knowledge of reporting (Weegar and Romano, 2019; Nurse, 2018; Salloum et. al, 2019; LeCroy and Milligan-LeCroy, 2020). The current study aims to find out how much knowledge the general public has of child maltreatment. Another goal is to evaluate if there is a significant difference of knowledge among those who are trained, who are parents to minors, who have a close relationship with a minor, and those who are/do not. The author urges the importance of knowing if the general population lacks in their education. The truth is that there are many adults that are involved in youth's lives and would have the opportunity to notice signs and symptoms of child abuse. The question is not if the adults in children's lives care enough about them to notice symptoms of abuse; the question is if they are equipped with the skills to recognize and report serious concerns. To understand the importance of learning what peoples' knowledge of child maltreatment is, the definition, prevalence and consequences of child maltreatment must be clear. In addition, we must review what specific populations that have been studied do know.

How Child Maltreatment is Defined

According to the World Health Organization (WHO), child maltreatment is, "the abuse and neglect that occurs to children under 18 years of age," (2020). Other sources may refer to this as "child abuse and neglect" rather than child maltreatment, such as the Center for Disease Control and Prevention (Center for Disease Control and Prevention [CDC], 2021). There are four

common types of child maltreatment: physical abuse, sexual abuse, emotional abuse, and neglect (CDC, 2021). Physical abuse is the "intentional use of physical force that can result in physical injury"; sexual abuse "involves pressuring or forcing a child to engage in sexual acts. It includes behaviors such as fondling, penetration, and exposing a child to other sexual activities"; emotional abuse "refers to behaviors that harm a child's self-worth or emotional well-being"; neglect "is the failure to meet a child's basic physical and emotional needs. These needs include housing, food, clothing, education, and access to medical care," (CDC, 2021). The most commonly faced form of child maltreatment is neglect (Child Welfare Information Gateway, 2021). There are times when child maltreatment leads to the death of a child; this is known as a "child fatality." The National Child Abuse and Neglect Data System (NCANDS) defines child fatality as, "the death of a child caused by an injury resulting from abuse or neglect or where abuse or neglect was a contributing factor," (Child Welfare Information Gateway, 2021).

Gravity of Child Abuse and its Effects

At least 659,000 children were victims of child maltreatment in 2019 in the United States. Broken down, this equates to 8.9 victims per 1,000 children (Child Welfare Information Gateway, 2021). It is vital for the reader to know that these numbers are only estimates because it is practically impossible to know the full extent of child maltreatment. Every year there are instances that go unreported, and victims that are never found, and therefore never counted or helped. In some instances, the death of a child is the tragic consequence of child maltreatment. The NCANDS estimated that 1,840 children died from abuse or neglect in 2019 in the United States. This statistic equates an average of more than five children dying from abuse or neglect every day (Child Welfare Information Gateway, 2021). This, again, is a statistic believed to be underreported (Schnitzer et al., 2013).

When a child experiences maltreatment, it is not an isolated event. Whether a victim is abused during one event or multiple, they tend to endure long term consequences. A victim's body and mind can suffer in life-altering ways. Cabrera, Torres, and Harcourt reviewed current research and compared typical developing brains (i.e., children who did not experience adversity or maltreatment) and brains with impaired development (i.e., brains of children who had experienced trauma) (2020). Research has shown that some brain regions change and grow after a child is born. The authors state that when a child experiences a traumatic event, such as maltreatment, neural structures can become disrupted causing their cognitive development to be altered (Cabrera et al., 2020 as cited in Davis et al., 2015). Current findings have shown discrepancies between typical and impaired developing brains among the hypothalamic–pituitary–adrenal (HPA) axis, amygdala, hippocampus, corpus callosum, and the prefrontal cortex, among others (Cabrera et al., 2020). A brain structure may change due to dysfunction and dysregulation of different hormones or neurotransmitters that are meant to stimulate activity.

