

CHAPTER 9: Child Abuse & Neglect

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PLEASE READ THE MATERIAL PRIOR TO ATTENDING THE SESSION.

Homework for Session:

Read chapter 9; answer and submit chapter 9 review questions.

Class Objectives:

- Specify risk factors associated with child abuse and neglect.
- Identify community resources for treatment.
- Understand my role as a mandatory reporter.

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Unit 1: Risk Factors Associated With Child Abuse & Neglect

Why Do People Abuse and/or Neglect Their Children?

The source of child maltreatment is typically some combination of people, environment, opportunity, and needs. Risk factors for child abuse and neglect include child-related factors, parent/caretaker-related factors, social-situational factors, family factors, and triggering situations. These factors frequently co-exist. Poverty is often a complicating issue, creating problems in a family and reducing the resources they have for addressing problems. Poverty in and of itself is not child neglect.



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Conditions That May Lead to Abuse & Neglect

Child-Related Factors

- . Chronological age of child (50% of abused children are under the age of three; 90% of deaths are under one year of age; first-born children are most vulnerable);
- . Mismatch between child's temperament or behavior and parent's relating style and expectations;
- . Physical or mental disabilities;
- . Attachment problems or separation from parent during critical periods or reduced positive interaction between parent and child;
- . Premature birth or illness at birth (financial stress, inability to bond, parental feelings of guilt, failure, or inadequacy); and/or
- . Unwanted child or child who reminds parent of absent partner or spouse.

Parent/Caretaker-Related Factors

- . **Low self-esteem:** Neglectful parents often neglect themselves and see themselves as worthless people;
- . **Abuse as a child:** Parents may tend to repeat their own childhood experience if no intervention occurred in their case and no new or adaptive skills were learned;
- . **Depression:** May be related to faulty brain chemistry and/or a result of having major problems and limited emotional resources to deal with them; abusive and neglectful parents are often seen and considered by themselves and others to be terribly depressed people;
- . **Impulsive:** Abusive parents often have a marked inability to channel anger or sexual feelings;
- . **Substance abuse:** The "high" resulting from drugs and/or alcohol serves as a temporary relief from insurmountable problems but, in fact, creates new and bigger problems;
- . **Personality disorder or mental illness;**
- . **Ignorance of child care and child development and unrealistic expectations;**

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- . **Isolation:** Abusive and neglectful families may tend to avoid community contact and have few family ties to provide support; distance from, or disintegration of, an extended family that traditionally played a significant role in child rearing may increase isolation;
- . **Sense of entitlement:** Belief that it's acceptable to use violence to ensure child's or partner's compliance;
- . **Mental retardation or borderline mental functioning.**

Social-Situational Factors

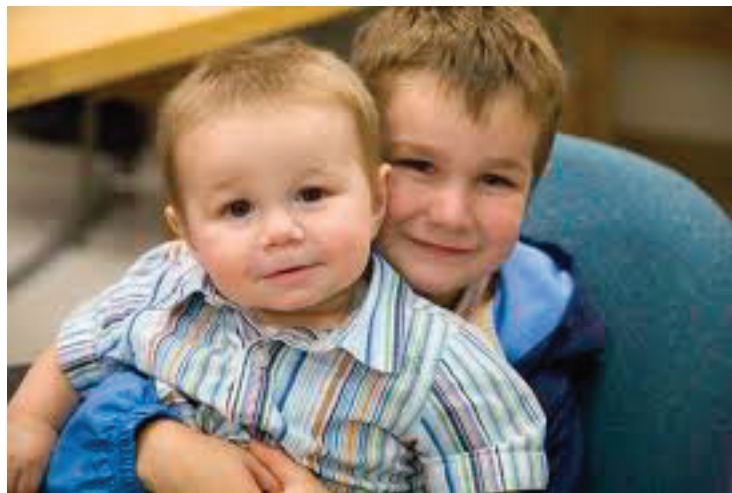
Abuse occurs in the family context. It is important therefore to understand the factors that may affect the family unit as a whole.

