

**PROMOTING COMMUNITY  
PROTECTION OF ADOLESCENTS  
Part 1-Adolescent Maltreatment**

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## INTRODUCTION

*"The solution of adult problems tomorrow depends in large measure upon the way our children grow up today. There is no greater insight into the future than recognizing that when we save our children we save ourselves."*

*- Margaret Mead*

Maltreatment of adolescents has been overlooked in Oregon. Although there has been increasing awareness of child abuse, as evidenced by increasing numbers of reports of child abuse and corresponding intervention by the Department of Human Services - Child Welfare (DHS-CW), there has been little attention to the plight of teenagers who are the victims of familial violence and neglect. Victimized adolescents have long fallen between the cracks in Oregon's child service agencies. **Not yet adults and no longer children, adolescents have the needs of both and the status of neither.**

We have failed as a state to clearly define necessary and appropriate programming for maltreated adolescents. This paper examines the issues facing adolescent victims of abuse and neglect and challenges us to make the efforts necessary to improve the child welfare system's response to adolescent abuse and neglect. This paper is a project of the Children's Justice Act (CJA)<sup>1</sup> Task Force.

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<sup>1</sup> The Children's Justice Act established a Task Force to examine adolescent maltreatment in Oregon. In October 2003, Juvenile Rights Project, Inc. (JRP) was awarded a CJA grant for the purpose of researching and improving the handling of cases of adolescent abuse and neglect.

Joe is a seventeen year old student in special education classes at Jefferson High School. For over 18 months, his teachers repeatedly communicated concerns of neglect to DHS and received no response. The concerns included medical neglect, lack of food in the home, insufficient water supply, alcohol abuse, filthy conditions, and domestic violence. According to his teacher, Ms. Smith, in the winter of 2003, Joe had an ear infection due to a lodged cotton ball and his parents neglected to seek medical treatment for it even after the school informed them of the situation. She also said that he shows up to school completely filthy and that school staff have also taken it upon themselves to wash his clothes. She discovered that Joe's house hasn't had hot water for several months and may have had no water at all. In addition, Joe's parents consistently pick on him, often calling him a "retard." When Joe's father gets angry, he attacks Joe, pushing him into walls and throwing him to the floor. Teachers and administrators have taped Joe's dilapidated shoes together, and he wanders the streets to avoid going home, looking for bottles and cans to redeem the deposit and buy food. After failing to receive DHS assistance, Joe's teachers contacted the JRP Helpline for advice on how to help Joe escape the neglect.<sup>2</sup>

The JRP Help Line, which serves adolescents who have been unable to receive assistance through other means<sup>3</sup>, hears stories like Joe's almost daily. Ramona Foley, Assistant Director for the Department of Human Services - Children, Adults and Families, has acknowledged that failure to respond to abuse and neglect of teens is a significant issue in Oregon.<sup>4</sup>

**“We must ensure that the protection and safety of all children are seen as a priority. Today's teens will be the parents of tomorrow. Protective services to children today are an investment to give young people opportunities to become the self-sufficient and productive young adults of tomorrow.”**

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<sup>2</sup> JRP Help Line Client Files. Several Help Line clients are referenced throughout this paper; the client references and life stories are compiled from Help Line calls and files, 2002-2005.

<sup>3</sup> 77% of Help Line calls are regarding youth over age 12.

<sup>4</sup> FOCUS Newsletter (news release of Oregon DHS) (October 2000).

## PART 1 -- MALTREATMENT: THE ADOLESCENT AS HIDDEN VICTIM

Jane, a sixteen year old girl, ran away from home because of daily physical abuse at the hands of her father and seventeen year old brother. Two police reports were made in the past year because of the continuous violence in Jane's home. Following the second report, Jane called the DHS hotline herself to report the bloody face and black eye delivered by her father. DHS opened and closed the case in the same month. Although the police were frequent visitors to Jane's home due to domestic violence reports, a child abuse investigation never took place. Prior to running away, Jane was doing well at school. She often tried to stay over at a friend's home to escape her brutal home life, but her dad would track her down and forcibly remove her from the friend's house. A run away report was made by Jane's father, but Jane stated, "Before I go back there, I'll kill myself." Jane contacted the JRP Helpline with the hope that JRP could protect her from her abusive family.

### I. ADOLESCENT MALTREATMENT

#### A. The Magnitude of the Problem

The true incidence of adolescent abuse may far exceed the documented statistics. "[T]he extent to which under reporting influences our estimate of the incidence of physical abuse, sexual abuse, neglect and psychological maltreatment in adolescence is unknown."<sup>5</sup> Symptoms and complaints of adolescent maltreatment are often ignored by adults. Young children are perceived as weak and defenseless while adolescents are seen as behaviorally responsible for their misfortunes and provoking their own abuse.

"The actual incidence of adolescent maltreatment may not be lower than that of child maltreatment, but the reporting of it may, because of changed

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<sup>5</sup> R.P. Barth & D.S. Derezotes, *Preventing Adolescent Abuse: Effective Intervention Strategies and Techniques*, 3 (Lexington Books 1990).

public perceptions of risk as children mature. Adolescents are often seen as having an increased ability to fight, run away, or otherwise fend off abuse. Moreover, there may be a pervasive belief that adolescents deserve the punishments they receive or that they can sustain physical punishment without damage. Finally, teenagers are often viewed more as potential victimizers than as potential victims, in spite of reports from the National Crime Survey and Uniform Crime Reports showing that teenagers are at substantially higher risk than their elders for all crimes except homicide and that they are often targeted for stranger abduction.”<sup>6</sup>

One source of data about adolescent maltreatment is from child protection agencies. According to a 1995 report of the U.S. Department of Health and Human Services, almost 2 million reports of child abuse and neglect were received by child protective service agencies and referred for investigation in 1993. Nearly half of the victims of maltreatment (49% ) suffered from neglect; 24% were physically abused; and 14% were sexually abused. Adolescents accounted for a lower percentage of reported victims than younger children did: 51% of victims were 7 years of age or younger, and 26% were 3 years of age or younger, whereas 20% were 13 - 18 years old. <sup>7</sup>

It is well established that data from child protection agencies fail to fully report the numbers and types of maltreatment cases for all ages. In the National Incidence Study (NIS)<sup>8</sup>, which uses other sources than child protection agency

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<sup>6</sup> Gil & Eliana, *Training Abused Adolescents* 11 (Gildford Press 1996).