Cabrera, Torres, and Harcourt's study shares that current research has found many instances where this dysregulation has led to cognitive deficits and disorders (2020). In addition to this, there have been consistent findings that support the association between trauma and executive functioning deficits. Children with poor executive functioning may experience decreased emotion regulation, poor attention skills, an inhibited fear response, dissociation, and other effects (Cabrera et al., 2020). Other brain functions that could become impaired as a result of trauma include working memory, visual-spatial skills, motor skills, processing speed, and language development. Psychological diagnoses that have been linked to child maltreatment trauma are posttraumatic stress disorder (PTSD), depression, and attention deficit hyperactivity disorder (ADHD) (Cabrera et al., 2020).

Specific, negative behaviors are also seen more in people who experienced child abuse. These adolescents and adults are more likely to engage in unhealthy sexual practices, such as early initiation and transactional sex (Child Welfare Information Gateway, 2019). Victims are also more likely to use alcohol or other drugs and take part in juvenile delinquency, leading to adult criminality. And although most victims do not, children who experienced abuse are more likely to continue a cycle of maltreatment (Child Welfare Information Gateway, 2019).

Research over cognitive impairments and behavioral trends show the consequences that victims of child maltreatment may face. Victims, though, are not the only members of society that face negative effects from child maltreatment. Society carries an economic burden resulting from direct costs (i.e., foster care system) and indirect costs (i.e., juvenile and criminal justice system costs) (Child Welfare Information Gateway, 2019). When considering costs, both tangible (i.e., health care) and nontangible (i.e., pain) are taken into account. The estimated cost of a nonfatal incident of child maltreatment is $831,000 per child, which has an appraised annual cost of $428 billion in the United States. For fatal incidents, there an estimated $16.6 million lifetime cost per child in the United States (Child Welfare Information Gateway, 2019 as cited in Peterson, Florence, & Klevens, 2018).

Covid-19 and Child Maltreatment

The Covid-19 pandemic that began in 2020 and has continued through 2022 has affected society in various ways, and consequently, has changed the reporting and investigation rates of child maltreatment. The pandemic created environments for many people that are associated with the risk factors of child maltreatment. For example, unemployment and financial instability, substance abuse, parenting stress, poor mental health, and social isolation (Rapoport et al., 2021). With quarantining, the closures of schools and businesses, and the transfer to virtual meetings,

people, such as educators and health professionals, who are trained to recognize child maltreatment, had less contact (and continue to have less contact) with children and therefore report less. Child maltreatment results will remain underreported as restricted contact between children and professionals continues (Rapoport et al., 2021). This is one of the driving factors for the current study. Who can children rely on to help and protect them? The pandemic only exacerbates the need for the general population of adults to know basic facts of child maltreatment.

Signs of Child Maltreatment and Associated Risks

Signs and Symptoms of Child Maltreatment

According to Stanford Medicine (2021), there are behavioral, symptom, and physical clues to know that child abuse may be occurring. Behavioral clues include, but are not limited to, infant developmental delay, anxiety, clinging, nightmares, sleeping problems, bed wetting, withdrawal to touch, self-harm, depression, eating issues, and symptoms of PTSD (Stanford Medicine, 2021). Symptom clues may consist of headaches, abdominal pain, genital discomfort, abnormal weight gain or loss, worsening medial problems, unexplained symptoms, and others (Stanford Medicine, 2021). Physical symptoms may include poor hygiene, dressing inappropriately for the weather, fractures, dislocations, bruising, oral/dental injuries, diagnosed sexually transmitted disease or pregnancy, and others (Stanford Medicine, 2021). These are not exhaustive lists on signs of child maltreatment, and symptoms may vary according to what type of abuse the victim is facing.

