Child Abuse, Neglect, and Trauma

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CHILD ABUSE, NEGLECT, AND TRAUMA

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PREFACE

This book provides an overview of child abuse and neglect, from both historical and contemporary perspectives. Topics include physical and emotional abuse and neglect, sexual abuse, reporting and investigation, case management and the legal response, treatment for survivors and perpetrators, and prevention of future child abuse and neglect. This textbook is designed for use by adult students, parents, medical professionals, teachers, care providers, case workers and other individuals who work with children. Although the topic may be unsettling for some, it is crucial that it be addressed and understood; only through understanding will be able to stop the maltreatment of our future generations.

This foundational Open Educational Resource (OER) text is designed for use in adult community college courses. It serves as a comprehensive base upon which additional content can be developed and expanded as needed. We acknowledge that there may be areas requiring further elaboration or lists that need to be extended to meet specific educational needs. Our hope in the length and breadth of this work is to encourage students to read and understand this content.

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1.1: INTRODUCTION AND LEARNING OBJECTIVES

The abuse and neglect of children is not a new phenomena; unfortunately, child abuse and neglect has been around for centuries. In this chapter, we will explore the history of child abuse and neglect, examine how it differs from culture to culture, learn how practices have changed throughout the years, and get a good introduction to what this text will entail.

By the completion of this chapter, students should be able to:

- Discuss the basic history of child abuse and neglect, both in the United States and around the world.
- Differentiate between physical, emotional and sexual child abuse and neglect.
- Discuss how cultural variances impact child abuse and neglect.
- Identify how child abuse and neglect occur today in the United States.

WHAT IS CHILD ABUSE?

The Centers for Disease Control and Prevention (CDC) state, "Child abuse and neglect is an important societal concern affecting children, their families, and society at large. The CDC defines child abuse and neglect as “Any act or series of acts of commission or omission by a parent, caregiver, or another person in custodial role that results in harm, potential for harm, or threat of harm to a child.” The CDC further acknowledges that both child abuse and neglect are preventable acts. Even so, statistics show that there were 683,000 victims of child abuse and neglect reported to child protective services in 2015. The youngest children are the most vulnerable with about 27.7% of reported victims being under the age of three. Adverse childhood experiences (ACEs) are also forms of child abuse and neglect." (http://www.cdc.gov)

The good news is that we can work together as families, communities, states, nations and the world to promote safe, stable and nurturing relationships and environments which support and protect all children. This can start with education.

1.2: A HISTORICAL PERSPECTIVE

"Clarke Family History" by brianna.lehman is licensed under CC BY 2.0.

Throughout history, children have been seen as property of their families… And their families were free to do with the child as they pleased. From Bible times on there are examples of cultures practicing infanticide, killing infants and young children for various reasons. Some cultures killed off the weaker infants and children to preserve a stronger lineage; natural selection of only the strongest survived. Other cultures gave their children to appease the gods, limit family size, ensure financial security for the remaining family members, or to save social grace after unexpected out-of-wedlock pregnancies.

Many families throughout history have found themselves so poor, they were unable to care for their children. In the 1600s, in England, able-bodied poor were forced to work, those unable to work were provided aid by the state, and orphaned or abandoned children were either provided for by the state or signed over to guardians who often used them as slaves. In other cultures, children were often cared for by their community. Some children were absorbed into homes of relatives or friends, others became a shared responsibility of the community, while others were adopted or sent into servitude. How these children were treated depended largely upon the cultural practices in which they were raised.

"Parents Cerebral Palsy - Children both NO C.P. * Spring 1978" by Whiskeygonebad is licensed under CC BY-NC-SA 2.0.

CULTURAL DIFFERENCES

Parents have generally always been expected to teach their children socially appropriate behavior. This, too, is dictated by the cultural beliefs of what is appropriate. Regardless of culture, parents are expected to raise their children with proper religious training, to be morally sound and industrious members who contribute to the community. In some cultures, disobedience to the parents can be fatal. In other cultures it is seemingly overlooked.

In the United States, we are just now beginning to question the validity of spanking children. In some European cultures, this is not even considered as an option and hasn't been for many generations. Sweden was the first country to totally outlaw spanking, even by parents, in the early 1970s. Many researchers question the validity of spanking and maintain that it teaches fear and intimidation rather than good behavior.

CASE STUDY:

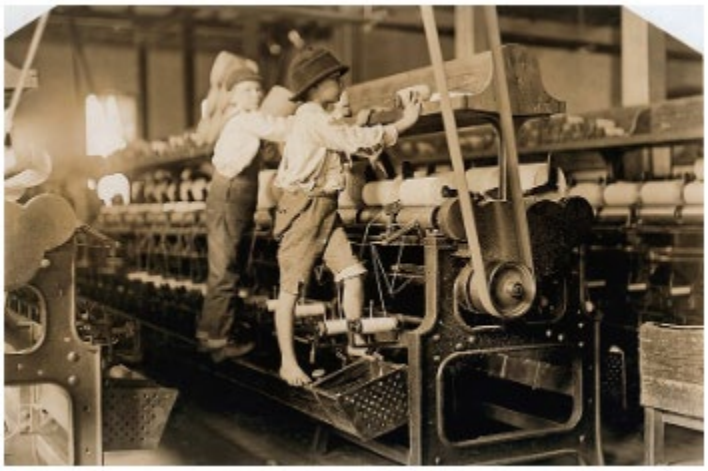
The year was 1972. Eight-year-old Debbie was a second grader in a small, rural elementary school in a small town in California. Debbie liked her school, her teachers and everyone who worked at the school. On this particular day, Debbie sat in the school office of her elementary school. She was not feeling well and was waiting for her mother to come take her home. While she sat in a chair, watching the goings-on of the busy school office, a teacher brought in a boy from the fourth-grade class. This boy was known to often cause trouble; his frequent misbehavior was legendary across the school. The teacher explained to the school secretary what the boy had done this time, and the secretary escorted him into the principal's office. As the door opened, Debbie had a front-row view. The principal, whom Debbie knew as a very nice man, sat at his desk. Behind him, hanging on the wall, was a two-foot-long wooden paddle. It was painted in the school's colors and read "The Board of Education". The secretary led the boy in, told the principal that the boy's parents had approved for the principal to use "The Board", and then closed the door. Soon, Debbie heard a loud smack, and then a boy whimpering. After a few minutes, the door opened and the boy came out; his face was very red, and his eyes were puffy and wet, looking as though he had been crying. The principal told the secretary that the boy could wash his face and return to class… that he wouldn't need to come back for that again. Debbie stared in awe at what was happening. She had never heard of anyone misbehaving so badly at school that the principal had to use the Board of Education!

This scenario occurred during an era when many schools were allowed to use corporal punishment. (This type of discipline is no longer allowed in California; Corporal Punishment in public schools was outlawed in California in 1986.) "In 1977, the U.S. Supreme Court ruled that school corporal punishment is constitutional, leaving states to decide whether to allow it or not. Nineteen U.S. states currently allow public school personnel to use corporal punishment to

discipline children from the time they start preschool until they graduate 12th grade; these states are: Alabama, Arkansas, Arizona, Colorado, Florida, Georgia, Idaho, Indiana, Kansas, Kentucky, Louisiana, Missouri, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, and Wyoming." (Center for Effective Discipline, 2015).

1.3: CHILD LABOR IN THE UNITED STATES

Killing children and using corporal punishment on children are not the only forms of child abuse and neglect that have been practiced through the generations. In early times, children were signed or sold as indentured servants. Parents apprenticed their children out to people who had a trade, with the idea that their children would learn that trade and eventually take over. The masters were free to use the child however they wished in exchange for room and board. Children were indentured at early ages and continued until they were 14 to 16 years old for males and 21 years old for females. These children occasionally were allowed to visit their families, sometimes on Sundays or holidays when work was not being done. Many of these children were taken advantage of and treated as slaves. As the United States entered into the industrial revolution children's passage was paid to come here from other countries, in exchange for them working it off as indentured servants. Child labor was less expensive than paying adults to do the same job, and children were smaller and could fit into certain machines and places more easily than larger built adults. As a result, child labor became the norm in the United States.



"Child Labor: Carolina cotton mill, 1908." by Kelly Short6 is marked with Public Domain Mark 1.0. | "Child Labor: A barefoot girl works in a New England textile mill, 1910." by Kelly Short6 is marked with Public Domain Mark 1.0.

"Child Labor: Breaker Boys, Pittston, PA, USA, 1911." by Kelly Short6 is marked with Public Domain Mark 1.0.

Child Labor was typical and legal in the United States until the early 1900s, and was not seen as abusive. By today's standards, many of the working conditions experienced would be inappropriate for any age. We look back on these conditions and see them as abusive, but they were typical of the times.

"Child Labor in United States, coal mines Pennsylvania" by Janet Lindenmuth is licensed under CC BY-SA 2.0.

In 1890, 1.5 million children ages 10-15 years were employed. In 1900, 1.75 million children of the same ages were employed. By 1900, 16% of all workers were under the age of 16. Some may ask, “Why were there so many children working?” The answer to this question is multi-faceted. First, wages were very low for adults and families had difficulty paying bills and providing for their families. Second, public schools weren’t common during this era, and children weren’t busy learning. Third, as mentioned previously, children were smaller and more capable of doing certain jobs. The outcome was that children entered the workforce in masses, to help support their families and because they really weren’t doing anything else. The employment of children increased significantly during the Industrial Revolution, even with children as young as five years old.

Concerned adults became aware of the horrid and unsafe conditions in which many of these children worked. Children often left sick, injured, deformed for life; some even died. In 1904 the National Child Labor Committee set out to create national guidelines and laws concerning the conditions and hours in which children could work. Books such as *The Bitter Cry of the Children* (1906 by John Spargo) described in detail the horrendous working conditions of children. In 1907 the National Child Labor Committee hired sociology teacher and photographer Lewis Hine to document through photographs the reality of child labor in America. Even with these efforts to raise public awareness, the federal government took no action on child labor laws, leaving it, instead, to the states. By 1929, every state had restrictions against children under the age of 14 working. Finally, in the 1930s, the federal government took action to govern child labor… not so much to protect the children but to ensure that adults would be able to find paid work during the Great

Depression era. This led to President F.D. Roosevelt signing the Fair Labor Standards Act in 1938; this act restricted child labor and protects child workers in the United States of America, still to this day. (NBC News Learn: Child Labor Reform in the Progressive Era; Ramage Teach, 2024)

1.4: SEXUAL EXPLOITATION

"Sad child." by apdk is licensed under CC BY-NC-SA 2.0.