<sup>7</sup> *Id.*

<sup>8</sup> The National Incidence Study (NIS) is a congressionally mandated, periodic effort of the National Center on Child Abuse and Neglect (NCCAN). The first NIS (NIS-1), mandated under P.L. 93-247 (1974), was conducted in 1979 and 1980 and published in 1981. The second NIS (NIS-2), mandated under P.L. 98-457 (1984), was conducted in 1986 and 1987 and published in 1988. The third NIS (NIS-3) was mandated under P.L. 100-294 (as amended). The NIS-3 data were collected in 1993 and 1994, analyses conducted in 1995 and 1996, and these results published in 1996. A key objective of the NIS-3 was to provide updated estimates of the incidence of child abuse and neglect in the United States and measure changes in incidence from the earlier studies. The NIS-3 findings are based on a nationally representative sample of

data to estimate the incidence of abuse and neglect, only 39% of adolescent maltreatment cases had been reported to a child protection agency as compared with 76% of the cases involving younger children. The first NIS limited the definition of maltreatment to cases of demonstrable harm - adolescents accounted for 47% of reported cases while constituting only 38% of the population. In NIS 2 the rates for abuse of 12 to 17 year-olds were the highest at 25.7/1000. The NIS also showed that neglect and/or emotional abuse are the most common forms of maltreatment and the risk for these increases gradually with age and the largest increase occurs between 12 and 17 years of age.<sup>9</sup>

**Only 39% of adolescent maltreatment cases had been reported to a child protection agency as compared with 76% of the cases involving younger children.**

## B. Legal Aspects of Adolescent Maltreatment

The law is an essential partner with the medical, social work and mental health professions in identifying and responding to adolescents who may be maltreated. Statutes govern the reporting of suspected adolescent maltreatment and specify the duties of child protection agencies in responding

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over 5,600 professionals in 842 agencies serving 42 counties. The study used two sets of standardized definitions of abuse and neglect. Under the Harm Standard, children identified to the study were considered to be maltreated only if they had already experienced harm from abuse or neglect. Under the Endangerment Standard, children who experienced abuse or neglect that put them at risk of harm were included in the set of those considered to be maltreated, together with the already-harmed children. National Clearinghouse on Child Abuse and Neglect, *Third National Incidence Study of Child Abuse and Neglect*, <http://nccanch.acf.hhs.gov/pubs/statsinfo/nis3.cfm>.

<sup>9</sup> *Id.*

to those reports. Statutes also determine the circumstances under which a juvenile court may intervene in a situation of adolescent maltreatment and order the adolescent to be removed from her/his home. ORS 419B.090<sup>9</sup> sets forth the benevolent purposes<sup>10</sup> of the juvenile code and child protection laws and recognizes that children are individuals who have legal rights, including the

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<sup>9</sup> See Appendix A for the full text of ORS 419B.090.

(2)(a) It is the policy of the State of Oregon to recognize that children are individuals who have legal rights. Among those rights are the right to:

- (A) Permanency with a safe family;
- (B) Freedom from physical, sexual or emotional abuse or exploitation; and
- (C) Freedom from substantial neglect of basic needs.

(b) Parents and guardians have a duty to afford their children the rights listed in paragraph (a) of this subsection. Parents and guardians have a duty to remove any impediment to their ability to perform parental duties that afford these rights to their children. When a parent or guardian fails to fulfill these duties, the juvenile court may determine that it is in the best interests of the child to remove the child from the parent or guardian either temporarily or permanently.

(c) The provisions of this chapter shall be liberally construed to the end that a child coming within the jurisdiction of the court may receive such care, guidance, treatment and control as will lead to the child's welfare and the protection of the community.

(3) It is the policy of the State of Oregon to guard the liberty interest of parents protected by the Fourteenth Amendment to the United States Constitution and to protect the rights and interests of children, as provided in subsection (2) of this section. The provisions of this chapter shall be construed and applied in compliance with federal constitutional limitations on state action established by the United States Supreme Court with respect to interference with the rights of parents to direct the upbringing of their children, including, but not limited to:

- (a) Guide the secular and religious education of their children;
- (b) Make health care decisions for their children; and
- (c) Discipline their children.

(4) It is the policy of the State of Oregon, in those cases not described as extreme conduct under ORS 419B.502, to offer appropriate reunification services to parents and guardians to allow them the opportunity to adjust their circumstances, conduct or conditions to make it possible for the child to safely return home within a reasonable time. Although there is a strong preference that children live in their own homes with their own families, the state recognizes that it is not always possible or in the best interests of the child or the public for children who have been abused or neglected to be reunited with their parents or guardians. In those cases, the State of Oregon has the obligation to create or provide an alternative, safe and permanent home for the child.

(5) The State of Oregon recognizes the value of the Indian Child Welfare Act, 25 U.S.C. 1901 to 1923, and hereby incorporates the policies of that Act. [1997 c.873 §2a; 1999 c.859 §22; 2001 c.686 §21]

<sup>10</sup> "Child abuse and neglect laws in all states aim to facilitate the benevolent intervention in family life by professionals intending to strengthen family life whenever possible. The philosophy is to intervene helpfully in a family without causing further harm or punishing the family." Donald Duquette, *The Legal Aspects of Child Abuse and Neglect*, in K. Faller, *Social Work with Abused and Neglected Children* (The Free Press 1981).

right to be free from physical, sexual or emotional abuse or exploitation and to be free from substantial neglect of basic needs. This general purposes statute also recognizes the fact that government intervention in family life infringes fundamental personal liberties of both parents and children and that such infringement must only be allowed under necessary circumstances.

Oregon law defines child abuse and neglect in two separate and somewhat inconsistent ways in ORS Chapter 419B JUVENILE CODE: DEPENDENCY.

1. Reporting Laws. For many years child maltreatment was a hidden problem. Only in relatively recent times has the extent of child abuse and neglect been widely recognized. The first proposed mandatory child abuse reporting legislation was formulated by the Children's Bureau in 1963.<sup>10</sup> Oregon adopted its Child Abuse Reporting law based on the Children's Bureau model in 1971.<sup>11</sup> In 1974 Congress enacted the Federal Child Abuse Prevention and Treatment Act (CAPTA) which established eligibility requirements for states to receive federal funding and led to the inclusion of neglect in child abuse reporting laws.<sup>12</sup>

Oregon's mandatory child abuse reporting law, ORS 419B.005 to ORS 419B.050,<sup>13</sup> defines child abuse and neglect for purposes of mandatory child

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<sup>10</sup> U.S. Dept. of Health, Education and Welfare, Children's Bureau, *Model Child Protection Act with Commentary* (1963).

<sup>11</sup> See <http://www.dhs.state.or.us/children/abuse/cps/main.htm>.

<sup>12</sup> Duquette, *supra* at 118.

<sup>13</sup> For the full text of ORS 419B.005 to 419B.050 go to Appendix A.

abuse reporting and investigation of reports of child abuse. ORS 419B.005 to .050 were moved to the Juvenile Code in 1993. Prior to that these sections were in ORS Chapter 418 CHILD WELFARE. **Although child abuse reporting and investigation were moved to the Juvenile Code, no effort has been made to tie reporting and investigation requirements to the long-standing general and jurisdictional requirements of the Juvenile Code, which are much broader.**

The definitions contained in ORS 419B.005 are largely drawn from the Criminal Code and refer to crimes rather than providing a description of the abused or neglected condition of the child. For example, abuse includes: any assault defined in ORS Chapter 163 (in the criminal code), rape, sexual abuse, contributing to the sexual abuse of a minor, use of a child in pornography and buying or selling a person, all as defined in ORS Chapter 163; and allowing child prostitution as defined in ORS Chapter 167 (also part of the criminal code). Definitions that do not depend on further defining in the criminal code are also provided for: mental injury; negligent treatment; threatened harm; and permitting a person to be in a place where methamphetamines are being manufactured.