- . **Structural/economic factors:** The stress of poverty, unemployment, little mobility, and poor housing can be instrumental in a parent's ability to adequately care for a child. The child needs to be protected from separation from her or his family solely because of stressed economic conditions. Middle- and upper-income abusive parents may use the excuse of job or financial stress as well -- abuse is not limited to families in poverty;
- . **Family violence:** Children may be injured while trying to intervene to protect a battered parent or while in the arms or proximity of a parent being assaulted;
- . **Values and norms** concerning violence and force, including family violence; acceptability of corporal punishment and of family violence;
- . **Devaluation of children** and other dependents;
- . **Overdrawn values of honor between men**, with intolerance of perceived disrespect ("dissing");
- . **Abnormal child-rearing practices** (e.g., genital mutilation of female children, father sexually initiates female children);
- . **Cruelty in child-rearing practices** (e.g., putting hot peppers in child's mouth, depriving child of water, confining child to room for days, or taping mouth with duct tape for "back talk"); and/or
- . **Institutional manifestations of all of the above in law**, health care, education, welfare system, sports, entertainment, etc.

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Family Factors

- . **Family violence** can indicate an inability of one parent to protect the child from another's abuse because the parent is also being abused;
- . **Stepparent, or blended, families** are at greater risk. There is some indication that adult partners who are not the parents of the child are more likely to maltreat; changes in family structure create stress in the family;
- . **Single parents** are highly represented in abuse and neglect cases; economic status is typically lower in single-parent families; the single parent is at a disadvantage in trying to perform the functions of two parents;
- . **Adolescent parents** are at high risk because their own developmental growth has been disrupted; they are ill-prepared to respond to the needs of the child because their own needs have not been met;
- . **Child-rearing styles** that are punishment-centered have greater risk of promoting abuse;
- . **Scapegoating** of a particular child will tend to give the family permission to see that child as the "bad" one; and/or
- . **Adoptions** -- late in childhood, special needs, or with a temperamental mismatch.



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Triggering Situations

Any of the factors above can contribute to a situation in which an abusive event occurs.

- . There has been no systematic study of what happens to trigger abusive events.
- . Some instances are acute, happen very quickly, and end suddenly.
- . Other cases are of long duration.

Examples of possible triggering situations include:

- . A baby who will not stop crying;
- . Frustration with toilet training;
- . An alcoholic who is fired from a job;
- . A mother who, after being beaten by her partner, cannot make contact with her own mother;
- . The service of an eviction notice;
- . The cessation of prescription drug used to control mental health problem;
- . Law enforcement is called to the home in a family violence situation, whether by the victim or a neighbor; and
- . A parent who was disrespected in the adult world later takes it out on the child.

Which Situation is Hardest?

On the following questionnaire, rank your top three choices for the situation that would be the hardest for you to work with. After you have made your choices, answer the following questions:

- . What situations did you pick and why?
- . How might your values, thoughts, and feelings about these situations impact your effectiveness as a CASA volunteer?

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Which Situation is Hardest?	Which situation would you find hardest to work with?
	1. A parent who spends most of her money on drugs.
	2. A parent who believes his wife/partner deserves the beatings he gives her.
	3. A parent who lies to you.
	4. A parent who fondles his four-year-old child.
	5. A parent who used drugs during her pregnancy.
	6. A parent who refuses to take the medication that controls his mood swings.
	7. A parent who left his children in the car in a parking lot while he went drinking at bars until closing time.
	8. A parent who won't leave the man who physically abuses her in front of her children.
	9. A parent who is so depressed she doesn't get out of bed for weeks at a time, which means her children do not eat regularly.

These descriptions include situations of mental illness, substance abuse, and family violence—three factors that put children at high risk for abuse and neglect. Consider these statistics:

- Estimates are that fifty percent of men who batter their female partners also abuse the children in the home; and
- Fifty to eighty percent of all substantiated child abuse and neglect cases involve some degree of substance abuse by the child's parents.