Children have been sexually exploited throughout history, as well. Since children have long been considered the property of their families, and in many cultures the father is seen as the head of the family, the father could decide what would happen with his children. It was up to the father to arrange marriages, sign the children into servitude, see that the child was killed because of disrespect or dishonor in the family, and whatever other decisions were made about the children and their future. Many times fathers betrothed their children early or signed their children into servitude because there were too many mouths to feed in the home. When a father could not afford a dowry for his female children, they were often sent to be raised in a convent and expected to

become nuns. All of these arrangements led to underage sexual abuse and exploitation, because the children were treated as property.

Pederasty, the practice of men using boys for sexual relationships, was culturally accepted among the upper class in Greece. Boys were assigned mentors (older adult men who would train the boy up and teach him everything he needed to know, from his studies to sexual practices). These mentors taught the boys to show strength in battle and trained them to be future soldiers. The teacher, in turn, protected the child, counseled him, and gave him gifts in exchange for the sexual relationship. Mentorships were arranged by the family. This practice was not shared in ancient Rome and became more taboo as the Roman empire spread throughout the ancient world.

Society's attitudes towards the sexuality of children changed during the Victorian Era. People talked about sex, but it was seen as a private topic and less open to public scrutiny. Some adults even went as far as to surgically remove sexual organs so that children would not seek sexual gratification. Although sex was publicly forbidden it was widespread and known to occur behind closed doors. Social forbidding of anything sexual led to an increase of pornography and child prostitution during this time. This was not limited to England. U.S. slave owners are known to have “broken-in” young slaves or used them for breeding of more slaves. It was not uncommon for early adolescent girls to become impregnated as part of a breeding program by the master or under his direction.

We would like to think that we have moved beyond all of this sexual behavior, but we have not. Publicly, society believes that children should not be sexually exploited; yet, pornography and sex trafficking thrives. Television and other media use sexuality to promote whatever they are selling. Other cultures bring their cultural beliefs and practices with them when they immigrate to the United States. Many are confused by the laws of our country, adding to the contradictions between what we say and what we do.

"sadness rabbit" by cb007 is licensed under CC BY 2.0.

Regardless of one’s culture, one thing has remained the same across cultures and throughout time; incest is taboo. In the Christian Bible, Leviticus 18:6 states “No one is to approach any close

relative to have sexual relations". Other scriptures specifically protect sisters, granddaughters, stepsisters, aunts, daughters-in-law and other female and male relatives from sexual contact with relatives. In most States in the United States, marriage between close relatives is not allowed. Biblically and culturally throughout history, incest has been forbidden. This may be based on the social emotional preservation of the family unit, as well as preventing malformed offspring caused by inbreeding. Whatever the reason, sexual relations between close relatives have and continue to be inappropriate.

1.5: HOW HAVE PRACTICES CHANGED?

We have already learned in this chapter that much of the treatment of children in the past has been what we would now consider abusive or neglectful. How did society change? How have we progressed to view this treatment as inappropriate, and changed to stop it? No one incident can be cited, but we will discuss a few. As more adults became aware of how children were being treated, they realized that this was not fair or proper for the children. Childhood should be a time of learning and play, not slave labor and being used and disposed of by adults.

Author Charles Dickens spoke up for the protection of children. His family was unable to care for him as a young child, and he was sent to live in a workhouse at the age of 12. Much of his writing as an author was largely about child neglect and abuse in England in the 1800s. Much of it was autobiographical. His writings and speeches were published and distributed not only in England, but also in the United States. This broadened people's understanding of how children were being miss-used.

As some caring adults learned of the situations children worked in during child labor times, they, too, realized that this was inappropriate for children. This awareness led to action which resulted eventually in child labor laws. We will learn more about that throughout this text.

McCormack-MaryEllen 1874 Public Domain

As has been previously discussed, historically, children were seen as property belonging to their parents. Animals, however, had laws to protect them. The society for the prevention of cruelty to animals (SPCA) was begun in New York City in the 1800s. There were laws to protect animals, but not children. In 1874, in New York City, a little girl named Mary Ellen lived with her father's wife and the wife's new husband. The child was not properly cared for, and often left shivering outside in the winter. She was also beaten with a leather strap. There were no laws against cruelty to children, but this eight-year-old was eventually rescued citing laws prohibiting cruelty to animals. This was the first child abuse case prosecuted in the United States. This case led to shelters for women and children, family rehabilitation and reunification efforts. At first, these were provided by well-meaning citizens and social or religious groups. In 1912 the federal government established a children's bureau to oversee the welfare of children. It was a global philosophy-based act, rather than looking out for individual cases of maltreatment. Later this evolved into what we now know as Child Protective Services. Originally, it was thought that abuse only happened to older children. In the 1940s - 1950s, physicians realized that this was not the case; in 1962 the term "battered child syndrome" became used; this helped publicize the problem. Identifying and defining this led to widespread acknowledgment by society.

"Little girl holding puppy, Nueva" by U.S. Agency for International Development is marked with CC0 1.0.

Once society recognized the problem of children being battered, it had to do something about it! Physicians may have been unaware of their legal obligations or unable to recognize parental abuse in prior times, but the 1970s led to increased training and education of physicians to be aware of their responsibility to children and families. In 1974 the Child Abuse Prevention and Treatment Act was passed, mandating the reporting of child maltreatment by those who work with children. One Hundred years after the Mary Ellen case, the United States officially recognized the need to provide protection for children who were abused and neglected. As often happens, these laws have been added to and changed as time went on. They are continuing to change as we learn more.

Although the 1960s led society to be more aware of child abuse, sexual abuse was not widely studied until the late 1970s. Further studies and publications in medical journals helped educate professionals and society to a point that, by the 1980s and 90s, most people were aware that sexual abuse happens and what it is. This led to the realization that it was important to have

schools involved in the prevention of child abuse. In the early 1980s the National Education Association commissioned a book entitled “Child Abuse and Neglect: An educator’s guide to recognition, reporting, and classroom management" (Tower, 1984) This led to schools becoming significantly more involved in helping to protect children from maltreatment, and in the reporting of suspected abuse and neglect. Enhanced training and expectations of reporting such circumstances now include medical, psychiatric, educational, criminal justice and legal professionals. Community organizations, churches and civic groups also now train and screen anyone who works with children. Awareness and communication is thought to be how we can mitigate child abuse and neglect in our society.

1.6: WHAT HAPPENS TO CHILDREN WHO ARE ABUSED AND NEGLECTED?

By DarkWorkX - https://pixabay.com/illustrations/im...tairs-3349068/, CC0, https://commons.wikimedia.org/w/index.php?curid=91221424

The Center for Diseases and Prevention (CDC) website states, "Adverse Childhood Experiences commonly known as ACEs— affect children and families across all communities. ACEs can impact kids’ health and well-being, and they can have long-term effects on adults’ health and wellness. They can even have consequences that affect entire families, communities, and our whole society.” (http://www.cdc.gov) The ACE study was ground-breaking. It was the first study which looked at adult health factors and tied the causes to experiences during childhood. This study illuminated a strong relationship between exposure to ACEs and over 40 conditions that have a negative impact on lifetime health and well-being. (CDC, Preventing Adverse Childhood Experiences)

Early childhood is the most critical period of a child’s life for brain development. The brain is forming critical connections that help lay the foundation for the child’s life. The brain is still fairly

flexible (neuro plasticity) at this age. As a child interacts with the world, their experiences, expectations and environment make neural pathways which largely impact how their body and brain develop and how their life will play out.

When a child is exposed continually to abusive, negative or neglectful environments, they may experience toxic stress. A little bit of stress can be beneficial in life (fight or flight) but continual stress causes the brain to send excess amounts of the chemicals cortisol and adrenaline, which can change the architecture of the brain and other body organs.

"Annoyed" by TheStaceys1 is licensed under CC BY 2.0.

When a child is constantly unsure of their environment, their body and brain remain hypervigilant, continually producing stress hormones to be ready for fight or flight. This hypervigilant state pulls energy away from the normal development of other parts of the brain, such as those which control emotional self-regulation, social interactions, and abstract and logical thinking. This continual toxic stress also impacts the physical health of the child throughout life, causing increased heart attack and strokes, liver damage, lung disease and depression, along with numerous social, behavior and cognitive difficulties.

All hope is not lost, however, for children with many ACEs. With effective treatment, the brain is capable of healing and these individuals can learn new ways of reacting to stress stimuli. If we, as a society, can reduce or eliminate early

ACEs we can have an enormous impact on the social, emotional, cognitive and physical health of people in our world! (www.cdc.gov)

1.7: CHILD PROTECTIVE SERVICES

"4-color map of the contiguous United States" by Eric Fischer is licensed under CC BY 2.0.

CHILD PROTECTIVE SERVICES

Child protective services exist in every state in the United States. It is known by a variety of titles but serves the purpose of being responsible for helping ensure the safety of children throughout that state.

Summary of Child Protective Services in California

The following is summarized from the California Department of Social Services website (cdss.ca.gov):

Child Protective Services (CPS) is the primary agency addressing child abuse and neglect in California. According to existing laws, CPS provides services to abused and neglected children and their families, aiming to keep children in their homes when safe. If a child is at risk, an alternative plan is developed swiftly.

REPORTING SUSPECTED ABUSE:

Contact the county Children's Protective Services 24-hour emergency response phone line, police, or county sheriff if you suspect a child is being abused or neglected.

If you suspect that a child has been, or is in danger of, abuse or neglect, **contact the county Children's Protective Services 24-hour emergency response phone.** You may also contact the police or county sheriff.

REFERRAL AND RESPONSE PROCESS:

Social service staff gather information from the person making the referral to determine if abuse, neglect, or exploitation is alleged.
Emergency Response staff decides if an in-person response is needed.
If protection is required, CPS will:

- Accept the case.
- Intervene in the crisis, if necessary.
- Provide Family Preservation and Support Services for some families.
- Assess problems, gather facts, and clarify issues.
- Plan and provide services, set goals, identify resources, and set timeframes.
- Document the case.
- Terminate the case or transfer it to another program.

SERVICE DURATION:

Children who can remain safely at home while the family receives services get approximately 12 months of support. If a child cannot stay at home, even with support services, foster placement in a family-like setting close to the parent's home is arranged.

Up to 18 months of services are provided to children and families when a child has been removed and the family is working towards reunification. If the child cannot return to a safe home, a family-like living arrangement is provided as soon as possible.

CHILD ABUSE DEFINITION IN CALIFORNIA:

- Physical injury by other than accidental means.
- Willful cruelty or unjustifiable punishment.
- Sexual abuse or exploitation.
- Neglect by a parent or caretaker, including failure to provide adequate food, clothing, shelter, medical care, or supervision.

"Child Protection Personnel of UNMISS Police Visit School at POC Site" by United Nations Photo is licensed under CC BY-NC-ND 2.0.