Oregon's reporting laws govern the finding and investigation of suspected cases of child abuse and neglect. Once suspected cases are identified, they must be assessed and, if appropriate, investigated. Many reports turn out to be unfounded; others present only minor problems and the parents are warned,

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perhaps given referrals to voluntary resources, and the cases are closed. In other cases the protective services workers remain involved with a family to provide certain crisis-oriented services and to monitor the family situation. Only a small number (10 to 15%) of the reported cases result in court action either to protect the child or to ensure the cooperation of reluctant parents.<sup>14</sup>

2. General and Jurisdictional Provisions of the Juvenile Code. The jurisdictional (ORS 419B.100) sections of the Dependency portion of the Juvenile Code were in existence long prior to the enactment of the child abuse reporting statute. Many examples of maltreatment that would meet the jurisdictional requirements for juvenile court do not fall within the mandatory reporting law. Much of ORS 419B.100 was enacted as part of the 1959 Juvenile Code. ORS 419B.090 is the general purposes section of the code and states that "the provisions of Chapter 419B shall be liberally construed to the end that a child coming within the jurisdiction of the court may receive such care, guidance, treatment and control as lead to the child's welfare and the protection of the community." ORS 419B.100<sup>15</sup> recognizes ten categories of cases in which the court can intervene. Most juvenile court dependency petitions allege ORS 419B.100 (1)(c) as the basis for jurisdiction, i.e. that the child's condition or circumstances are such as to endanger the welfare of the child or others. If the facts supporting the "conditions and circumstances" allegation are proven

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<sup>14</sup> Duquette, *supra* at 123.

<sup>15</sup> For the full text of ORS 419B.100 go to Appendix A.

by a preponderance of the evidence, the juvenile court may exercise jurisdiction including ordering the child removed from the parents and placed in foster care. The court has discretion and need not find the child within the court's jurisdiction even if the evidence supports that the abuse report is founded.

A foster mother contacted the JRP HelpLine for assistance regarding one of her former foster children, John. John, now age 12, had been re-united with his mother and his DHS case closed about 2 years ago. In October 2004, John's mother frantically called his former foster mother, asserting that she was unable to care for John and was afraid she would hurt John if he remained in her care another minute. The foster mother immediately went and picked up John from his mother's residence, took John to her home, and contacted the Child Abuse Hotline. The hotline screener suggested that John was not exposed to a risk of harm and therefore DHS would not get involved. When the foster mother begged DHS to intervene, the screener suggested that she return John to his mother's care and wait until John sustained injuries serious enough to warrant DHS involvement.

### C. The Nature of Adolescent Maltreatment

1. Physical Abuse. There is a common perception that adolescents, because they are stronger, bigger, and more capable of fighting back, are able to stop physical abuse. But, recent studies show that 32% of all child physical abuse reports are for adolescents between the ages of 11 and 17, and the highest rate of physical abuse occurs in females in the 12 to 15 year old age group.<sup>16</sup> Although physical abuse of adolescents is a significant problem, physically abused adolescents often experience difficulties in getting protection from physical abuse.

Relying on criminal code definitions for physical abuse, besides being inconsistent with the jurisdictional provisions of the Juvenile Code, leads to one

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<sup>16</sup> M. Scannapieco & K. Connell-Carrick, *Understanding Child Maltreatment*, 197 (Oxford Press 2005).

of the problems resulting in inadequate response to complaints of adolescent maltreatment. It is a common misperception among law enforcement agencies (LEA) and CPS workers that to establish physical abuse for purposes of a juvenile court petition, the case must meet the same standards as for a criminal prosecution. This however, is not required by the Juvenile Code. Thus, an adolescent who is beaten by his parent, but has no marks or bruises (or the marks or bruises have faded) may clearly be within the jurisdiction of the juvenile court. ORS 419B.100(1)(e)(C). But frequently such adolescent will be told that if there is no bruise there is not sufficient evidence of abuse for LEA or CPS to intervene. Indeed, if one were looking at a criminal prosecution, where the state's burden of proof is proof beyond a reasonable doubt, the adolescent's assertion that the beating occurred might be insufficient. However, in Juvenile Dependency cases, the burden of proof is a mere preponderance of the evidence and the adolescent's assertion alone is sufficient to file a petition and further investigate the case. Similarly, LEA and CPS may apply the more restrictive definitions of the criminal code in determining whether there is physical abuse. ORS 161.015 (7) defines physical injury for purposes of the criminal code as: "impairment of physical condition or substantial pain". However, the Juvenile Code, for purposes of jurisdiction only requires that the child be subjected to unexplained physical injury. ORS 419B.100(1)(e)(C).

2. Sex Abuse. Adolescents are more likely to be sexually abused than younger children. In reported cases of sex abuse, 29% of juvenile sex abuse victims in Oregon are between 10 and 13 years of age and 30% are

between 14 and 17 years of age.<sup>17</sup> However, it is well established that sex abuse of adolescents is significantly underreported. In a 1994 study of seriously mentally ill youth a high incidence of sexual abuse was reported by patients. It is reported that about 40% of adolescents experience at least one unwanted sexual encounter prior to their 18th birthday, with the majority of cases involving an adult family member or an adult acquaintance rather than a peer.<sup>18</sup>

Sex abuse is usually not immediately disclosed and often physical evidence is lost, or in many types of sex abuse there is no physical evidence.<sup>19</sup> One of the problems with reporting and addressing sexual victimization is that many adults think the child is at fault.

3. Neglect. Neglect is the most common form of abuse. Although often identified in young children, it is pervasive in the teen population as well. Recent data indicates that 4.9 males and 6.2 females between 12 and 15, and 2.3 males and 3.5 females between 16 and 17 were victims of neglect per 1000 children in the general population.<sup>20</sup> Neglect, defined as failing to provide both physical and emotional care, is a chronic problem with far-reaching results. Common incidents of neglect include failing to provide adequate food, water, shelter, clothing, supervision or medical care.

4. Abandonment. Abandonment is parental (guardian, or person legally charged with the care or custody of the child) behavior “showing an

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<sup>17</sup> National Center for Maternal and Child Health. Maternal and Child Health Technical Information Bulletin (see <http://www.dhs.state.or.us/publichealth/ipe/tech/sexual.cfm>)

<sup>18</sup> *Id.*

<sup>19</sup> Scannapieco, *supra* at 197.

<sup>20</sup> Scannapieco *supra* at 200.

intent to permanently give up all rights and claims to a child.”<sup>21</sup> Child abandonment, desertion of a child under age 15 with the intent to abandon, is a Class C felony.<sup>22</sup> In addition, Oregon recognized the need to protect youth over 15 from the disheartening effects of abandonment by criminalizing non-support of any child under age 18.<sup>23</sup>

5. Mental Injury. Mental injury and psychological maltreatment result from cruel and immoral acts, statements, or threats made by a caregiver which has a direct impact on the child. Failure to nurture, protect or appropriately guild a child is also psychological maltreatment.<sup>24</sup> Although hard to define, mental abuse is extremely common, occurring both individually and in all other forms of maltreatment.<sup>25</sup> Victims of mental injury are made to believe that they are worthless, flawed, unloved, unwanted, endangered, or exist only to serve another’s needs.<sup>26</sup>

6. Threat of harm. Threat of harm occurs when a child is subjected to a substantial risk of harm to his or her health and/or welfare. Substantial harm encompasses disabling impairment, significant or acute injury, or life-threatening damage to a child's physical, sexual, psychological or emotional development or functioning. DHS provides several examples which give rise to a threat of substantial harm, including: a child living with a convicted child

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<sup>21</sup> See [http://www.dhs.state.or.us/children/abuse/abuse\\_neglect.htm](http://www.dhs.state.or.us/children/abuse/abuse_neglect.htm).

<sup>22</sup> O.R.S. § 163.535.

<sup>23</sup> O.R.S. § 163.555.