Risks of Child Abuse

There are multiple risk factors that increase the chances that an individual will experience a form of child maltreatment in their lifetime. If caregivers have any of these experiences and/or characteristics, their child is more likely to experience child abuse:

> Caregivers with drug or alcohol issues; caregivers with mental health issues, including depression; caregivers who don't understand children's needs or development; caregivers who were abused or neglected as children; caregivers who are young or single parents or parents with many children; caregivers with low education or income; caregivers experiencing high levels of parenting stress and economic stress; caregivers who use spanking and other forms of corporal punishment for discipline; caregivers in the home who are not a biological parent; caregivers with attitudes accepting of or justifying violence or aggression. (CDC, 2021)

In addition, if a child's community contains these risk factors, they are more likely to experience child maltreatment:

> Communities with high rates of violence and crime; communities with high rates of poverty and limited educational and economic opportunities; communities with high unemployment rates; communities with easy access to drugs and alcohol; communities where neighbors don't know or look out for each other and there is low community involvement among residents; communities with few community activities for young people; communities with unstable housing and where residents move frequently; communities where families frequently experience food insecurity. (CDC, 2021)

People who live in these communities have to take even more precaution and take more lead in becoming educated about the signs and symptoms of child maltreatment.

Current Knowledge of Child Maltreatment

Child maltreatment prevention has shown to be an important issue to the public. LeCroy and Milligan-LeCroy found in their study of public perceptions of child maltreatment that child maltreatment was rated the highest of importance compared to other social issues (2020). In addition, their participants suggested that they would be willing to donate to programs that address child maltreatment (LeCroy and Milligan-LeCroy, 2020). This study investigated knowledge of the general population on child maltreatment, particularly knowledge of reporting. In LeCroy and Milligan-LeCroy's survey, they found that the public was generally well-informed when it came to knowledge questions about child maltreatment reporting; a majority answered eight of eleven questions correctly (2020). If the public is concerned and cares about the issue of child maltreatment, and are decently educated on the means of reporting suspected cases, why is child maltreatment still underreported? The current author credits this discrepancy to the lack of knowledge of signs and symptoms of child maltreatment.

What research has been done over knowledge of signs and symptoms of child maltreatment has been focused on certain professionals or caregivers. Weegar and Romano investigated teachers in Canada and their knowledge of maltreatment, such as behavior, and their response to it (2019). Based on the expertise of child welfare practitioners, school social workers, and foster caregivers, it was determined that teachers had limited knowledge of physical and behavioral signs of maltreatment (Weegar and Romano, 2019). It was reported that some teachers felt that they were hired to be teachers, not social workers (Weegar and Romano, 2019), but in the current author's opinion, every citizen has a responsibility to help children who may be in trouble. However, there are other adults who carry more of a burden than others. Since

teachers are trained and have prolonged exposure to children, their responsibility is inevitably higher.

Other adults who can play an active part in children's safety in the community are parents and caregivers. Caregivers are everywhere in the community; they take on leadership roles, and have extended time to recognize signs of child abuse. They can play a critical role in recognizing signs in their own children, as well as other kids they have exposure to. Salloum et al., (2019) surveyed 487 parents in El Salvador to investigate their knowledge, attitudes, and experiences in child sexual abuse prevention. Through the survey, the authors found that parents and caregivers understood what child abuse consisted of and could identify some signs of abuse, but most parents fell for misconceptions of child sexual abuse, like many other adults (Salloum et al., 2019). For example, caregivers believed that children are more likely to be abused by strangers, when they are not.

Other results found in the study were that parents with previous child sexual abuse training were more confident in knowing who to report sexual abuse to and had more intention to report than parents who did not have previous training. In addition, parents with previous training found it their responsibility to educate their child about sexual abuse and were more likely to discuss it with others (Salloum et al., 2019). Overall, the research suggested that child sexual abuse prevention programs better-equipped parents (Salloum et al., 2019). Although this study focuses on child sexual abuse, the current author interprets that if there is a lack of knowledge about child sexual abuse, then there is also a lack of knowledge in other forms of abuse.

Other adults that have been investigated have been coaches. Coaches tend to have close relationships with kids on their teams and see them on a regular basis, putting coaches in a unique position. Nurse (2018) evaluates the position of coaches and the part they can play in child abuse prevention. Coaches from the study tended to have similar knowledge of child abuse to teachers and can learn the same amount from prevention training (Nurse, 2018). But, similar to parents, coaches can hold dangerous misconceptions about child abuse. Furthermore, coaches, compared to other professions, had

low confidence in their ability to identify abuse. In response, it was shared that prevention training can raise confidence (Nurse, 2018). Nurse's conclusions support prevention training and highlight how it can help communities (2018).