Children and their families receive up to 18 months of services when a child has been removed from the home and the family is working towards reunification. If, after these services, the child cannot safely return home, a family-like living arrangement must be arranged promptly.

These services support children and their families who are victims of, or at risk of, abuse, neglect, exploitation, or parental absence. California law defines child abuse as follows:

- A child is physically injured by non-accidental means.
- A child is subjected to willful cruelty or unjustifiable punishment.
- A child is sexually abused or exploited.
- A child is neglected by a parent or caretaker who fails to provide adequate food, clothing, shelter, medical care, or supervision.

1.8: PROTECTING CHILDREN- YOUR ROLE AS A COMMUNITY MEMBER

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As a member of the community, you play a crucial role in safeguarding children from abuse and neglect. If you suspect that a child is being mistreated, it is your responsibility to report it to qualified and experienced agencies that can investigate the situation. The California State Child Abuse Reporting Law empowers public agencies to intervene and protect children who are being abused.

WHAT YOU NEED TO KNOW

RECOGNIZING ABUSE AND NEGLECT:

- **Physical Abuse:** When a child is physically injured by non-accidental means.
- **Emotional Abuse:** Subjecting a child to willful cruelty or unjustifiable punishment.
- **Sexual Abuse:** When a child is sexually exploited or abused.

- **Neglect:** When a parent or caretaker fails to provide adequate food, clothing, shelter, medical care, or supervision.

HOW YOU CAN HELP

If you suspect abuse or neglect, take action by contacting the county Children's Protective Services 24-hour emergency response phone line, the police, or the county sheriff. Your report can make a difference in a child's life, ensuring they receive the protection and support they need.

WHY IT MATTERS

Child abuse and neglect are serious issues that affect the well-being and development of children. By being vigilant and proactive, you can help create a safer community for everyone.

LOOKING AHEAD

In the following sections, we will delve deeper into the various forms of child abuse and neglect, examine how society responds to these issues, and explore ways we can work together to prevent such tragedies. Your involvement and awareness can contribute to a brighter future for all children.

1.9: REFERENCES AND FURTHER READING

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Chapter Further Readings:

Further Reading on Child Abuse Throughout History and Related Topics

Chapter 1: Child Abuse Throughout History

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Link: Child Maltreatment 2019

OER Peer Reviewed Article: Slep, A. M. S., Heyman, R. E., & Snarr, J. D. (2012). Corrigendum to "Child emotional aggression and abuse: Definitions and prevalence" [Child Abuse & Neglect 35 (2011) 783–796]. Child Abuse & Neglect, 36(3), 268–268. https://doi.org/10.1016/j.chiabu.2011.11.002

2. A Historical Perspective

Source: History of Childhood Quarterly

Link: Pollock, L.A. (1983). Forgotten Children: Parent-child relations from 1500 to 1900. Cambridge University Press.

Library Access Required for Peer-Reviewed Articles

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6. How Have Practices Changed?

Source: American Psychological Association

Link: Child Abuse: Trends and Prevention

OER Peer Reviewed Article:

7. What Happens to Children Who Are Abused and Neglected?

Source: Child Welfare Information Gateway

Link: Long-Term Consequences of Child Abuse and Neglect

OER Peer Reviewed Article:

8. Child Protective Services

Source: California Department of Social Services

Link: Child Protective Services

OER Peer Reviewed Article: Norman, R. E., Byambaa, M., De, R., Butchart, A., Scott, J., & Vos, T. (2012). The long-term health consequences of child physical abuse, emotional abuse, and neglect: a systematic review and meta-analysis. PLoS Medicine, 9(11), e1001349–e1001349. https://doi.org/10.1371/journal.pmed.1001349

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2: CHAPTER 2 - WHAT IS CHILD ABUSE? - PHYSICAL ABUSE

2.1: Introduction and Learning Objectives
2.2: Symptoms of Physical Abuse
2.3: What Would Lead Someone to Abuse a Child
2.4: Who Is Susceptible?
2.5: What About the Abusers?
2.6: What Can We Do to Help?
2.7: References and Further Reading

2.1: INTRODUCTION AND LEARNING OBJECTIVES

Physical Abuse is the most easily detected form of child abuse. It can leave horrible scars, both visible on the surface, internal and emotional. In this chapter, students will discover what physical abuse entails. This chapter will explore what might lead a person to physically abuse a child, how this abuse might be discovered and reported, and how the surviving victim might be helped. This chapter will also explore ways that society can minimize future physical abuse of children.

CHAPTER LEARNING OBJECTIVES

By the completion of this module, students should be able to:

- Identify, define and provide examples of types of physical abuse.
- Identify outcomes of child physical abuse.
- Identify risk factors for children becoming victims.
- Describe what might lead individuals to physically abuse a child.
- Describe how physical abuse is detected and the role various professionals play in helping the child.

"Physical abuse of kamlaharis" by The Advocacy Project is licensed under CC BY-NC-SA 2.0.

WHAT IS PHYSICAL ABUSE?

In previous modules we have learned about the history of abuse and neglect of children throughout the world. We have learned that what constitutes abuse is defined differently from culture to culture, and that the definition has morphed over the ages. What used to be considered "normal" might now be classified as abuse. This adds to the confusion some might feel in determining what exactly is abuse. Most agree that the physical abuse of children includes non-accidental injury inflicted by someone else. The medical community determines abuse by bruises, burns, broken bones, etc. The legal community determines abuse by intent; did the parent or other party intend to hurt the child? Regardless of definition, physical abuse of children leaves the child as the victim with physical, mental and emotional injuries.

The US Department of Health and Human Services publishes an annual report showing the number of investigations and the number of actual victims of child maltreatment in each state. (www.ccwip.berkeley.edu)

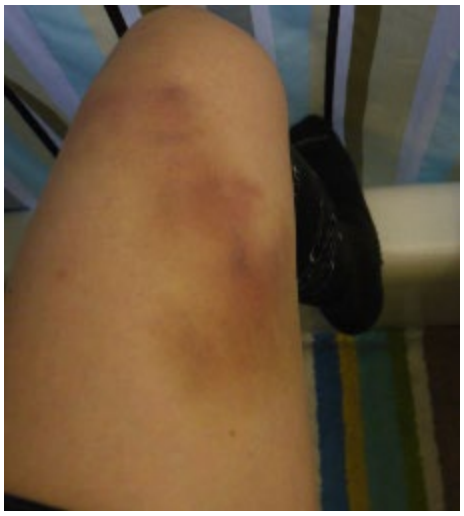
CPS DATA

Reported	CA- # of Investigation /1,000 children	USA- # of Investigation/1,000 children	CA- # of Victims/ 1,000 children	USA- # of Victims/ 1,0000 children	CA- Actual of Child Victims	A- Actual # of Child Victims
2016	41.5	46.7	7.6	9.1	68,663	671,176
2020	34.9	42.9	6.9	8.4	60,317	618,399
2022	34.2	42.4	6.1	7.7		

These reports do not include children who were abused or neglected but never reported. They also do not include emotional abuse cases, due to the difficulty of proving those in court and therefore lack of encouragement to report them. At first glance, it appears that the cases of child abuse have decreased; however, we must remember what happened in 2020. The world was in the midst of a global pandemic, schools were mostly closed to in-person activity, sports and other activities were canceled, and most people were told to stay home and shelter in place. Did this cause there to be less child abuse? Highly unlikely. We know that the stress levels of most adults and children went way up during this time. The decrease in statistics is more likely caused by a lack of reporting; children stayed at home and had little to no contact with teachers, coaches, medical professionals and others who might notice and report child abuse or neglect. Unfortunately, we can surmise that cases of child maltreatment in 2020 were drastically unreported. Time will tell… when the statistics for 2024 are released, we will perhaps have a better idea of how these statistics are trending in a non-pandemic time.

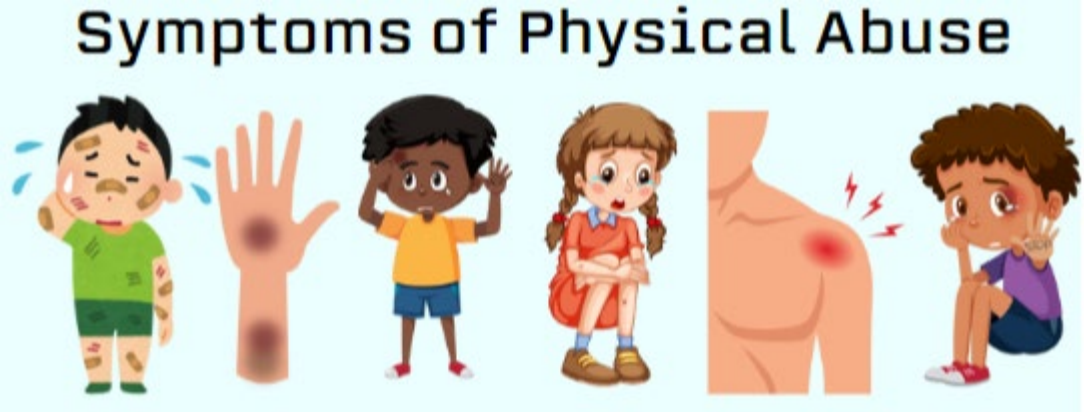
2.2: SYMPTOMS OF PHYSICAL ABUSE

Physical abuse is often identified, particularly in younger children, by medical professionals when the child arrives with symptoms that do not match the story provided. The location and type of bruises, particularly on the backs of legs, chest, neck, head, genitals, upper arms and other areas that a child would not bruise by a typical fall, are a red flag to medical professionals. Bruises that look like an imprint from a hanger, palm, knuckles, etc. may also be indicative of abuse. Bruises change color as they age; it is fairly easy to identify if there are consistent patterns of older bruises with newer bruises. This is another telltale sign that a child may be abused. Beyond bruises, fractures of bones are often a sign of abuse. In children under one year of age, a fracture is almost always indicative of abuse. The type of fracture and the location, as well as the numerous fractures that may be partially healed, may indicate repetitive abuse. When the parent says a child fell off the bike or down the stairs, but the injuries look like the child was thrown against something, physicians must report the inconsistencies.



"Bruise on wrong side of leg" by Thirteen Of Clubs is licensed under CC BY-SA 2.0.

Head injuries are always a concern. Hematomas (pooling of blood around the surface area of the brain) and subdural hematomas (blood pooling between the brain and the tissue surrounding the brain) can be caused by severe shaking, being slapped and the head snapping, or being thrown against something hard. Other types of hematoma may result in vomiting or losing consciousness, and can be equally deadly. Other soft tissue damage, such as the abdomen, liver, spleen, intestines kidney or bladder injuries, etc., may be indicative of the child being hit with force. Shaken baby syndrome occurs when a child is shaken or thrown with force against a wall. Even if the child does not die, the jarring of their brain can cause neurological damage, eye damage, breathing problems, and may cause a child to become vegetative. Children's heads are dis-proportional to the size of their bodies, and must be supported; shaking a baby can do irreparable damage.