<sup>24</sup> *Id.*

<sup>25</sup> Scannapieco *supra* at 17.

<sup>26</sup> *Id.*

abuser, a child born to or living with any person who currently has a child placed out of their home due to abuse or neglect, a newborn whose primary caregiver lacks adequate parenting skills, a child living with a person involved in child pornography, and caregiver behavior which is out of control and threatening to the child.<sup>27</sup>

**At age 16, Jane first ran away from her abusive grandmother's home in Utah to her father's home in Portland. Jane's grandmother filed a runaway report and the Portland police returned Jane to Utah. Three weeks later, Jane repeated the process, and she was once again returned by the police to Utah. She ran to Portland one more time, and while here contacted the JRP HelpLine for assistance. Jane's grandmother was physically abusive, hitting Jane and burning her with cigarettes. Although Jane told the police about the abuse, the police failed to investigate before returning Jane to her grandmother. JRP assisted Jane in her quest to live with her father. The court granted Jane's father custody of Jane and Jane now lives in a safe home with her father.**

## II. ADOLESCENT MALTREATMENT IS DIFFERENT

### A. Differing Abuse Patterns

Proving and reducing bias against adolescents is not without challenge. Some of the challenges are related to the common public perception that teens are capable of protecting themselves<sup>28</sup>, that abuse is more significant than neglect<sup>29</sup>, and that early childhood is the most important stage in which to

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<sup>27</sup> See [http://www.dhs.state.or.us/children/abuse/abuse\\_neglect.htm](http://www.dhs.state.or.us/children/abuse/abuse_neglect.htm).

<sup>28</sup> Teens are often perceived as more capable than they really are. Recent brain development points to teens not having developed sufficient executive functions until they are in their very late teens or early 20s. *The Dana Guide to Brain Health* (Floyd Bloom, M. Flint Beal, & David Kupfer, eds., The Dana Press 2003).

<sup>29</sup> Twice as many children and most adolescents seen by the CPS system are neglected rather than abused and more deaths occur because of neglect than abuse. Neil J. Hochstadt & Neil J. Harwicke, *How Effective is the Multidisciplinary Approach? A Follow-up Study*, *Child Abuse and Neglect: The International Journal* 365-372 (1985).

intervene.<sup>30</sup> Because public awareness focuses on the physical abuse of young children, adolescent neglect tends to fall through the cracks.

Adolescent maltreatment receives less attention and concern than the maltreatment of younger children. In some cases the onset of adolescent maltreatment coincides with the onset of adolescence. In many cases, however, the maltreatment begins in childhood and persists into the teen years. Often, around the age of 13 or 14 adolescents, who have long histories of maltreatment, will get to the point of saying "this is enough - I'm not going to take this anymore."

**Due to developmental and situational differences, adolescent abuse is less likely to be recognized.**

Abuse patterns differ with adolescents. There is less mortality as a direct result of abuse and less head trauma. There is more sex abuse than with younger children and more neglect. Neglect, contrary to popular misconceptions, is believed to be as injurious as physical and sexual abuse. Adolescents are more likely to place themselves at risk to escape maltreatment - running away, substance abuse, self-destructive and suicidal behavior.

Adolescents also have more complex and extensive treatment needs than their younger peers. They may require multiple services such as crisis counseling, long-term counseling, family therapy, transitional living

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<sup>30</sup> Doug Nelson, President, Annie E. Casey Foundation, National Public Radio Interview (June 10, 2004).

arrangements, substance abuse treatment and education, pregnancy prevention and sexuality education and violence prevention and counseling.

**At 15 years of age, Lucy had been in school only a few years. Her mother floated from state to state and school district to school district in pursuit of drugs and men. Her mom would dump her at her aunt's house for indeterminable amounts of time. Lucy wanted the stability of a permanent placement at her aunt's home, but she had no bruises, no cuts and her basic sustenance needs were met when she lived with Mom. She had witnessed two of her mother's boyfriends die; one of them in a horrible drunken accident after which Mom wouldn't let Lucy call an ambulance for fear the authorities would discover her drug use. He died slowly on their couch. Lucy wanted out, but she fell through the cracks. Her Mom managed to bounce from town to town fast enough and abuse her softly enough to avoid any kind of DHS involvement.**

## **B. Adolescent Development**

**Adolescents are developmentally different from younger children.** These developmental differences impact adult perspectives of adolescent victims of maltreatment, the types of maltreatment adolescents are likely to be subjected to, and the response of the adolescent to the abuse. Adolescents who are maltreated, whether that maltreatment began during adolescence or is maltreatment that has been ongoing from childhood, are likely to suffer impairment in normal development. Abuse and neglect are powerful deterrents to healthy growth and development. A basic understanding of adolescent development is fundamental for anyone working with adolescents. Having this understanding can help in identifying youth who are not developing properly. Adolescents act and react differently than children. These differences, which are rooted in adolescent development, may result in adolescents being more vulnerable to some types of abuse, and less likely to be believed when seeking help.

There are many common myths about adolescent behavior which are inconsistent with adolescent development. One myth is that teens are old enough and capable of taking care of themselves. In fact, the opposite is true. Teens spend years with a sexually and physically mature body while lacking the cognitive skills to process information in the same manner as an adult. Teens are less effective than adults at diffusing anger, avoiding hostility, and understanding the consequences of their actions.<sup>31</sup> Another myth is that teens will ask for help if they need it. More often than not, instead of asking for help, a teen will try to resolve the situation him or herself. However, because the teen brain is less able to diffuse hostility, teens may resort to running away or accepting abuse. A teen may not recognize that what his abuser is doing is wrong because of his overwhelming desire to avoid conflict and please adults. **Most adults overestimate a maltreated teen's ability to exercise adult judgment.**<sup>32</sup> This overestimation can lead to an inadvertent failure to respond to and support teen victims.

## 1. Brain Development

Recent brain development research now tells us that, while many teens have adult physical characteristics, their brains do not keep up with the rest of their development and the skills necessary for adequate self-protection do not come on board until the very late teens and early twenties. Following puberty, the teen brain blossoms with new brain cells and neural connections. The

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<sup>31</sup> Bloom, et. al., supra.

<sup>32</sup> Id.

amount of gray matter can nearly double following puberty and this overproduction of gray matter is followed by a pruning that leads to the adult organization of the brain. A number of critical areas of the brain are still developing in the teen years. The teen brain is underdeveloped in the prefrontal cortex. This is the area that controls what we call the executive functions: self-control; judgment, emotional regulation; planning and organization. These functions are only beginning to come on line in the adolescent and insufficient development of these brain functions is a major deterrent to a youth protecting him or herself from maltreatment. In the teen brain the limbic system dominates because at this stage it is physically larger and more active than the prefrontal cortex. The reticular activating system, which allows the brain to easily and smoothly switch between parts of brain for different functions is also poorly connected in teens. Because the corpus callosum is still growing during adolescence, the right and left brain are not well connected and thus the adolescent's consciousness and self-awareness are not fully mature.

## **NO LONGER A CHILD, BUT NOT YET AN ADULT.**

As children grow and look more like adults they are expected to take on at least some of the prefrontal lobe functions once handled by parents and teachers. But the prefrontal lobes are still immature and must also keep up with the hormonal tumult occurring within the teen's body and brain. Too often puberty is identified with adolescence. Puberty is a series of biological changes

that usher in reproductive ability. Puberty begins as early as age 8 to 10. Adolescence on the other hand is the development of mental and emotional adulthood. Adolescence lags significantly behind puberty. The biological changes in the brain of the adolescent lay the groundwork for new modes of thinking and behaving at the same time the young person is striving in school and outside it to master more abstract concepts, more nuanced explanations and a greater perspective on life in general. Although increasing judgment and maturity is expected from teens the prefrontal lobes are typically too immature to do a good job. The adolescent, faced with problems requiring judgment and maturity experiences frustration and anger.