From Violence and the Family: Report of the American Psychological Association Presidential Task Force on Violence and the Family, American Psychological Association

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Unit 2: AMA Diagnostic and Treatment Guidelines Concerning Child Abuse and Neglect Council on Scientific Affairs

FACTS ABOUT CHILD ABUSE AND NEGLECT

Every year, more than a million children in the United States are seriously abused by their parents, guardians, or others, and between 2,000 and 5,000 children die as a result of their injuries. Physicians are in a unique position to detect the injuries and behavioral problems resulting from child abuse and neglect. They also have the opportunity to participate in the treatment efforts required to repair damage already done, as well as to prevent further abuse and neglect.

Violence against children has been perpetrated throughout recorded history. Societies for the prevention of child abuse and neglect and concern on the part of government and private agencies developed in the 19th century. Although child abuse may have been identified as a social problem in the last century, it took almost 100 years for violence toward children to be considered a major national problem.

In the 1940's, through the use of diagnostic x-ray technology, physicians began to notice patterns of healed fractures in young children that could only have resulted from repeated blows. Although pediatric radiologists were diagnosing child abuse, it was not until C. Henry Kempe and his associates published their classic work, "The Battered Child Syndrome," in the Journal of the American Medical Association in 1962 that battering and abuse became a focal point of public attention. As a result, model legislation for child abuse reporting was proposed by four groups: the US Children's Bureau, the Children's Division of the American Humane Association, the American Medical Association, and the Council of State Governments. By the end of the 1960's, all 50 states had passed laws requiring the reporting of child abuse and neglect and had initiated efforts to treat abused children and their families. In 1974, the US government established the National Center on Child Abuse and Neglect to provide a mechanism for increasing knowledge about the causes of child abuse and neglect and to identify steps that can be taken to prevent and treat abuse.

Although much research has been conducted, knowledge concerning the dynamics and effective prevention and treatment of child abuse and neglect is not comprehensive. Nevertheless, physicians have traditionally been at the forefront of activity in this important field of child and family health, and many participate as directors of child abuse programs, through service on multidisciplinary teams, or through private practice. Child maltreatment is serious and life threatening, a phenomenon that affects not only children but families and society as well. Children who are abused or neglected must be identified for their own protection.

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Diagnosis

The physician must conduct a complete physical examination, including developmental testing, on any child who may be a victim of abuse. Laboratory studies (e.g., roentgenograms, computed tomographic scan, coagulation studies, and blood test) are useful in delineating the nature and extent of current trauma and in defining the presence of previous trauma.

During the diagnostic process, the physician should:

- Understand and assess the plausibility of historical and medical antecedents of the child's injury.
- Determine the dimensions of continued risk to the child.
- Obtain the medical history of the child and family members.

Signs of Physical Abuse

It is estimated that more than 125,000 cases of physical abuse occur annually in the United States. Non-accidental injury of a child, ranging from minor bruises and lacerations to severe neurological trauma and death. Non-accidental trauma is the most easily identified type of maltreatment and the most commonly seen by physicians. Characteristically, the injuries are more severe than those that could reasonably be attributed to the claimed cause.

Physical Signs

Bruises and Welts

- Face, lips, mouth, ears, eyes, neck, or head
- Trunk, back, buttocks, thighs, or extremities
- On multiple body surfaces or soft tissue
- Forming regular patterns, often resembling the shape of the article used to inflict the injury (e.g. hand, teeth, belt buckle, or electrical cord)

Burns

- Cigar or cigarette, especially on the soles, palms, backs, or buttocks
- Immersion burns (stocking- or glove-like on extremities, doughnut shaped on buttocks or genitals)
- Patterned burns resembling an electrical appliance (e.g. iron, burner, or grill)

Fractures

- Skull, ribs, nose, facial structure, or long bones
- Multiple or spiral fractures
- In various stages of healing

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Lacerations or Abrasions

- Rope burns on wrists, ankles, neck, or torso
- Palate, mouth, gums, lips, eyes, or ears
- External genitalia
- Body surfaces

Abdominal Injuries

- Bruises of the abdominal wall
- Intramural hematoma of duodenum or proximal jejunum
- Intestinal perforation
- Ruptured liver or spleen
- Ruptured blood vessels
- Kidney or bladder injury
- Pancreatic injury