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Burns are another area that medical professionals often see. Burns are often in areas that might be covered by clothing, and may be inflicted by cigarettes, a hot stove, hot water, etc. Young children's skin is thinner and more sensitive than adult skin. At 140°F, the average temperature of most hot water heaters, scalding can occur in five seconds or less. Burns that have patterns or look like an item was heated and put on the child are usually signs of abuse.

2.3: WHAT WOULD LEAD SOMEONE TO ABUSE A CHILD

People may wonder what in the world would cause someone to harm such a precious child. Research has shown that child abuse is usually caused by more than one factor. It may be that stressors have been adding up, combined with lack of coping mechanisms, and something causes the parent or other caregiver to snap. Perhaps the child won't stop crying, something that normally would be no problem but in this one case was the proverbial straw that broke the camel's back. The parent snapped and the child was injured. There are many scenarios that may cause a person to intentionally or unintentionally harm a child.

"Crying" by clazzi is licensed under CC BY-NC-ND 2.0.

Younger parents are often ill-prepared for the challenges they will face. They may not have the support system or prior life lessons to equip them for a fussy baby, nor to provide what the baby needs for bonding and attachment, therefore creating even more fussing. If partners, parents and others are emotionally or physically unavailable to help, the young parent may feel alone. They may have fantasized what it would be like to have a baby to love them, but the day-to-day realities of caring for an infant may not match their fantasies. This leaves a very stressed-out and often depressed parent. Give-and-take interplay between the child and adult is called interactional variables; added to the possibility of abusive or dysfunctional childhoods of their own, some parents are simply unable to cope.

"Angry parent" by RedKoala1 is licensed under CC BY-NC-SA 2.0.

Abusive parents often experience many life stressors caused by poverty and lack of support structures. If a young parent is unemployed, lacks a close relationship with their own parents or someone to take that place, and their entire world revolves around their small child, they are at risk of directing their anger and lack of self-esteem to the child. Cultural differences have already been addressed in this text but cannot be overstated. What one culture considers appropriate other cultures may consider as abusive. Stressors, lack of support, lack of preparation for reality and cultural learnings all combine to set the stage for potential child abuse.

2.4: WHO IS SUSCEPTIBLE?

What puts a child at risk for abuse? Parents and others who suffer from the circumstances described above are the first trigger. In the children's bureau statistics from 2007 (Children's Bureau, 2007) indicate that nearly 37% of children abused are between birth and four years of age. 23% are between four and seven years of age, and 10% between the ages of eight and 11 years old. From these statistics, we can ascertain that the younger a child is the more likely they are to be abused. If you think about it, this makes sense. As children become older, they are able to care for themselves more and develop coping and survival instincts to adapt to the situation in which they live. Young children are also not able to verbalize or tell others about their abuse. They may not be as likely to be seen by others if they are isolated at home and not in school. Infants are fairly helpless as victims of those who are not able to adapt to the situation in which they live. Young children are also not able to verbalize or tell others about their abuse. They may not be as likely to

be seen by others if they are isolated at home and not in school. Infants and toddlers are also helpless as victims of those who are supposed to be caring for them. Younger children may not know any better and think that the abuse is normal. As they grow older and are exposed to others, children learn that not everyone lives in that way. They are also exposed to other adults at school, etc., who may recognize the symptoms of abuse and report the incidents to CPS.

Unfortunately, children are at their most vulnerable to abuse when attachment should be forming. Children who are neglected or abused do not form attachment and may suffer from developing attachment disorder. Children who have not been able to bond adequately with their parents or other caregivers are at a very high risk of developing Reactive Attachment Disorder. Children who resist being held, are colicky, have certain disabilities or health problems, are difficult to feed due to allergies or other issues, or otherwise present an unusual challenge, are more susceptible to being abused. The reason for this is simple; these issues cause parents more stress. And if there is an advantage to any of these situations, it is that children who are abused or neglected develop resiliency and are later in life able to survive many things where others may not.

Image generated with Open AI under no copyright

Abuse is not usually a one-time occurrence. When a child has been abused or neglected, s/he behaves differently around others than children who have not suffered in this way. Abused and neglected children become hyper vigilant, with increased alertness to those around them and everything that happens in the environment. Usually, these children do not expect to be comforted by parents or others but may constantly search for and hoard food and other tangible items that may provide them self-comfort. Children who are abused and neglected often can depend only upon themselves and therefore show signs of attachment issues. Their social and motor development may be delayed, they may not relate well with others, and they have an increased desire or need to know everything that will happen, exactly when, how and where. Children who have been abused have very little self-confidence and may appear withdrawn from others. They have a need to attempt to control everything in their life, including other people, because then they at least know what will happen. As mentioned earlier, these children have an unusual ability to

adapt and survive. They may be very scared to fail, because of what that may mean for them at home. Abused children often regress and withdraw into themselves as a way of self-protection and defense when they fear a change or uncertain situation. These children are not seen as attractive to hang out with by others, and do not form peer relationships easily. They have not learned the give-and-take of relationships with others, do not trust others, and are not seen as desirable friends. This leads to additional isolation. As these children become adolescents they often run away or wander aimlessly; this increases their susceptibility as bait for pimps and drug dealers. Drugs and sex eventually dull the mind and heighten their fantasy world, and the abused child becomes a victim again.

"Depressed" by Sander van der Wel is licensed under CC BY-SA 2.0.

2.5: WHAT ABOUT THE ABUSERS?

We have already eluded in this chapter to the causes of child abuse. Although not all child abusers are the child's parents, many are. What kind of parents would abuse their children, or tolerate someone else doing so? They are parents with: low self-esteem, feelings of being unloved and unworthy themselves, feelings of being rejected, unprepared for having a child, unsure of what is expected of them, depressed, recently immigrated without a support system from this culture, developmental disabilities themselves, raising a child with developmental disabilities, lack of adequate support systems, a personality in which they feel the need to be in total control. These parents often lacked appropriate upbringing as a child themselves. They often did not get their own needs met and may not have bonded with their own parents. They have trouble separating their feelings from actions and determining the limits of their own responsibility; abusive parents often blame anyone but themselves, especially their children. When these parents were children, they were not taught to effectively make decisions. They also lack the ability to delay gratification. Abusive parents often expect their children to care for and take care of them, as well as excelling in

school, chores, sports teams if they are involved, and anything else that will make the parent look good. When people seek life partners or mates, they often find people similar to themselves. When adults are raised with all these lacks, they often partner up with other adults lacking in similar ways. Therefore, any children get a double whammy of parents who don't know how to be effective parents. Both parents may become abusive, or one may simply do nothing to stop it.

"depression" by Magic_Nick is licensed under CC BY-NC-ND 2.0.

So far in this chapter we have discussed parents who are ill-prepared for the stresses of raising children, but who are fairly mentally well. There is another type of abuser who is not mentally well. **Munchausen Syndrome by Proxy** refers to a parent (usually the mother) who presents to the world as a doting and concerned parent who takes care of their child, while behind closed doors they administer large doses of things that make their child so sick they must be hospitalized. The parent is using the child to gain attention from medical staff. This is a difficult type of abuse to diagnose and often requires a multidisciplinary team approach. Once the child is removed from the parent's "care" the child typically recovers physically. The emotional impact, however, may linger. Such children may need additional medical treatment to correct any physical harm done by the parents' "treatment" but also may need treatment for attachment disorder, learning to trust, socially appropriate interactions, educational lags, etc. In this case, the parent suffers mental illness which requires extensive treatment, and the child is usually placed in other care for his or her own protection.

Raising adolescents can provide many challenges and stressors to parents. This is a time when children who have been dependent and perhaps obedient become more independent and start making their own choices. Parents must accept that their children's values may be different from their own. Parents may feel that they are losing control of their children, as well as losing their children! Healthy parents see this as part of growing up and look forward to the new relationships that are possible. Abusive parents see the separation as a major crisis surrounded by emotional conflict on all sides. They may try to hold on tighter, causing unrest in the home and causing their

children to want to leave the situation and environment. This can lead to children running away and opening themselves up for extensive abuse on the streets.

As our country has been fighting battles abroad for many years, we are seeing more and more impact on families back home. Stress is increased when one parent is serving away from home, and the other becomes a single parent family on a day-to-day basis. When the parent returns from war, they are combat ready and sometimes have difficulty adjusting back to civilian life. They may have seen and experienced extreme violence, may suffer from PTSD, and may struggle as they attempt reentry to family life. This impacts the stressors within the home, within a marriage and with children. The service members and their families need extensive support systems to help them through it.

"scream and shout" by mdanys is licensed under CC BY 2.0.

When there is unrest in a home, children usually sense or witness it directly. Research has shown that this has lifelong effects for the children. Children brought up in violent homes have had a seed of aggression planted in their minds and have seen violence which may carry into future generations. Children who witness violence are more aggressive with their peers, have fewer friends, have significantly more behavioral problems, exhibit hyperactivity, anxiety, withdrawal and learning problems in school, and are more likely to abuse their own children later in life than those children who have not witnessed violence in their home. Violence does not always happen from adults to children; sometimes there is abuse between siblings and sometimes children abuse adults. Children learn violence through the media, the news, video games, and society in general from a very early age. Unless they are taught differently, they may view violence as a way to deal with problems. This violence quickly escalates and can become life threatening to themselves and others. As with adult to child violence, sibling violence and child to child violence is all about power. In our society, when a child witnesses spousal or other abuse in the home, the perpetrator of the violence can be charged and prosecuted as if they hit the child themselves. This is largely because of the impact witnessing such violence has on children.

2.6: WHAT CAN WE DO TO HELP?

As a society, we can help prevent child abuse by infusing services to help parents cope with situations that may arise. Providing employment and proper childcare may be one solution for allowing parents to have more in their life where they can be productive, as well as provide financially for their family. Infusing support systems within the home may also be helpful, realizing that many parents did not learn how to properly care for children while they were growing up. This is a way of breaking the cycle. Some attempts that our society has made have backfired, when they have become handouts and raised generations to depend upon them. However, other cultures have accomplished the same goal with slightly different support services; we can learn from these more successful efforts to improve our own. Here are some highlights from just a few: (10 Best Countries to Move to and Raise a Family)

Belgium – All children of paid employees are entitled to government-sponsored child stipends. These continue until the child is age 25, or as long as the child is in school. Belgium places high emphasis on creativity and education. The stipends help reduce financial stress on families while emphasizing education.