One of the significant differences between the teen brain and the adult brain is the amygdala. Because of the influence of testosterone in boys and estrogen in girls, the teen amygdala is larger and more active than the adult amygdala. Because the amygdala is the emotional center of the brain, this means that emotions experienced by teens are more intense than emotions experienced by adults. Thus, teens really know the meaning of emotions like anger, despair, love and depression. This is one of the reasons teens are at such high risk for suicide.

## 2. Theories of Adolescent Development

There are five key areas of development that are particularly important to understanding adolescents.<sup>33</sup> These are 1) cognitive, 2) moral, 3) social/self-identity, 4) biological, and 5) skills mastery/competence. Any individual adolescent possesses varying levels of maturity in the different areas of development. Similarly, adolescents will develop at differing rates, and in different ways. Adolescent development cannot be assessed by a single trait, such as physical development or an instance of misbehavior.

### *1. Cognitive Development*

During adolescence there should be several shifts in cognitive development. These may occur in any order, and different people may become more developed in some areas than in others. Although adolescents may be capable of thinking at new levels, this capability is not consistently applied. External factors and other characteristics of adolescents can hamper the ability to consistently think and plan at an adult-like level.

While children focus on what is real and concrete, adolescents start thinking about possibilities. They begin to produce alternative explanations for what they observe, and to think hypothetically. Along with this, adolescents start thinking in multiple dimensions. As children, they would have approached a problem by examining one part at a time. As their thinking develops they

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<sup>33</sup> *Kids Are Different: How Knowledge of Adolescent Development Theory Can Aid Decision Making in Court* (Rosado, L.M. ed., Understanding Adolescents: A Juvenile Court Training Curriculum, American Bar Association, 2000).

increasingly approach problems by considering and comparing multiple dimensions at a time.

The ability to think about abstract concepts is another part of normal adolescent development. Rather than believing in and thinking about only concrete objects, they will start to understand that some concepts are intangible.

Adolescents should start thinking about thinking. This involves being able to explain their thought process and how they make decisions. This may also involve becoming more reflective, and may manifest itself in the adolescent becoming more introspective or self-conscious. There may also be an increased intellectualization. While children tend to think in more absolute, black or white terms, adolescents will develop the ability to see things in relative terms. This new view of the world may lead to more questioning of assertions, and a generally skeptical approach to everything.<sup>34</sup>

It is important to note that while these adolescents may use an adult-like decision-making process, the process may not have the same outcome. Consequences may be valued differently, or the youth may not be aware of all the consequences. Sensation-seeking and risk-taking are two behaviors that peak at adolescence. Adolescents view new experiences as more important than adults do, and thus will have a higher willingness to engage in risky behavior in order to have new experiences.

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<sup>34</sup> *Id.*

Adolescents have a lower ability to think about the future, or to weigh it as heavily in their decision-making process, as an adult would. When they feel cornered or faced with a difficult situation, there is a tendency to imagine hypothetical solutions rather than rely on rational thinking. Where an adult would easily predict a bad outcome, an adolescent may view negative consequences as accidental or surprising.

As part of normal development, adolescents often become self-conscious and self-absorbed. This may lead to a belief that they are constantly being watched and evaluated. Often, adolescents also view their experiences as unique in the world. Intense self-focus, belief in uniqueness, and inability to think far into the future may also lead to feelings of invulnerability that allow adolescents to engage in risk-taking behavior that their new cognitive skills would counsel against.

Stress and fear can completely undermine cognitive thinking. Victimized adolescents significantly change their thought process when threatened. Understanding the ways that abuse can alter adolescent cognitive ability is key to determine whether maltreatment occurred. Recognizing that incoherent thoughts can be a result of abuse may lead to a willingness to pay more attention to an adolescent even if the story he or she tells doesn't completely make sense, or his or her actions seem irrational.

Cognitive development has an influential role in the investigation process. Stress, fear, and previous victimization interfere with decision making ability and could lead to an exaggeration of danger on the part of the adolescent. It is

important to understand that the adolescent may not be lying or exaggerating on purpose, rather as a result of a stressful situation. Adolescents take greater risks because of perceived invulnerability. Evaluators may have a hard time determining whether risky behavior (i.e.: sexual experimentation) is actual abuse. Failure to realize consequences often leads to bad decision-making, such as committing a crime with the belief that they will not be caught.<sup>35</sup>

The fundamental point regarding adolescent cognitive development is that teens may make poor decisions, think irrationally, and process information differently than adults. When responding to and assessing teen reports of abuse and neglect, screeners and investigators must recognize that adolescents process information differently and refrain from critical judgments regarding risk-taking, decision making, and criminal activity.

## *2. Self-Identity and Social Development*

In order to form an identity it is important for adolescents to have a safe atmosphere for “trying on” different interests, behaviors, and personalities. The ideal atmosphere for such development is a family that can nurture and model healthy identities. Adolescents without a supportive family may have trouble developing self-confidence or a strong sense of identity.

Peer groups also play an important role in identity development. Peers can provide the recognition and nurturing that an adolescent is not receiving from her family. In normative social development, peers may influence short-

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<sup>35</sup> *Id.*

term choices such as appearance, while family plays a stronger role in long-term identity choices such as values. Teenagers can be especially susceptible to peer pressure because as youth mature, they often spend more time with peers than with family.

Becoming autonomous is one of the main tasks of adolescence. Older children and teens need to develop skills that make them less dependent, both emotionally and physically. Negotiating this shift can be difficult in even the best circumstances. For youth whose families are already unstable in some way, the process can be dramatic, painful, and possibly dangerous.<sup>36</sup> Adolescents having difficulty in this shift may develop anger towards authority figures in general. Part of becoming autonomous usually includes spending more time with peers, giving more weight to peer opinions, and also viewing family rules differently. In normal development patterns, there is a temporary distancing from family, but a continuing need for nurturing and expression of values by the family.

Sexuality can also play a strong role in identity and social development. Normal adolescent development involves learning to think of oneself as a sexual being and understanding how sexuality fits into self-identity. Adolescents are thinking about what role sexuality plays in their lives, learning to enjoy physical contact, deciding how much they want to experiment, and which partners they should share this with. If adolescents have been physically or sexually abused

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<sup>36</sup> Id.

this part of their development may be very different. Sexual abuse of adolescents is much more prominent than sexual abuse of children. This type of abuse can lead to a slowing of identity development in general or result in over-sexualization of identity.

Sexual abuse is a highly charged issue in our society. There is a great level of shame, generally, for the victim, and an extreme stigma attached to anyone accused of such actions. Because of this high level of stigma, however, there is also often an underlying suspicion that the accuser is seeking to ruin the life of the accused and may not be telling the truth. Studies suggest that adolescents, who have been sexually abused engage in more coercive sexual behavior, are more likely to be sexually victimized by peer acquaintances, more likely to be highly sexually active during adolescence, and less likely to use contraceptives effectively.<sup>37</sup> Any or all of these behaviors can be signs of abuse, or could be viewed as reason to not believe the youth was victimized.