Hypotheses

The current study has five hypotheses. First, it is expected that the general population has a lack of knowledge of child maltreatment, that their knowledge is not greater than chance. Secondly, it is expected that participants who are parents or caregivers to minors will have a significant difference of knowledge compared to those who are not parents or caregivers to minors. Third, it is expected that participants that have a close relationship with a minor will have a significant difference of knowledge compared to those who do not have a close relationship with a minor. Fourth, it is expected that participants who had prior training in recognizing child maltreatment will have more knowledge than those who have not had training. Lastly, it is expected that participants who work with children on a regular, professional basis will have a significant difference of knowledge compared to those who do not work with children.

Method

Participants

The current study had a total of 100 participants, 67% were females and 33% males. The participants were 18 and older and live in the United States of America, aging from 18 to 75, with a mean age of 43.37. Of the participants, 89% were White, 3% African American, 2% Asian, 1% Native Hawaiian or Pacific Islander, and 5% other. The sample was 24% Hispanic or Latino and 76% was not Hispanic or Latino. Each subject participated voluntarily, gave consent electronically before beginning the survey, and compensation was not given for their participation. The only cost of participation in the current study was the participant's time. Participants were recruited through word of mouth, electronic messaging (e.g., email, text messaging), social media by the investigator, and snowball sampling.

Design

The current study had a quasi-experimental design. It was quasi-experimental because none of the variables were manipulated. The hypotheses investigated the relationship between the pre-existing variables: participants and their knowledge of child maltreatment.

Measures and Materials

Participants took the Knowledge within the United States of Child Maltreatment (KCM) survey, which was created through Qualtrics by the author and distributed through an online link. The KCM survey was comprised of 32 questions, 14 of which tested their knowledge of child maltreatment. Along with those 14 questions, answers and their respective sources were given in order to provide an opportunity for education if the participants desired to do so. Of the 14 questions, five were multiple-choice questions, four were true or false questions, and five fill-in-the-blank questions. An example of a multiple-choice question in the current survey is, "Which type of child maltreatment is most common?" A true or false example is, "Exposing a child to sexual activities is considered sexual abuse. True or False?" An example of a fill-in-the-blank question in the KCM survey is, "List as many behavioral clues of child maltreatment of which you are aware. If you do not know any, answer 'N/A'."

Demographic Assessments

Standard demographic questions were asked of the participants, such as race, ethnicity, age, and gender. Further questions were given to evaluate participants' relationship with children. The first question of these is, "Do you consider yourself to have a close relationship with any minors (i.e., less than 18 years old)?" Questions that followed in the KCM survey asked if the participants worked with minors for their profession, if they had taken a training over child maltreatment, and if they were a parent or caregiver.

Trigger Warnings

Due to the potentially triggering nature of the topic of child maltreatment, participants read three trigger warnings before reaching the questions that tested their knowledge and mentioned child abuse on the KCM survey. When recruiting participants, a content warning was given before the survey link. This was seen on social media and electronic messages. Once the survey opened, a trigger warning was given that read, "WARNING: The following survey contains information and questions regarding child maltreatment, i.e., sexual abuse, emotional abuse, physical abuse, and neglect. If you feel you may be negatively affected by reading and thinking about this content, please do NOT continue." After answering demographic questions and before questions that mentioned child abuse, a third trigger warning was stated that read, "Following this page you will be questioned on your knowledge of child maltreatment. If you still feel that you will not be negatively affected by reading or thinking about this content, you may continue. If you feel you may be negatively affected, please quit the survey. After each question surveying your knowledge, you will be given the answer provided by the Center for Disease Control (CDC), Stanford Medicine, or the Child Welfare Information Gateway under the U.S. Department of Health and Human Services." These trigger warnings were used to discourage anyone who has previously been a victim of child maltreatment to not take the survey. This suggestion by the researcher was given to avoid any painful and triggering memories that the survey could bring up to any victims. In addition, the third trigger warning informed participants that they would be provided with the correct answer of the questions if they chose to use this survey as an opportunity for learning.