Australia – All new parents may receive paid parental leave up to 18 weeks per child; this includes births and adoptions and may be shared between the mother and father. As a child is raised, society and educational systems place strong cultural emphasis on physical activities and recreation, promoting healthy lifestyles.

Finland – Corporal punishment is illegal in Finland, including the spanking of one's own child. Equality is emphasized by the government and society. Men and women are equally responsible for the upbringing and education of their children.

Sweden – Parental leave (480 days) is granted to parents, which may be shared between a mother and a father. Like Australia and many other countries, this is paid leave granted at either the birth or adoption of a child. Swedish parents may also choose to limit their working hours until their child(ren) is 18 years old, so that they may be more present in their child's life. Sweden boasts excellent school and childcare systems. Healthcare and education through college level is provided "free of charge" by the government. Sweden has one of the world's highest life expectancies, when compared with other industrialized nations.

It is important to note that these countries have family-friendly policies and practices, including paid parental leave and childcare.

2.7: REFERENCES AND FURTHER READING

References Chapter 2:

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Crosson-Tower, C. (2010). Understanding Child Abuse and Neglect, 8th Edition. Boston, MA. Pearson Education, Inc.

Learning Canteen. 10 Best Countries to Move to and Raise a Family. Retrieved from: https://youtu.be/FawcJXSHnVI

Further Reading for Chapter 2 Physical Child Abuse:

1. What is Physical Abuse?

Source: U.S. Department of Health and Human Services, Child Welfare Information Gateway

Link: What Is Child Abuse and Neglect? Recognizing the Signs and Symptoms

Child Welfare Information Gateway government resource PDF

2. Specific Types

Source: U.S. Department of Health and Human Services, Administration for Children and Families

Link: Child Maltreatment 2019

3. Signs of Physical Abuse

Source: Centers for Disease Control and Prevention

Link: Child Abuse and Neglect: Risk and Protective Factors

4. Statistics of Physical Abuse

Source: U.S. Department of Health and Human Services, Administration for Children and Families

Link: Child Maltreatment 2019

5. What Would Lead Someone to Abuse a Child?

Source: National Institute of Child Health and Human Development

Link: Understanding Child Abuse and Neglect

6. Who is Susceptible?

Source: Centers for Disease Control and Prevention

Link: Risk and Protective Factors

7. What About the Abusers?

Source: National Library of Medicine, National Center for Biotechnology Information (NCBI)

Link: Characteristics of Abusive Parents

8. What Can We Do to Help?

Source: Child Welfare Information Gateway

Link: Preventing Child Abuse and Neglect

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3: CHAPTER 3 - WHAT IS CHILD ABUSE? - SEXUAL ABUSE

3.1: Introduction and Learning Objectives
3.2: The Progression of Sexual Abuse
3.3: What Puts a Child at Risk?
3.4: Who Would Sexually Abuse a Child?
3.5: Family Abusers
3.6: Extra-Familial Abusers
3.7: Clergy
3.8: Sex Rings
3.9: Children at Risk
3.10: How Can We Help Stop Sexual Abuse?
3.11: References and Further Reading

3.1: INTRODUCTION AND LEARNING OBJECTIVES

Sexual Abuse against children has occurred for centuries, but still is one of the most unthinkable forms of abuse. With modern technology and the ability to easily travel the world, we have seen an increase in the occurrences of sexual abuse involving children. This chapter will discuss various types of sexual abuse and what each entail. This chapter also explores what might lead a person to sexually abuse a child, how this abuse might be discovered and reported, and how the surviving victim might be helped. This chapter examines both familial and extrafamilial abuse. Lastly, this chapter will explore ways that society can minimize future sexual abuse of children.

CHAPTER LEARNING OBJECTIVES

By the completion of this module, students should be able to:

- Identify, define and provide examples of types of sexual abuse.
- Identify outcomes of child sexual abuse.
- Identify risk factors for children becoming victims of sexual abuse.
- Describe what might lead individuals to sexually abuse a child.
- Describe how sexual abuse is detected and the role various professionals play in helping the child.

WHAT IS SEXUAL ABUSE?

Child sexual abuse includes any sexual activity with a child under 18 years old that violates social taboos or laws. These activities may be contact or non-contact and can involve grooming a child in preparation for abuse. ***Contact abuse*** includes physical contact, such as touching or kissing in a

sexual manner, oral sex, or using a body part or other object to penetrate a child. ***Non-contact abuse*** includes activities such as pornography (whether the child is the model or is subjected to looking at pornography) or watching sexual activities. Child sexual abuse permeates families, organizations, institutions, the internet and communities. It affects children and adults from all socioeconomic levels, races, ethnicities, cultural groups, educational backgrounds and in both rural and urban areas. Child sexual abuse can happen anywhere.

Earlier in this text, the historical implications of child abuse, including sexual abuse, were discussed. In today's world, most societies have laws and socially accepted taboos against early sexual involvement between adults and children. Researchers believe that children who are exposed to premature sexualization may have long-term negative effects; these may include physical injury, depression, post-traumatic stress disorder, anxiety, and other problems.

Children who are abused by a family member may experience more long-term psychological trauma.

A "child" is generally considered to be anyone under 18 years of age. Children are legally unable to make decisions on their own, enter contracts, drive a car, marry, or many other important life events. Research has shown that children are in no position to consent to relationships that carry so many implications as do sexual contact with adults. Although some states may have special considerations for consensual teenagers older than 16 (often known as the Romeo and Juliet law), having sex with a minor is illegal. In California, the age of consent is 18 years old. Any adult, 18 years or older, who engages in sexual activity with a minor (under the age of 18) can be charged with statutory rape. Statutory rape can be treated as either a misdemeanor (if sex is consensual and between close-in-age people) or as a felony (most other cases).

There are many terms used when referring to sexual abuse. ***Sexual assault*** refers to any act in which one person intentionally sexually touches another without that person's consent, or coerces or forces a person to engage in any sexual act against his/her will. Sexual assault is often referred to as ***sexual violence*** and is a preventable act. (www.cdc.gov) ***Child sexual abuse*** refers to the use of a child for the sexual gratification of an adult or other person. Other terms which may be interchanged include: sexual assault, molestation, victimization, sexual exploitation, rape, and child rape. Although the term "***rape***" usually brings to mind sexual intertext with violence, many states defined child rape as "the intrusion of any part of the perpetrator's body into an orifice of the child's body." (Crosson-Tower, p. 124)

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Child pornography is also viewed as a form of child sexual abuse, as it uses children to produce sexually explicit material (pictures, videos, etc.) for the enjoyment of adults. Child pornography often stimulates perpetrators to commit sexually abusive acts.

Sexual harassment refers to any un-welcome verbal or physical sexual behavior that can make someone feel upset, scared, offended or humiliated. It also includes gender-based harassment or bullying. It may include inappropriate or lewd comments, saying bad things about someone based on gender identity/appearance/sexuality, jokes related to sex or gender, flashing/mooning, requests for sexual favors, inappropriate touching, pornography and more. When sexual harassment is experienced by a child, it becomes a form of child sexual abuse. Sexual harassment may be perpetrated and experienced by children or adults, and must be considered inappropriate and stopped.

3.2: THE PROGRESSION OF SEXUAL ABUSE

Unless the child sexual abuse is an isolated, often violent incident by someone unknown to the victim, the perpetrator will groom the victim in a slow but steady progression of sexual abuse. The purpose of this grooming is to allow the child to become comfortable and have "buy-in" to the activities. Perpetrators often establish a sense of trust and that of playing games to entice the child to participate. They also establish hard and fast rules of secrecy.

The grooming may follow a progression similar to the following: (Crosson-Tower, pp. 126 to 127)

- Nudity (on the part of the adult).
- Disrobing (of the adult in front of the child).
- Genital exposure (by the adult).
- Observation of the child (bathing, dressing, or excreting).
- Kissing the child in a lingering, inappropriate manner.
- Fondling of the child's thighs, buttocks, breasts and genitals.
- Masturbation (mutual or solitary).
- Oral stimulation of the penis, vulva or vaginal area.

- Digital penetration of the anus or vagina.
- Penile penetration of the vagina or anus.
- Rubbing of the perpetrator's penis on the genital or rectal area, inner thighs, or buttocks of the child.

These acts and others often progress through six basic stages:

1. Engagement phase (perpetrator elicits cooperation and plays on child's need for human contact and affection, adult approval, enjoyment of games, and material rewards.)
2. Pressured sex (enticement and entrapment are used as a way of making the child feel indebted or obligated. Bribery is often at play.)
3. Forced sex (involves the threat of harm to others if the child does not cooperate, and threat of harm to the child. The child is seen as an object for use by the perpetrator.)
4. Sexual interaction and secrecy phases (any range of sexual abuse may occur during this stage, but the perpetrator uses power to dominate, bribe, emotionally blackmail or threaten the child into keeping the secret and continuing the acts).
5. Disclosure phase (may occur by the victim during childhood or years later.)
6. Suppression phase (once the child has disclosed the victimization, he/she **may** be encouraged or compelled to recant or forget the abuse, because of what the realization might mean to others.) This phase does not always occur, but can be very harmful to the victim when it does.

THE FREQUENCY OF SEXUAL ABUSE ON CHILDREN

> "Sexual violence is a social and public health problem in the U.S. According to the National Intimate Partner and Sexual Violence Survey (NISVS), nearly 1 in 2 women and 1 in 5 men experienced sexual violence victimization other than rape at some point in their lives." (http://www.cdc.gov)

According to the National Children's Advocacy center, approximately 1 in 10 children in the United States will be sexually abused before they turn 18. (http://www.nationalcac.org) In 2022, the World Health Agency estimated that 1 in 5 girls and 1 in 13 boys are sexually abused as children, world-wide (reported rates were slightly lower in Asian countries). Many of these children experience this abuse during early childhood (0-9 years of age). Statistics are incomplete, as not all sexual abuse cases are reported.

Computer technology has dramatically increased the incidence of child pornography. People can hide in their own homes and participate in pornography, unbeknownst to anyone else. This can lead to interaction with children over the Internet, and even to grooming of victims over time. Sometimes these victims are met in person and further abused. Children tend to feel more protected over the Internet than they should, because they are in their own home. This does not prevent them from becoming victims.

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Child sexual abuse on the internet is massive and growing. In 2018, more than 45 million images of child pornography were reported to the National Center of Missing and Exploited children... nearly twice that of 2017. More than 60% of these featured children younger than 12 and included extreme acts of sexual violence. These children go through life fearing that they will be recognized by someone who witnessed their abuse online, and that people are still witnessing it as it lives on through the internet. The Canadian Centre for Child Protection found through research that 83% of young adults who had suffered online pornography child sexual abuse had thought about suicide. 60% had attempted suicide and 30% had been recognized by people who had seen their abuse material. (Julie Cordua, Ted Talk)

"shadow figure approaches" by Matt Henry photos is licensed under CC BY 2.0.