Central Nervous System Injuries

- Subdural hematoma (often reflective of blunt trauma or violent shaking)
- Retinal hemorrhage
- Subarachnoid hemorrhage (often reflective of shaking)

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Behavioral Signs

The abused child is likely to have behavioral problems. The following signs may be seen as either provoking or resulting from abuse. The child may:

- Be less compliant than average
- Exhibit signs of negativism
- Seem to be unhappy
- Be angry, isolated, or destructive
- Display abusive behavior toward others
- Have difficulty in developing relationships
- Display either excessive or complete absence of anxiety about separation from parents
- Display inappropriate caretaking behavior toward parents
- Constantly be in search of attention, favors, food, etc.
- Evidence a variety of developmental delays (cognitive, language, fine, and gross motor)
- Frequently late or absent or comes to school much too early, hangs around after school is dismissed
- Wear long sleeves or other concealing clothing to hide injuries
- Seem frightened of parents
- Child's story of how a physical injury occurred is not believable

Parent or Caretaker's Behavior

- Has history of abuse as a child
- Uses harsh discipline which is not appropriate for the age, condition, or act committed by the child
- Offers an explanation of child's injury that doesn't seem to make sense, doesn't fit the injury or offers no explanation at all
- Seems unconcerned about the child
- Sees child as bad, evil, a monster, etc.
- Misuses alcohol or other drugs
- Attempts to conceal child's injury or to protect identity of person responsible
- Has unrealistic expectations for child's behavior

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Signs of Neglect

Physical neglect seems to be more common than physical abuse. Child neglect can be defined as the failure of a parent or other person legally responsible for a child's welfare to provide for the child's basic needs and an adequate level of care. Neglect tends to be chronic in nature and involves inattention to the child's minimal needs for nurturance, food, clothing, shelter, medical care, safety, and education. Although physicians should be sensitive to the socioeconomic and cultural realities of their patients, it is in the best interest of the child and family to report neglect whether or not it results from poverty.

Physical Signs

- Malnutrition
- Repeated episodes of pica
- Constant fatigue or listlessness
- Poor hygiene
- Unwashed
- Severe diaper rash
- Inadequate clothing for circumstances
- Often not clean, is tired with no energy
- Comes to school hungry, often does not have lunch or lunch money
- Clothes dirty or wrong for weather
- Seems to be alone often, for long periods of time

Behavioral Signs

- Lack of appropriate adult supervision
- Repeated ingestion of harmful substances
- Poor school attendance
- "Role Reversal," in which the child becomes a parental caretaker
- Frequently absent
- Begs or steals food
- Failure to thrive
- Causes trouble in school
- Uses alcohol or drugs
- Engages in vandalism
- Sexual misconduct
- Not toilet trained at appropriate age

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Parent or Caretaker's Behavior

- Misuses alcohol or other drugs
- Has disorganized, upset home life
- Lives a very isolated life from friends, neighbors, relatives
- Can't get along with others
- Has long-term chronic illnesses
- Has history of neglect as a child
- Seems overwhelmed or depressed
- Has unrealistic expectations for child's behavior

Signs of Medical Neglect

- Failure to receive adequate medical attention (In some jurisdictions these incidents are reportable as medical neglect.)
- Lack of appropriate medical care in the presence of chronic illness
- Absence of necessary immunizations and medications
- Absence of dental care
- Absence of necessary prosthetics, including eyeglasses, hearing aids, etc.



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Signs of Sexual Abuse

Child sexual abuse is the exploitation of a child or the gratification or profit of an adult. Sexual abuse can range from exhibitionism and fondling to intercourse or use of a child in the production of pornographic materials. Sexual abuse also may result in physical injury or be accompanied by other signs of abuse or neglect. Sexual abuse generally is perpetrated by someone known to the child and frequently continues over a prolonged period of time. Often, it does not involve sexual intercourse or physical force. This type of abuse is difficult to detect and confirm.

It is not limited to racial, ethnic, or economic boundaries. It exists everywhere, with children as young as four months. The average age is between 7-12 years with females reporting a higher incidence of sexual abuse than males. The average case is reported three years after the first occurrence of sexual abuse. Sexual abuse develops gradually within families and rarely involves a single incident.