Awareness of adolescent social development can help adults recognize signs of abuse and neglect. One indicator of a hostile environment is lack of self-confidence. Teens who live in unsafe or conflict-filled homes fail to develop self-confidence. Because the home and family environment has a measurable impact on an adolescent's values and choices, questionable value judgments may also indicate maltreatment.

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<sup>37</sup> M.A. Lodico, E. Gruber, R.J. DiClemente, *Childhood Sexual Abuse and Coercive Sex Among School-based Adolescents in a Midwestern State*, Journal of Adolescent Health 18(3), (1996). P.I. Erickson, A.J. Rapkin, *Unwanted Sexual Experiences Among Middle and High School Youth*, Journal of Adolescent Health 12, (1991). S. Nagy, R. DiClement, A.G. Adcock, *Adverse Factors Associated with Forced Sex Among Southern Adolescent Girls*, Pediatrics 96(5).

Investigators who are trained on adolescent identity and social development will better be able to understand adolescent behavior and responses. Developing independence, a hallmark of adolescence, may manifest itself as lack of respect or insubordinate behavior. However, since independence is often exaggerated by stress, in an interview teens may act out in ways typically inconsistent with their personality.

Another factor to consider is cultural differences, especially in an adolescent sexual development. Each culture has a baseline for acceptable sexual behavior. This cultural baseline influences adolescent sexual development and should be considered when interviewing and assessing sexual abuse. It is important for investigators to remember that adolescents are in the process of “trying on” different personalities, thus making them inconsistent and hard to predict.

### *3. Moral Development*

Moral development can be divided into three main stages. Early moral development is characterized by self-interested reasoning with a focus on rewards or punishments for different actions. Children in this stage accept what others say is right or wrong. In the next stage of moral reasoning, usually reached during early adolescence, youth begin to look beyond immediate consequences to peer judgments and impact on interpersonal relationships. Advanced moral reasoning, which is reached by some in late adolescence or early adulthood, may involve a shift toward reasoning in terms of principles rather than peer approval. This stage also includes viewing society’s rules as

relative and subjective, and a questioning of social conventions. People in this stage of moral development may decide to follow society's rules after grappling with the moral principles underlying the rules.

Adolescent moral development is significantly shaped by families, peers, relationships with others, spiritual influences, and popular culture. Also, in conjunction with their cognitive development, adolescents tend to focus on the concepts of loyalty and fairness. They may challenge social conventions and conjure up elaborate philosophical arguments to justify their situation.<sup>38</sup>

Moral development also impacts the assessment and investigation process. An adolescent in the early stages of moral development tries to please adults and avoid conflict which can result in an inaccurate interview. To ensure the adolescent's words and thoughts are his own, the interviewer must encourage the victim and eliminate tension. An adolescent in the later stages of development may present a creative or elaborate argument to justify his actions. Although an adult may view the argument as preposterous, in the adolescent's mind, the argument may be completely valid.

#### *4. Biological and Physical Development*

Adolescents experience major physical changes that can influence their behavior and change their self-image, moods, and relationships. Puberty is different for every individual in terms of when and how fast it occurs. Generally, these developments occur between the ages of 12 and 13, but may start as early

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<sup>38</sup> Rosado, *supra*.

as 8. Girls typically begin to show outward signs of puberty between ages 8-13, while boys start later, generally between ages 10-15. The physical manifestations of puberty include growth spurts, sexual maturation, changes in quantity and distribution of fat and muscle, and changes in the circulatory and respiratory systems.

It is particularly important for people working with adolescents to recognize that a youth may appear physically mature without having developed cognitive or social maturity. There is a tendency to treat physically mature youth as if they are also psychologically mature. This may lead to the impression that they can take care of themselves better than they really can, which could mean that they receive fewer services.

#### *5. Mastery of Skills/Competence*

A crucial part of adolescent development is to be good at something– to have mastered a skill. Achieving success is how “adolescents learn about self-regulation, responsibility, pride, and humility.”<sup>39</sup> Opportunities for developing expertise may be lacking for those who have learning disabilities or who lack developed social skills.

For those working with teens, it is important to identify a strength the youth already has, and encourage her to develop in that area. This can lead to a confidence that can help with development in other areas. An ongoing failure to support or encourage an adolescent, which is often the case in a neglectful

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<sup>39</sup> *Id.*

home, can result in irresponsible and prideful behavior. Failure to develop at least one competent skill may lead to instability or a lack of control over one's behavior.

It is essential that anyone who investigates reports of maltreatment is trained on adolescent development and understands how the unique aspects of adolescent development impact the interview and investigation process. Knowledge of adolescent development is vital to the decision-making processes that occur at every stage of involvement with child protective services.

### **C. Assumptions about Adolescents**

There are several barriers to recognizing and addressing adolescent maltreatment. Disclosures of maltreatment are often ignored. Adolescents are seen as having provoked their abuse. Physical signs of adolescent abuse are less evident. Adolescents are viewed as risk takers responsible for their own problems. They are seen as difficult and behaviorally responsible for the use of physical discipline and deserving of punishment for provoking their abuse. The perceived lack of services for adolescents deters the reporting of adolescent maltreatment.

### **D. Myths about Adolescent Maltreatment**

Bias against adolescents in the child protection system often arises from common misperceptions about their capabilities. It is believed that adolescents can call the police or remove themselves from an abusive or neglectful situation or that they are much less vulnerable than their younger peers.

In a survey of Oregon Child Welfare managers several barriers to serving adolescent victims of maltreatment were identified including: keeping up with current programs; identifying who is providing services; unclear vehicles for networking; lack of treatment for non-adjudicated sex offending youth; teens who do not see themselves as candidates for service; lack of secure drug and alcohol treatment; need for more flexible and quicker access to mental health; teens reject traditional mental health services; and need better coordination between Department of Human Services - Child Welfare, Juvenile Justice and Oregon Youth Authority.

#### **E. Why Adolescents are More Vulnerable Than We Think**

The size and physical development of an adolescent may not indicate the level of cognitive maturity. Over the years physical development has accelerated as the onset of pubertal changes occurs at younger ages. However the development of the brain and many of the adult capacities related to self-protection does not develop on the same schedule as the rest of the body. Brain development is not completed until the early to mid-twenties. The adolescent brain perceives differently from the adult brain. Maltreated adolescents face issues they simply cannot negotiate for themselves.

Helping adolescent victims of maltreatment is often difficult because they fight our best efforts. Their resistance must be understood in terms of their safety needs. Because of their experiences, maltreated adolescents keep their

guard up when they feel unsafe and the prospect of being helped with their situation may make them feel even more frightened.<sup>40</sup>

### III. THE IMPACT AND LONG-TERM CONSEQUENCES OF ADOLESCENT MALTREATMENT

The goal of the CJA grant was to “keep teens from falling through the cracks of the system designed to protect them from abuse, neglect, and sexual exploitation.”<sup>41</sup> When the state fails to intervene and teens slip through the cracks, the results can be disastrous, with youth often running away or turning to crime.

#### A. Fatalities, Suicide and Physical Injury

Child death rates in Oregon are highest in the youngest and oldest children, with perinatal conditions, congenital anomalies and SIDS accounting for 56% of total child deaths. In the 15 to 17 year old bracket the death rate is 46/100,000. Intentional death injury - suicide or homicide accounts for 57% of deaths of 10 to 14 year olds and 74% of deaths among youth aged 15 to 17.