Another increasing situation which leads to extreme child sexual abuse is that of human trafficking. Young girls and boys are kidnapped daily and channeled into human trafficking rings and sex slave markets; sometimes these children are shipped around the world. We see the prevalence increase anytime there is a major sporting event (i.e. Super Bowl, World Series, Golf Tournament, etc.), concert or other event. In Seattle and other cities, communities are working to support, rescue and help with the recovery of these abused children. They work together with law enforcement to prosecute the abusers who enslave these children and those who purchase their services. They

often work for years to rescue one child at a time. It is long, hard, and often dangerous work but to that child and their family, it is worth it. (A Powerful Strategy for Disrupting Child Trafficking).

Sexual abuse and sexual violence impacts families, neighborhoods, workplaces, schools and more. People can work together to prevent sexual violence by understanding and addressing the root causes. It starts with promoting social norms of respect for all.

3.3: WHAT PUTS A CHILD AT RISK?

While no child is immune from the potential of becoming a sexual abuse victim, some children are more susceptible than others. The average age of boys who are sexually abused is between four and six years of age. The average age of girls who are sexually abused is between 11 and 14 years of age. Beyond this, the values and beliefs of a culture and the actual community in which the victim resides, as well as the family and the individual victim themselves, may contribute to who becomes a victim.

"Sandakan Sabah Angry-Child-01.jpg" by CEphoto, Uwe Aranas is licensed under CC BY-SA 3.0.

The values and beliefs of our culture, the macro system, utilizes television and other media sources to send highly suggestive or sexualized messages to children. Advertisements on other media display extreme violence, as well. The micro system, our family, is more isolated today than ever before in our society. As families have become more mobile and less likely to live close to relatives, and as children are unsupervised more than past generations, children may be at higher risk for abuse. Add to this marital discord, family dysfunction, overly scheduled and busy schedules of all family members, and children become even more susceptible. A child's susceptibility for sexual abuse statistically increases if one of their parents is absent, not emotionally close to the child, sexually punitive, religiously fanatic, or if they lack a high school education or keep to themselves and are isolated. Children of single-parent families are exposed potentially to more “friends “of their residential parent, and therefore may be more susceptible to abuse. Alcohol, depression, drug abuse, poverty and other stressors can also lead to an increased susceptibility that the child will become a victim.

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In many cultures, families are patriarchal in nature. When the father says to do something, you do it! Male relatives may target an eldest daughter with the understanding that if she refuses, the other sisters will be pursued. The abuse of girls often lasts for years. While boys are usually abused for shorter amounts of time, the younger or less assertive (e.g. perceived as weaker) brother is more likely to be the initial target. If he refuses, the perpetrator will move on to other brothers.

Some children appear to be more deeply affected by sexual abuse than are others. The degree of trauma experienced by a child depends on several variables, including:

- The type of abuse. (The more intense the abuse, the harder to overcome.)
- The identity of the perpetrator. (The closer the long-term relationship between abuser and victim, the harder to overcome.) The duration of the abuse. (Abuse that continues for a period of time seems to create more trauma than single incidents. This may not be the case if the incident involves violence or sadism.)
- The extent of the abuse.
- The age at which the child was abused. (Determinate by the stage of development the child in when the abuse occurred.) The first reactions of significant others at disclosure. (Was the child believed? Was the child made to feel shamed? Was the child told to keep it a secret?)
- The point at which the abuse was disclosed. (Having to keep a secret impacts a victim long-term; this compounds the trauma.)
- The personality structure of the victim.
- Help received by the child in dealing with the victimization. (Did the child receive support and counseling to help him/her deal with the trauma, or was it ignored?)

3.4: WHO WOULD SEXUALLY ABUSE A CHILD?

Children are sexually abused by either: A relative who is assumed to be part of the child's nuclear or close extended family (intrafamilial abuse, or incest). Someone outside of the child's family (pedophiles).

The closer the relation between the perpetrator and the victim, the more harm will be done to the victim emotionally and psychologically. These perpetrators will be examined more closely later in this chapter.

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Both males and females have been known to sexually abuse children, although more than 95% of reported cases involve male perpetrators. More than half of these offenders were abused in one way or another themselves. Researchers have found that child sexual abusers are poorly attached individuals who are manipulative and have low self-esteem. They also have poor social skills and strive to overcome the feeling of lacking power.

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Studies have found that:

1. The perpetrator must be motivated to abuse and sexually aroused by the child. The perpetrators' normal sexual outlets, as endorsed by society, are generally blocked.
2. The perpetrator lacks internal inhibitors, or an inner voice, that prohibits him from acting in the desire for abuse.
3. External inhibitors, that would normally prevent the abuse, are not in place (this may include absent parents, socially isolated families, or other things that make the child more vulnerable).
4. The perpetrator must overcome the child's resistance to abuse, playing upon the powerlessness that makes children vulnerable.

Multiple studies of abusers have found that they generally had no one to confide in while they were growing up. The abusers typically used sex to make themselves feel important and balanced, masturbating repetitively to sexual fantasies prior to the age of 12. Most of the families of sexual offenders, while growing up, were filled with domestic violence and mistreatment. Most child sexual abusers have indicated that masculinity was equated with sexual conquest. This research largely centers around male perpetrators, as there aren't enough women perpetrators who have been researched to make adequate generalized statements. One commonality that is obvious for men and women is that these perpetrators often suffered significant psychological and physical abuse during their childhoods and that a majority had been sexually abused as children.

Juveniles can also be sexual abuse perpetrators. Histories of victimization often lead to juveniles who seek to offend against others. When juveniles sexually offend, that is not in itself their primary goal. Some may resort to aggression and violence, while others use experimentation or exploration as their goal. As with adult offenders, a few juvenile offenders may be mentally ill or otherwise cognitively impaired. Early intervention for juvenile offenders is essential in helping them prevent further abuse.

"Shadow figure, Exploring" by alexbcthompson is licensed under CC BY-NC-SA 2.0.

Research with child molesters has shown: (The Oprah Winfrey Show)

- Most child molesters (90%) are known to the child (family members, friends, neighbors, people they are used to seeing… NOT strangers).
- Molesters seek out and seduce needy, vulnerable children, then they gain their trust. Child molestation is very calculated and deliberate. Molesters NEED the trust of the child for the ongoing molestation to be possible.
- Molesters confuse the child to believe that the molestation feels good. The child often blames themselves out of this confusion. If the child starts to become resistant, molesters use guilt and threats of harm to others to keep the secret and ongoing molestation.

- Many child molesters have stated that they were bringing pleasure to the child and the child was giving them pleasure, so the molester didn't think they were doing anything wrong or harmful at the time.

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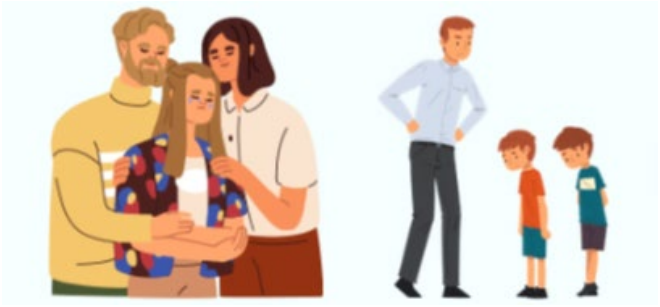
3.5: FAMILY ABUSERS

Incest is taboo in most cultures worldwide, but recent research shows that it has existed and gone unreported by victims for many years. As previously discussed in this chapter, such abuse often is enabled through secrecy, a sense of helplessness for the child, the child feeling trapped and learning to live with the abuse, delayed or conflicted discovery by others, and the child retracting a report out of fear or guilt. The sex rules of our society have become fuzzy. Our society tends to be preoccupied with sexuality yet prohibits it at the same time. The unclear and complicated rules governing what is appropriate when and with whom vary from person to person, family to family, and between communities and cultures. Even laws vary from state to state. This in no way defends child victimization but may lead to explaining why the understanding of what-is-right-or-wrong may be confusing to some.



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FATHER-DAUGHTER INCEST

Father-daughter incest is characterized by family dysfunction and pathology. If the family knows what is happening, keeping the secret can be so exhausting that the family has little time or energy for anything else. The mother may or may not know what is going on; if she does not know, the daughter may feel poorly about the mother's lack of protection. If the mother does know, she may

fear for the rest of the family if the secret gets out… especially if the family depends upon the father financially. The victimized daughter also suffers from poor self-concept and may fear physical or emotional retaliation if she does not do as her father requests. Conversely, the girl may seek the father‘s attention and find that this is the way she can get it. These victims often take on the self-imposed responsibility of protecting younger siblings from abuse and keeping the family in-tact.

FATHER-SON INCEST

In father-son incest, not only are there consequences and guilt for breaking the incest taboo, but also for violating taboos against homosexuality. This type of abuse often includes sodomy (anal intertext) causing the victim to suffer physical and emotional pain, as well. The perpetrator in this type of incest often tries to feel more powerful through sexual exploitation. Early introduction to homosexual activity tends to predispose a boy to homosexual acting out later in life.

MOTHER-DAUGHTER INCEST

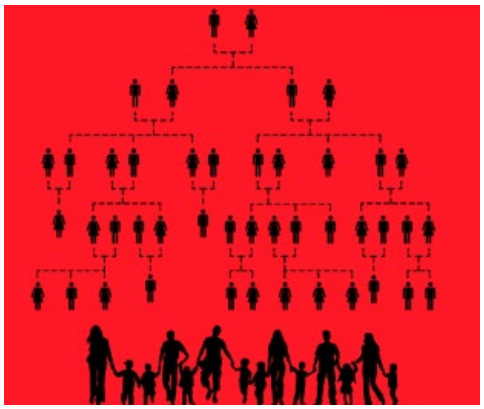
Mother-daughter incest typically happens when the mother is lacking significant adult companionship in her life. This type of incest is well concealed in society. This type of incest typically starts when the child is very young and usually ends when a child becomes an adolescent.

MOTHER-SON INCEST

Mother-son incest often appears as innocent and is masked as the mother taking care of her child. There is usually no father present when mothers abuse their sons, leading to the idea that mothers are seeking gratification and belonging. Children who are victims of this type of abuse tend to feel extreme guilt, worthlessness, betrayal and rage. Although they may have felt attached to their mother, the attachment was not based on something appropriate.

SIBLING INCEST

Brother-sister and other sibling incest occurs but has not been widely studied as abuse.