Physical Signs

Any of the following physical signs may indicate abuse:

- Difficulty in walking or sitting
- Thickening and/or hyperpigmentation of labial skin (especially when it resolves during out-of-home placement)
- Horizontal diameter of vaginal opening that exceeds 4mm in prepubescent girls.
- Torn, stained, or bloody underclothing
- Bruises or bleeding of the genitalia, perineum, or perianal area
- Vaginal discharge and/or pruritus
- Recurrent urinary tract infections
- Syphilis
- Genital herpes
- Trichomonas
- Chlamydial infection when present beyond the first six months of life (Chlamydia may be present at birth and remain viable for up to six months)
- Lymphogranuloma venereum
- Nonspecific vaginitis
- Candidiasis
- Pregnancy
- Sperm or acid phosphatase on body or clothes; sperm in the urine of a female child
- Lax rectal tone

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Behavioral Signs

Children may display a wide range of psychological reactions to sexual abuse. Reactions depend on the age of the child, emotional maturity, nature of the incident, duration of sexual abuse, and the child's relationship to the offender. The child may:

- Confide in a relative, friend, or teacher; the disclosure may be either overt or subtle and indirect
- Become withdrawn and daydream excessively
- Evidence poor peer relationships
- Experience poor self-esteem
- Seem frightened or phobic, especially of adults
- Experience distortion of body image
- Express general feelings of shame or guilt
- Exhibit a sudden deterioration in academic performance
- Show pseudomature personality development
- Attempt suicide or runs away
- Exhibit a positive relationship toward the offender
- Display regressive behavior
- Display enuresis and/or encopresis
- Engage in excessive masturbation
- Engage in highly sexualized play
- Become sexually promiscuous
- Have a sexually abused sibling
- Frequently battles

Parent/Caretaker Behavior

- Very protective or jealous of child
- Encourages child to engage in prostitution or sexual acts in presence of caretaker
- Misuses alcohol or other drugs
- Is frequently absent from home
- Socially isolated
- Has inappropriate expectations for child's behavior -- treats child as an adult
- Preoccupied with sexual activities

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Signs of Emotional Maltreatment

Emotional maltreatment may include excessive or unreasonable parental demands on children. Constant or persistent teasing, belittling, verbal attacks, and complete rejection may occur. Parents or caretakers who maltreat children emotionally are frequently unable or unwilling to provide the emotional attention and nurturance necessary for normal growth and development. Since emotional abuse is difficult to define and diagnose a psychiatric consultation can be useful in documenting and investigating suspected cases. The child may exhibit the following signs.

Physical Signs

- Delays in physical development
- Failure to thrive

Behavioral Signs

- Distinct emotional symptoms and/or functional limitations that can be causally linked to parental management
- Deteriorating conduct
- Increased anxiety
- Apathy or depression
- Developmental lags

Parents or Caretakers Behavior

- Blames or belittles child
- Is cold and rejecting
- Withholds love
- Treats children in the family unequally
- Doesn't seem to care much about child's problems

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Remember that lists such as this should be carefully regarded. You will note that many of the behaviors might be associated with many other causes and in some instances can be associated with "normal" behavior. It is critical to carefully consider the full range of information about any case.

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Unit 3: Mandated Reporter

All CASA volunteer's are mandated reporters and shall report all suspected incidents of abuse or neglect immediately. Any questions regarding what is abuse or neglect should be directed to your Supervisor. The Supervisor will advise the volunteer as to whether or not to phone the HCJFS Child Abuse Report Line (241-KIDS) with details of the problem. If the CASA/GAL volunteer feels that the situation is an emergency, they should first call the HCJFS Child Abuse Report Line (241-KIDS) and/or the police (911), then notify their ProKids' Supervisor.

ProKids Volunteer Policy and Procedure Manual

Read thoroughly the Reporting of Abuse/Neglect
found on Page C-19 of
Appendix C: Volunteer Policy and Procedure Manual.

Ohio Revised Code 2151.421

Read thoroughly the "Persons Required to Report
Injury or Neglect Law" found on page 3-49 of
Chapter 3: The Child Protection Process.