Procedure

The current study compiled the sample from adults that live in the United States of America. The sample was recruited through word of mouth, electronic messaging, social media, and snowball sampling. After voluntarily agreeing via an electronic consent form, participants used a Qualtrics link to complete the KCM survey. The current survey consisted of 32 questions, including demographic inquiries. Following demographic questions concerning participants and their relationship with minors and experience of training, the participants' knowledge of child maltreatment was investigated with the KCM. It took approximately 10 minutes to complete the survey. After the survey was available to take for one month, the data were analyzed using SPSS.

Results

A one sample *t*-test was conducted to test if the participants of the current study were knowledgeable about child maltreatment. A test value of 50 was used to determine if the participants' knowledge was greater than chance. Results showed that the participants' knowledge overall was greater than chance ($n = 96$; $M = 60.42$, $SD = 15.03$), $t(95) = 6.79$ $p < .001$. An independent samples *t*-test was conducted to determine if participants who are a parent or caregiver to a minor had differing knowledge compared to participants who are not a parent or caregiver to a minor. Results showed no significant differences in knowledge of childhood maltreatment within participants who are a parent or caregiver to a minor ($n = 23$; $M = 59.78$, $SD = 16.41$) compared participants who are not a parent or caregiver to a minor ($n = 73$; $M = 60.62$, $SD = 14.68$), $t(94) = -.231$ $p = .818$. An independent samples *t*-test was conducted to determine if participants who have a close relationship with a minor had differing knowledge compared to participants who do not have a close relationship with a minor. Results showed no significant differences in knowledge of childhood maltreatment within participants who have a close relationship with a minor ($n = 72$; $M = 61.11$, $SD = 15.64$) compared to participants who do not have a close relationship with a minor ($n = 24$; $M = 58.33$, $SD = 13.12$), $t(94) = .783$, $p = .436$. An independent samples *t*-test was conducted to determine if participants with prior training in recognizing childhood maltreatment had differing

knowledge compared to participants without prior training. Results showed significant differences in knowledge of childhood maltreatment within participants who had prior training (n = 55; M = 63.64, SD = 15.82) compared to participants who had no prior training (n = 41; M = 56.10, SD = 12.84), $t(94) = 2.497$, p = .014. An independent samples t-test was conducted to determine if participants who work with minors on a regular, professional basis had differing knowledge compared to participants who do not work with minors. Results showed significant differences in knowledge of childhood maltreatment within participants who work with minors (n = 43; M = 64.24, SD = 17.38) compared participants who do not work with minors (n = 53; M = 57.31, SD = 12.12), $t(94) = 2.22$ p = .030.

Discussion

The purpose of the current study was to investigate the knowledge of child maltreatment within the United States. Five hypotheses were examined: First, it is expected that the general population has a lack of knowledge of child maltreatment, that their knowledge is not greater than chance. Secondly, it is expected that participants who are parents or caregivers to minors will have a significant difference of knowledge compared to those who are not parents or caregivers to minors. Third, it is expected that participants that have a close relationship with a minor will have a significant difference of knowledge compared to those who do not have a close relationship with a minor. Fourth, it is expected that participants who had prior training on recognizing child maltreatment will have more knowledge than those who have not had training. Lastly, it is expected that participants who work with children on a regular, professional basis will have a significant difference of knowledge compared to those who do not work with children.

The current study found that the participants had more knowledge of child maltreatment than just chance, i.e., participants got more multiple choice and true or false questions correct than if they were to randomly pick an answer. These findings were significant, and therefore did not support H1. This is an encouraging statistic that suggests the participants are more knowledgeable than hypothesized. The current author does stress though, that knowledge greater

than chance does not necessarily mean *enough* knowledge or an *abundance* of knowledge of child maltreatment.