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INCEST WITH UNCLES, GRANDFATHERS AND COUSINS

The most common type of incestuous behavior occurs between uncles and nieces. Uncles often have unquestioned access to young girls, can slowly build a relationship through the grooming process, and maintain this access for years. Grandfather-granddaughter incest is also frequent for many of the same reasons. The closer the perpetrator is in relationship to the victim, and the more frequently they interact in each other's lives, the greater the trauma for the victim will be. Such closeness also brings greater risk of ending family relationships. These types of relationships often end when they are discovered, and the child may feel blame that no one gets to see that relative anymore. Such abuse may also end when victims grow older, when they decline the perpetrator's advances or when the perpetrator is no longer able to physically function.

3.6: EXTRA-FAMILIAL ABUSERS

Although a significant amount of child sexual abuse is perpetrated by family members or others who are close to the child, casual friends, acquaintances and even strangers do exploit and abuse children. We must remember that child sexual abuse includes not only the inappropriate touching of children but also using children in pornography, prostitution and sex trafficking. Researchers have found that the greater the emotional bond between the perpetrator and the victim, the greater the potential for harm. This in no way excludes the idea that harm is inflicted on a child no matter who the perpetrator is. Lingering trauma or Post Traumatic Stress Disorder is prevalent for many victims, especially if violence was a part of the abuse.

Perpetrators who are known to the child or family may have gained trust of the parents, causing them to be less suspicious of potential harm. Some parents may suspect something inappropriate, but feel they are dependent upon the services or relationship of the abuser and simply overlook or squelch their concerns. Other parents may not provide supervision of their children, allowing the perpetrator easier access to the child. Perhaps the parents are unable to provide supervision, feel that the child can take care of themselves, or may be unaware of periods in which the child is not being supervised.

Although this may sound questionable, it happens daily for thousands of children. Children who walk home from school, those may be home alone for an hour or two in the afternoon, young teens who are old enough to stay by themselves, and children who are placed in the care of someone who fails to provide adequate supervision of the children are all examples of how lack of supervision leads to vulnerability in every-day situations. Sometimes a child is vulnerable because of their own decisions; children who run away or ditch school set themselves up to be targeted by predators. Many predators these days rely on access to children via the Internet; family members are often in the same or next room and totally unaware that their child is being victimized.

Pedophiles are individuals who have sexual interests in children. These perpetrators may have low self-esteem and find children easier targets, or they may be attempting to live out something unsettled from their own childhood. They often utilize fantasy as part of their sexual acts. Some

pedophiles may be sadistic or mentally unstable, but the majority tend to be somehow suffering from attachment issues. Those small minority of molesters who are sadistic may use more force than necessary to overcome their child victim, sometimes killing the child. These people may select children who represent something the abuser hates in himself or a memory of disturbance from his childhood. Pedophiles who are not sadistic may use enticement as a way of drawing in their victims; this may include gifts, treats or affection. Once the child is enticed the pedophile may revert to entrapment to keep the child feeling indebted or obligated to continue the relationship. Abusers who force themselves on their victims are more motivated by completing a sexual act. These perpetrators simply see the child as an object to be exploited and manipulated for their own satisfaction. Although they may not intend to harm their victims, physical and emotional injury does occur.

You may recall from earlier modules that pederasty was practiced among early Greeks. In those situations, the family hired a man to tutor and provide education and mentorship to their young sons, training them to become men in all ways including sexually. Pederasty exists today in different ways and varies from culture to culture. Many cultures consider this practice taboo, whereas others do not. Regardless, pederasty is the abuse of boys especially those between the ages of 12 and 16 years old, for sexual purposes, perpetrated by men older than 18. It is considered by most to be another form of pedophilia.

3.7: CLERGY

Much has been said in the media in recent years regarding the sexual abuse of children perpetrated by clergy of different religious beliefs and denominations. It has been found that these clergy members may have gained unobstructed access and secrecy to their victims because of the societal standard the church leadership brings with it respect and often unquestioned authority. Previously, sexual abuse of children by entrusted clergymen was unthinkable. Different church bodies reacted differently to such situations; many simply transferred the suspected perpetrators to other communities or positions.

While sexual abuse by clergy members is in no way limited to the Catholic church, it is the Roman catholic church which has been especially criticized for this practice; this criticism resulted in the pope hosting a conference of cardinals and other leaders of the church worldwide in February 2018. The pope stated that the church must do whatever necessary to protect our children.

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The lasting trauma and impact on any child who suffers sexual abuse is life altering; when the abuse has been inflicted by a clergy member, the fall-out may be even worse. Survivors often report losing their faith or any desire for spiritual life after being abused by a clergy member. They may feel that they are being punished, abandoned, or otherwise attacked by anyone affiliated with the church or faith. As an outcome of this abuse becoming recognized by the masses, many churches and other youth-serving organizations now require criminal background checks for anyone who will come in contact with children. The recognition and prevention of child abuse is becoming increasingly a part of adult leader training in education, youth groups, sports teams, churches, and anywhere else where children and adults may work together.

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SEXUAL ABUSE IN CHILD CARE

Much like churches, parents used to be unsuspecting of any abuse perpetrated while their child was in the care of professionals in a child or daycare setting. Specific cases of abuse occurring in such childcare settings has been widely reported in recent years, and has led to parents and others being more aware of what happens in their childcare setting. When abuse does occur in a childcare setting, it may involve one offender and one victim, one offender with multiple victims, or multiple offenders with multiple victims. The few cases that have occurred have caused insurance rates to rise significantly; childcare facilities pass this cost on in their fees, making childcare beyond the financial reach of many parents. Well-meaning, un-abusive child care providers often relate to the children in a loving way with hugs, pats on the back at naptime, etc. Some childcare workers are fearful about demonstrating this type of caring touch now, because of fear that it may be

misinterpreted by children or parents... this lack of touch can also be detrimental to young children's development. All childcare workers are considered mandated reporters and must undergo training for such.

"Daycare" by taberandrew is licensed under CC BY 2.0.

The internet is filled with news clips of sexual abuse cases occurring in childcares around the country. These report abusers in childcare centers, day care centers, in-home daycares, of all ages, by all ages... it is a horrible situation whenever a child is abused. Some parents cite this as a reason not to use childcare services but, as we have learned, these abuses can occur anywhere. Parents need to do their due diligence in selecting who will spend time with their children, be present as much as possible, be on the look out for possible signs of abuse, believe what their children tell them and work for the best possible situations at all times.

3.8: SEX RINGS

Six rings are defined as an organization in which at least one adult is involved sexually with several underage victims. These rings may have multiple young victims, may have multiple offenders, use fear as a controlling tactic and may include bizarre or ritualistic activities. Sex rings may be dedicated to the production of pornography, prostitution, molestation, the sale or trafficking of children for sexual purposes, using children to recruit other children, and the coercion or intimidation of children into sexual activity. Sex trafficking has recently become more broadly known throughout our country and the world. This is in part due to increased activity, and in part due to media coverage of such practices. Young girls and teenagers are especially attractive to sex traffickers. Within the United States, sex trafficking increases dramatically anytime there is a large sporting event, conference or other situation when adults may be visiting from out of town. Typically, young girls are sold or rented as companions to older men, to use however they desire. The same girls may be transported by the sex ring from city to city, with the outcome always the same. These children may be kidnapped, enticed, or originally in agreement; once they are part of

the sex ring, their chances of escaping are minimal. Although we think of this usually as involving young girls and older men, that is not always the case; every imaginable scenario is available.

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THE INTERNET

Incidence of child pornography has dramatically increased with widespread use of the Internet. Pornography is more readily available now than at any other time in history. Exposure to pornography has been found to desensitize individuals, enabling many to play out their fantasies in a seemingly harmless way. However, these fantasies often evolve to include actual people in a person to-person situation, not just pictures. Child pornography includes sexually explicit material with children as the subject, and can include reproductions of the child's image, voice, or handwriting. It may be available electronically, as negatives or pictures, in magazines, on video tape or audio tape, handwritten notes, and any other way of communicating. People who use child pornography may also use child erotica (any souvenirs, letters, toys, games, sexual aids or other material relating to children); this can lead to pornography and other abuses. Many pedophiles have significant fantasy lives involving pornography and erotica, which can lead to involvement of luring children into actual sexual meetings.

"computer" by ph0rk is licensed under CC BY-SA 2.0.

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3.9: CHILDREN AT RISK

As already alluded to, the Internet poses a significant threat to children today. Perpetrators entice children who feel safe in their own homes but can easily learn where the child is and use that

information to abduct the child in their own environment. Shopping malls, arcades, parks, playgrounds, walks home from school, sports games, and other child hangouts make children easy prey for potential molesters. Most children targeted for pornography are between the ages of 10 and 16 years of age. Boys are more vulnerable if they lack close religious affiliation, have no strong father figure, need money, or have family unrest. Boys and girls who are runaways, come from broken or poor homes, are estranged from their families, or otherwise feel alone make for easy targets. Children today are more likely to be enticed with psychological or material rewards after initial encounters on the Internet. Once they meet in person, the perpetrator may add excitement and take pictures of the child to help them become a movie star. These quickly progress to sexual pictures. Children who feel guilty are then trapped by making the child feel unable to escape. The long-term effects for children involved in pornography vary, increasing with the duration of the incident, the degree of contact, and the depth of involvement of the child. Once a child's image or video is on the internet, the child must face everyone in their future knowing that these people may have seen the sexual images of the child on the internet. For children who have been deeply involved in pornography, lasting difficulties in separating love and sex, gaining a true sense of their own worth, lacking self-esteem, or feeling adequate has been reported. These children are victims who may find themselves seeking more attention, using sex for attention and feeling important. For children who have been deeply involved in pornography, lasting difficulties in separating love and sex, gaining a true sense of their own worth, lacking self-esteem, or feeling adequate has been reported. These children are victims who may find themselves seeking more of the same type of attention; using sex for attention and feeling important, or to make money, is something they know and may choose to repeat.

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Child prostitution has been addressed as it relates to sex trafficking and sex rings but may also pose a problem on a smaller scale. Teens who run away from dysfunctional homes may be lured into prostitution quite readily. The National Center for Missing and Exploited Children has done much research on this issue. Juvenile prostitutes often report having had poor relationships with their parents and other family members and have begun as prostitutes as young as 9 to 12 years of age. Many of these children report being the victims of incest before running away. Both male and

female, but especially females, report feeling worthless and easily exploited by pimps who praise their sexual worth. Police have estimated that “a runaway seeking to exist on the streets of a city will be driven to prostitution within four days" (Crosson-Tower, p. 204). Whereas girls seek attention and praise, boys usually cite money as the primary factor for choosing prostitution. Child prostitutes are less likely to walk the streets, because they would be easily spotted. Their pimps often set up private appointments for them, transporting them from one city to another every few weeks. Bordellos are often used to house these children, allowing them to service more customers each day. There is a significant threat of sexually transmitted diseases, and high use of drugs and alcohol to help them overcome any feelings. Child prostitutes often have short lives.