As children develop into their teen years, they experience a tremendous increase in cognitive capacity, which open the door to thinking about possibilities, including the possibility of suicide. Adolescents, unlike younger children have access to drugs, alcohol and guns which make suicide a more realistic option. A suicidal adolescent may view death as one way of ending the misery of their maltreatment. In 2003, suicide was the second leading cause of

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<sup>40</sup> Gil & Eliana, *Training Abused Adolescents* 3 (Gildford Press 1996).

<sup>41</sup> Children’s Justice Act Grant Application, Juvenile Rights Project, Inc. (2002).

death among Oregon's adolescents and young adults, age 10-24.<sup>42</sup>

Adolescents, unlike younger children have access to drugs, alcohol and guns which make suicide a more realistic option. In fact, 67% of your suicides involved the use of firearms.<sup>43</sup> A suicidal adolescent may view death as one way of ending the misery of their maltreatment. Data from 2003 indicate 14.6% of 8<sup>th</sup> graders and 12.5% of 11<sup>th</sup> graders reported considering suicide in the past year.<sup>44</sup>

There is a common perception that adolescents, because they are stronger, bigger, and more capable of fighting back, are able to stop physical abuse. But, recent studies show that 32% of all child physical abuse reports are for adolescents between the ages of 11 and 17, and the highest rate of physical abuse occurs in females in the 12 to 15 year old age group.<sup>45</sup> Physically abused adolescents have a variety of injuries from their abuse and generally have frequent complaints of physical health problems.<sup>46</sup> Abuse that occurs prior to adolescence may result in early onset of puberty or delayed puberty.<sup>47</sup>

Physically abused children show elevated levels of depression and suicidal behavior in adolescence.<sup>48</sup> Male adolescents maltreated during adolescence show increased anger, more deviant beliefs, higher levels of violence and aggression, low tolerance for frustration, impaired ability to

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<sup>42</sup> See [www.dhs.state.or.us/publichealth/ipe/suicide.cfm](http://www.dhs.state.or.us/publichealth/ipe/suicide.cfm).

<sup>43</sup> *Id.*

<sup>44</sup> *Id.*

<sup>45</sup> Scannapieco, *supra* at 197.

<sup>46</sup> *Id.* at 200.

<sup>47</sup> *Id.*

<sup>48</sup> *Id.* at 198.

regulate emotions, higher levels of stress and fewer appropriate ways to manage stress, and increased delinquency.<sup>49</sup>

### B. Developmental Consequences of Adolescent Maltreatment

Adolescents who have been maltreated have been shown to have a range of problems in the teen years that span all areas of development. “Although delinquency, sexual activity and depression are found among nonmaltreated adolescents, the degree and severity seen among maltreated children is greater.”<sup>50</sup> Adolescents attempting to deal with abuse and neglect may overload an already full schedule of difficult demands placed on them by the normal development process. “Coping with external stressors overtaxes the available resources allocated for developmental tasks. Some adolescents appear to dig deeper, developing new resources; . . . Adolescents who (for whatever reason) are unable to do any of these things may have severe difficulties coping with a range of normative or non-normative stressors.”<sup>51</sup>

### C. Mental and Emotional Illness

Maltreatment has been linked with various psychological diagnoses and problems, including Post Traumatic Stress Disorder (PTSD), depression, borderline personality disorder, conduct disorder, oppositional defiant disorder, anxiety disorders, agoraphobia, suicidal ideation, suicide attempts, impaired

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<sup>49</sup> *Id.*

<sup>50</sup> *Id.*

<sup>51</sup> Gil, *supra* at 9-10.

self-esteem and impaired sexual identity.<sup>52</sup> Adolescents who were maltreated as teens also exhibit low levels of parental attachment.<sup>53</sup>

Depression is one of the most common psychological problems of adolescence. In a study of adolescent self-mutilators in treatment settings, it was found that these adolescents had backgrounds of sexual abuse, significant loss and conflict with peers. The history of sexual abuse was the most useful in discriminating between mutilators who had been suicidal and those who had not.<sup>54</sup> Almost 40% of former foster youth become dependent on some form of public assistance or Medicaid.<sup>55</sup>

#### D. Sexual Problems

Studies show that maltreated adolescents are likely to engage in risky sexual behavior.<sup>56</sup>

#### E. Substance Abuse

Adolescents who have been physically abused have been shown to be more likely to use drugs and alcohol and get into trouble as a result of their use.<sup>57</sup>

#### F. Delinquency/Criminality

Abused adolescents show higher rates of delinquency even when compared to teens in poverty and those in the general population.<sup>58</sup> Maltreated

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<sup>52</sup> Scannapieco, *supra* at 198.

<sup>53</sup> *Id.* at 199.

<sup>54</sup> Gil, *supra* at 9.

<sup>55</sup> Westat, *infra* at 27.

<sup>56</sup> Scannapieco, *supra* at 199.

<sup>57</sup> Scannapieco, *supra* at 199.

youth are 67 times more likely to be arrested than their counterparts.<sup>59</sup>

Problems with delinquency continue for maltreated children who are placed in foster care. Of former foster youth, 27% of the males and 10% of the females had been incarcerated at least once.<sup>60</sup> Juveniles who sexually molest frequently have histories of either parental loss or family dysfunction that are likely to affect child development, such as abuse by a parent against the children or a spouse, parental substance abuse, and parents' experience of physical and sexual abuse in their own childhoods.<sup>61</sup> Informal reports from juvenile correctional institution personnel estimate that 90% of the youths referred to their program have histories of parental abuse or neglect.<sup>62</sup>

#### G. Education and Employment Failure

Education is a foundational tool that is necessary for future stability and is often determinative of job acquisition. Maltreated adolescents face many obstacles which prevent them from succeeding in school. Studies have shown that physically abused adolescents show less commitment to school, attention problems, and poor school performance.<sup>63</sup> Youth who are maltreated have difficulty concentrating in school. Post Traumatic Stress Disorder, which is the

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<sup>58</sup> *Id.*

<sup>59</sup> Half of the youth arrested have been maltreated, even though they make up only 1.4% of the overall adolescent population. Child Welfare League of America, *Study Shows Children Reported Abused and Neglected are 67 Times more likely to be Arrested as Pre-Teens*, Handsnet (1997).

<sup>60</sup> Anthony Loman & Gary Siegel, *A Review of Literature on Independent Living of Youths in Foster and Residential Care*, Institute of Applied Research, St. Louis, MO (2000).

<sup>61</sup> Gil, Eliana & T.C. Johnson, *Sexualized Children: Assessment and Treatment of Sexualized Children and Children Who Molest*, (Launch Press 1993).

<sup>62</sup> Gil, *Training Abused Adolescents* at 9.