The current study suggests that parents or caregivers to minors did not have a significant difference of knowledge compared to those who were not parents or caregivers to minors, thus not supporting H2. H3 was also not supported; findings inferred that participants who have a close relationship with a minor did not have a significant difference of knowledge compared to those who do not have a close relationship with a minor. Although these hypotheses are statistically nonsignificant, these data are important to consider. These data imply that the relationship an adult has with a child does not change the knowledge they have of child maltreatment. When someone sees a child with the frequency as a parent or caregiver does, it is vital that they are able to recognize child maltreatment. A similar expectation should exist for those who have a close relationship with a minor, especially if the adult is a confidant for the child. The current author interprets these findings as adults who have crucial relationships with minors are not taking the necessary means to ensure they are more knowledgeable and prepared to recognize child maltreatment than people who do not have an intimate relationship with a minor. This is concerning, especially when you consider the isolation that children are experiencing today due to the Covid-19 pandemic. There is an even greater responsibility than before for those who may be in the position to recognize child maltreatment to learn.

H4 was analyzed, and it was found that participants who had prior training in recognizing child maltreatment had a significant difference of knowledge compared to those who did not have prior training, thus supporting H4. Specifically, those who were trained had significantly more knowledge of child maltreatment. The final hypothesis was analyzed and found that participants who worked with minors on a regular, professional basis had a significant difference

of knowledge compared to those who do not work with minors, therefore supporting H5. Similar to H4, H5 showed those who worked with minors had significantly more knowledge than those who did not. These findings suggest that being trained in recognizing child maltreatment makes a positive impact on how much knowledge you have of child maltreatment. It can be inferred that people who have been trained are more prepared to recognize and report suspected child maltreatment. This agrees with all of the reviewed literature concerning current knowledge of child maltreatment. Each of the reviewed articles suggested that the population they studied would benefit from trainings and education over child maltreatment, which included the general public, nurses, parents, and coaches (LeCroy and Milligan-LeCroy, 2020; Weegar and Romano, 2019; Salloum et al., 2019; Nurse, 2018).

The implications of the current study include stressing the importance of parents, caregivers, and other nonprofessionals who have a close relationship with a minor getting trained on how to recognize child maltreatment. The people who see and interact with children the most need to be the most knowledgeable. This is why many professionals who work with children are required to be trained, and therefore showed more knowledge of child maltreatment. This study suggests that those who are not required to be trained, i.e., parents, are not doing it on their own. Schools, non-profits, and other organizations that work to combat child maltreatment can use the current study as reasoning to specifically target the populations that need education. In addition, this study shows the difference that being trained can make in a person's knowledge.

Limitations to the current study are found in the sampling methods and skewed demographics. Convenience sampling was used to find participants to take the survey. Although the survey was posted to social media and snowball sampling was used, the author cannot determine where the participants lived. The KCM required that the participant live in the United

States to take the survey, but where in the United States was not questioned. Data were skewed because there were more female participants (n = 67) than male (n = 33).

Future research should investigate why parents, caregivers, and those who have a close relationship with a minor have not taken the extra steps to be trained on recognizing child maltreatment. Is it because they think that will never happen to their family? Could it be because they have no access or opportunity to be trained, or they don't know they should be? These are important questions that could also help schools, non-profits, other organizations, and even the local government to know what they need to do in order to help their community. Another avenue of future research the current author suggests is investigating how long a training over recognizing child maltreatment makes a difference for those who have taken it. For example, after someone takes a training, are they adequately prepared for the next 10 years? Or would their training only be helpful to them good for three years? This can help regulate guidelines for how often professionals should be trained, and encourage when nonprofessionals should be trained.

Overall, the results of the current study suggest that training makes a significant difference in knowledge of child maltreatment. In addition, it can be interpreted that parents, caregivers, and other adults who have a close relationship with a minor have not taken extra steps in order to ensure they are prepared and educated. Training on how to recognize child maltreatment should not only be completed when it is required for a profession. Training should be done as a precaution to look out for and help the children.

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