<sup>63</sup> Scannapieco, *supra* at 198.

common diagnosis for maltreated children, is often misdiagnosed as ADD or ADHD because maltreated children typically are unable to pay attention and have other behavioral problems in a school setting, similar to children with ADD or ADHD. Maltreated adolescents are more likely to be suspended, expelled or drop out of school.<sup>64</sup> Adolescents who have been physically abused have been shown to have deficits in receptive and expressive language, as well as difficulty with self-related language.<sup>65</sup> Maltreated adolescents are more likely to have special education needs.<sup>66</sup>

Because neglect is typically a chronic problem that can haunt victims for years, victims may experience long-term adverse effects.<sup>67</sup> Victims of neglect do more poorly in school than both physically and emotionally abused children. A neglectful environment which lacks social, physical and emotional stimulation serves as a catalyst for developmental delay. As a result, teen victims of neglect often experience academic failure, expulsion, or simply lack the skills to complete school. In addition, neglected adolescents may lack problem-solving and coping skills. Without these essential skills, adolescents may have difficulty relating to both peers and employers.<sup>68</sup> As neglected adolescents begin to face

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<sup>64</sup> *Id.*

<sup>65</sup> *Id.*

<sup>66</sup> Cynthia Godsoe, *Caught Between Two Systems: How Exceptional Children in Out of Home Care Are Denied Equality in Education*, Yale Law and Policy Review 15 (2000).

<sup>67</sup> See [http://www.dhs.state.or.us/children/abuse/abuse\\_neglect.htm](http://www.dhs.state.or.us/children/abuse/abuse_neglect.htm).

<sup>68</sup> Scannapieco, *supra* at 198.

adult decisions, problem solving and the ability to cope with challenging situations becomes extremely important.<sup>69</sup>

School problems follow maltreated children into foster care as well. Nationally, only 50% of youth aging out of foster care will have completed high school.<sup>70</sup> Former foster youth have high unemployment rates, with one study showing 62% of former foster youth are unemployed within 4 years of leaving foster care.<sup>71</sup>

#### H. Running Away and Homelessness

56% of youth accessing federally funded youth shelters in 1997 had previously been in foster care.<sup>72</sup> 3 in 10 of the nation's homeless adults are former foster children.<sup>38</sup> 34% of foster youth had been homeless or lived in 4 or more places within 12 to 18 months after exiting foster care.<sup>39</sup> A study sampling 21 homeless service organizations nationwide revealed that 36% of the population served had a history of foster care.<sup>40</sup> Additionally, a Minnesota study found that 21% of people in transitional housing, 22% of women in battered women's shelters, and 26% of those in emergency shelters were in foster care as children.<sup>41</sup> Children currently make up 40% of the homeless population, and are its fastest growing demographic.<sup>73</sup>

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<sup>69</sup> *Id.* at 201.

<sup>70</sup> Westat Inc., *A National Evaluation of Title IV-E Foster Care Independent Living Programs for Youth*, HHS (1991).

<sup>71</sup> Moore, Amber, *What Does an 18th Birthday Mean to a Child in Foster Care?*, Child Trends (January 2003). See also <http://www.childtrends.org>.

<sup>72</sup> M.E. Courtney, I. Piliavin, A. Grogan-Kaylor & A. Nesmith, *Foster Youth Transition to Adulthood: A Longitudinal View of Youth Leaving Care*, 80 Child Welfare 6, 685-717 (2001).

<sup>73</sup> National Coalition for the Homeless, <http://www.nationalhomeless.org> (2002).

## I. Repeating History

Adolescents who have been maltreated are themselves more likely to repeat patterns of abuse on their partners and children. Studies show that child physical abuse is associated with dating violence, both as a perpetrator and as a victim.<sup>74</sup>

Children who have grown up in foster care are more than twice as likely to have their children placed in foster care and have child abuse cases involving their children.<sup>75</sup> In a study of homeless parents with a history of foster care, 27% have children in foster care.<sup>76</sup> A study of parents enrolled in housing programs found that 77% of parents with a history of foster care had a least one child with a foster care history or that was currently in foster care.<sup>77</sup>

## IV. ASSESSMENT AND INTERVENTIONS STRATEGIES THAT WORK WITH ADOLESCENT VICTIMS OF MALTREATMENT

The strategies to be employed when interviewing adolescents vary based on development level, purpose of the interview, adolescent's relationship with the interviewer, and the amount of stress on the adolescent.<sup>78</sup> The interviewer

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<sup>74</sup> Scannapieco, *supra* at 199.

<sup>75</sup> Nan Roman & Phyllis Wolfe, *Web of Failure: The Relationship between Foster Care and Homelessness*, National Alliance to End Homelessness (April 1995).

<sup>76</sup> *Id.*

<sup>77</sup> *Id.*

<sup>78</sup> Rosado, L.M. Ed. "Talking to Teens in the Justice System: Strategies for Interviewing Adolescent Defendants, Witnesses, and Victims". *Understanding Adolescents: A Juvenile Court Training Curriculum*. American Bar Association, 2000.

must strive to build rapport with the adolescent by creating a nurturing environment while keeping in mind the ways in which cognitive and moral/social development factors could impact the interview. Angry, depressed or younger adolescents may require extra sensitivity on the part of the interviewer.

Building confidence and creating a comfortable environment for the teen is essential for any interview because an adolescent victim must have trust in his or her interviewer. Establishing trust should be the primary focus at the start of the interview. Starting the conversation with less serious topics and following the adolescent's lead by letting him or her speak without interruption are ways to establish rapport. Praising and complimenting the youth's strengths and providing encouragement also add to the trust relationship. It is important not to take any of the youth's behavior personally. Recognize that adolescents, particularly those who are previous victims or under stress, process questions differently and are more likely to "act out" or be uncooperative.<sup>79</sup>

Cognitive development should be assessed prior to or at the beginning of the interview. At the start of the interview, ask basic inconsequential questions first. Responses to these questions are often indicators of cognitive development because verbal communication is directly tied to cognitive processing. Once the interviewer has a good idea of the adolescent's development level, she can ask the questions accordingly. Other techniques to encourage adolescent response include asking short, clear and easy to answer

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<sup>79</sup> Id.

questions, avoiding yes or no questions, and re-phrasing and clarifying when in doubt.

Moral and social developments also impact the interview process. The interviewer should first convey that the teen is valuable and worth getting to know. Next, the interviewer should try to objectively address the adolescent's behavior without condoning it or forcing his or her own values on the adolescent. Adolescents who have committed a previous offense or display a "bad attitude" require additional interview techniques. Adolescents with "attitude" sometimes try to get a rise out of the interviewer as a way to escape the interview. It is important not to take teen aggression as a personal affront, because the youth needs to understand that exhibiting a bad attitude won't end the interview. The interviewer should not judge or express disapproval about the youth's behavior.<sup>80</sup>

Interviewing angry or depressed adolescents can be a challenge for any interviewer. In both cases, it's essential not to push an agenda and instead treat the interview as "meeting this young person over someone's kitchen table." Strategies for diffusing anger include expressing empathy, making sincere gestures, and maintaining a peaceful environment. Showing a legitimate interest in the adolescent will also diffuse anger.<sup>81</sup>

## V. CONCLUSION

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<sup>80</sup> *Id.*

<sup>81</sup> *Id.*

Adolescent maltreatment often goes unnoticed and unreported. Reasons for the failure to recognize and report adolescent maltreatment include: misperceptions about the ability of adolescents to protect themselves, an unawareness that certain types of abuse, such as sexual abuse and abandonment, are more common in adolescents, and a difficulty in recognizing adolescent abuse patterns. In addition, adolescent victims caught in the web of maltreatment have often learned to mistrust adults, and as a result may resist the need for help.

The results of adolescent maltreatment can be disastrous, with long-term effects. Maltreated adolescents experience developmental and behavioral problems which may lead to depression, injury and even suicide. Adolescent maltreatment is a core contributor to both delinquency and homelessness.

Medical, social work, and mental health professionals must work together in conjunction with the law to identify, report and address adolescent abuse.