When a child turns up missing, it is often the fear that they have been abducted or enticed into such a living situation as child sex trafficking or prostitution. The National Center for Missing and Exploited Children has a great deal of information available. Once society recognizes the need to join forces, we can help ensure the protection of our children. To learn more, visit http://www.missingkids.com or National Center for Missing and Exploited Children.

3.10: HOW CAN WE HELP STOP SEXUAL ABUSE?

Awareness of a problem by the public goes a long way in preventing the problem. If people are aware of times when children are vulnerable, they can act to decrease the vulnerability. Education of children and the general public is a first step in protecting our children. Bystanders can make a difference by becoming aware and by standing up for what is right. If we create a culture where this type of behavior is not tolerated, it will reduce in frequency. It starts by having the courage to start talking about difficult topics.

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3.11: REFERENCES AND FURTHER READING

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Further Reading & Additional Resources:

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U.S. Department of Health and Human Services. "Child Maltreatment 2019."

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Books and Comprehensive Reviews

Crosson-Tower, C. (2019). Understanding Child Abuse and Neglect. Pearson.

A comprehensive book that covers various aspects of child abuse, including sexual abuse.

Finkelhor, D. (2014). Childhood Victimization: Violence, Crime, and Abuse in the Lives of Young People. Oxford University Press.

This book provides an in-depth look at the various forms of victimization that children face, including sexual abuse.

Additional Online Resources

National Sexual Violence Resource Center (NSVRC). "Child Sexual Abuse Prevention."

Available at: NSVRC

World Health Organization (WHO). "Responding to Children and Adolescents who have been Sexually Abused: WHO Clinical Guidelines."

Available at: WHO

Additional Suggested Multimedia Resources

The Sound of Freedom. (2023). Jim Caviezel. Executive Producer: Mel Gibson. Angel Studios.

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4: CHAPTER 4 - WHAT IS CHILD ABUSE? - PSYCHOLOGICAL, VERBAL AND EMOTIONAL ABUSE

4.1: Introduction and Learning Objectives
4.2: Effects of Domestic Violence on Children
4.3: Ritualistic Abuse
4.4: Long-term Effects of Psychological, Verbal, and Emotional Abuse
4.5: Social and Emotional Development
4.6: References and Further Reading

4.1: INTRODUCTION AND LEARNING OBJECTIVES

Emotional, Psychological and Verbal abuse against children are the most difficult types of abuse to prove in court. This difficulty in no way minimizes the dramatic impact this abuse has on its victims. The scars left by this type of abuse may not be visible on the child's body, but they are often deep-rooted and long-lasting in the child's soul. These types of abuse are often thought of as the most damaging; it is easier for a bone to heal than for a child to develop the ability to bond or trust, when they have suffered this type of abuse. This chapter will explore these abuses, their impacts on victims and what can be done to help the child overcome these effects.

LEARNING OBJECTIVES

By the completion of this module, students should be able to:

- Identify, define and provide examples of emotional, psychological and verbal abuse.
- Identify outcomes of these types of abuse.
- Identify risk factors for children becoming victims.
- Describe what might lead individuals to abuse a child in this way.
- Describe how emotional and psychological abuse is detected and the role various professionals play in helping the child.

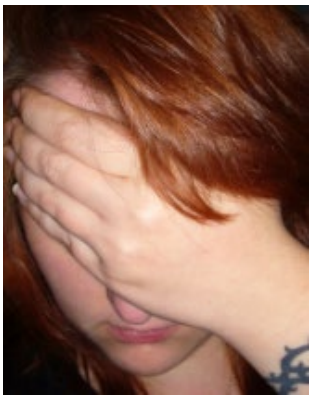
WHAT IS PSYCHOLOGICAL MALTREATMENT?

What we know as emotional abuse goes by many terms. For the purposes of this text, we will utilize the following differentiation: (Crosson-Tower, p. 213)

“**Emotional abuse** is the sustained, repetitive, inappropriate emotional response to the child’s expression of emotion and its accompanying expressive behavior. “

"**Psychological abuse** is the sustained, repetitive, inappropriate behavior which damages, or substantially reduces, the creative and developmental potential of crucially important mental faculties and mental processes of a child; these include intelligence, memory, recognition,

perception, attention, language and moral development. ... psychologically abusive behavior is that which implies rejection or in some manner impedes the development of a child's positive self-concept."



"(2/365) Ow headache..." by Sarah G is licensed under CC BY 2.0.

Both of these forms of psychological maltreatment may include non-physical behaviors intended to control or frighten a person. Whatever the term used, psychological, emotional and verbal abuse or neglect of children has long lasting effects. This includes rejecting, isolating, terrorizing, ignoring, and corrupting a child. Because children view their possessions and pets as an extension of themselves, perpetrators abusing or destroying possessions and pets may also be seen as committing abuse toward the child.

"Headache" by Lel4nd is licensed under CC BY 2.0.

Psychological maltreatment and emotional abuse remain the most difficult type to define or isolate. Although the damage may not be visible in x-rays or by examination of the body, the emotional and psychological maltreatment leaves scars much harder to heal than a broken bone or burn might. Emotional and psychological abuse underlies all types of abuse and neglect, but may also exist on its own. **Emotional and psychological abuse** includes verbal or emotional assaults, threatened harm, close confinement, etc. **Emotional and psychological neglect** includes inadequate nurturance, inadequate affection, refusal to provide adequate care, or knowingly allowing maladaptive behavior such as delinquency or drug abuse. In many situations parents are both abusive and neglectful; it is sometimes difficult to tell one from the other.

Psychological or emotional maltreatment is not generally an isolated incident. A pattern of destructive behavior is established between the perpetrator and the victim. Perpetrators may select one child as their chosen victim while allowing other children to live seemingly normal lives. This destructive behavioral pattern may include: (Crosson-Tower, p. 212)

- Rejecting (the adult refuses to acknowledge the child's worth and legitimacy of their needs).
- Isolating (the adult isolates the child from normal social experiences, preventing the child from forming friendships or alliances, and makes the child believe that he or she is all alone in the world).
- Terrorizing (the adult verbally assaults the child, creating a climate of fear; the adult bullies and frightens the child, and makes the child believe that the world is hostile and unsafe).
- Ignoring (the adult blocks the child from having any form of stimulation, stifling the child's emotional growth and intellectual development).
- Corrupting (the adult encourages the child to engage in destructive and antisocial behavior, reinforcing the child's deviance and making the child unfit for normal social experiences).
- Destruction (the adult destroys personal possessions or tortures or destroys the child's loved pet, both seen by the child as an extension of him or herself).

Emotional or psychological maltreatment is the most difficult type of abuse to prove in court. In order to do so, there must be three observable components:

1. identifiable parent (or other adult) behavior;
2. demonstrated harm to the child;
3. causal link between the parental (or other adult) behavior and the harm to the child.

Child Protective Services looks for proof that the abuse has occurred and may rely on testimony of patterns by those who work with the child.

4.2: EFFECTS OF DOMESTIC VIOLENCE ON CHILDREN

Children who live through domestic violence situations can also become victims of the abuse or become an abuser later in life. But allowing children to live in homes with domestic violence is also a form of abuse.

The **effects of domestic violence on children** have a tremendous impact on the well-being and developmental growth of children witnessing it. Children can be exposed to domestic violence in a multitude of ways and goes beyond witnessing or overhearing,[1] although there is disagreement in how it should be measured.[2] Children who are exposed to domestic violence in the home often believe that they are to blame, live in a constant state of fear, and are 15 times more likely to be victims of child abuse. Close observation during an interaction can alert providers to the need for further investigation and intervention, such as[3] dysfunctions in the physical, behavioral,

emotional, and social areas of life, and can aid in early intervention and assistance for child victims.

SYMPTOMS CHILDREN MAY HAVE WHILE EXPOSED TO DOMESTIC VIOLENCE:

PHYSICAL SYMPTOMS

In general, children who are exposed to domestic violence in the home can suffer an immense amount of physical symptoms along with their emotional and behavioral state of despair. These children may complain of general aches and pain, such as headaches and stomach aches. They may also have irritable and irregular bowel habits, cold sores, and problems with bed-wetting. These complaints have been associated with depressive disorders in children, a common emotional effect of domestic violence. Along with these general complaints of not feeling well, children exposed to domestic violence may also appear nervous, as previously mentioned, and have short attention spans. These children display some of the same symptoms as children who have been diagnosed with attention deficit hyperactivity disorder (ADHD). On the reverse, these children may show symptoms of fatigue and constant tiredness. They may fall asleep in school due to the lack of sleep at home. Much of their night may be spent listening to or witnessing violence within the home. Children who are victims of domestic violence are often frequently ill, and may suffer from poor personal hygiene. Children exposed to domestic violence also have a tendency to partake in high risk play activities, self-abuse, and suicide.[4]

PRENATAL

The physical effects of domestic violence on children, unlike the effects of direct abuse, can start when they are a fetus in their mother's womb, which can result in low infant birth weights, premature birth, excessive bleeding, and fetal death due to the mother's physical trauma and emotional stress. Increased maternal stress during the times of abuse, especially when combined with smoking and drug abuse, can also lead to premature deliveries and low weight babies.[5]

INFANTS

Infant children who are present in the home where domestic violence occurs often fall victim to being "caught in the crossfire." They may suffer physical injuries from unintentional trauma as their parent is suffering from abuse. Infants may be inconsolable and irritable, have a lack of responsiveness secondary to lacking the emotional and physical attachment to their mother, have developmental delays, and have excessive diarrhea from both trauma and stress. Infants are most affected by the environment of abuse because their brain hasn't fully developed.

OLDER CHILDREN

Physical effects of exposure to domestic violence in older children are less evident than behavioral and emotional effects. The trauma that children experience when they are exposed to domestic violence in the home, plays a major role in their development and physical well-being.

Older children can sometimes turn the stress towards behavioral problems. Sometimes children who are exposed to the abuse turn to drugs, hoping to take the pain away. The children, however, will exhibit physical symptoms associated with their behavioral or emotional problems, such as being withdrawn from those around them, becoming non-verbal, and exhibiting regressed behaviors such as being clingy and whiney. Anxiety often accompanies a physical symptom in children who are exposed to domestic violence in the home. If their anxiety progresses to more physical symptoms, they may show signs of tiredness from lack of sleep and weight and nutritional changes from poor eating habits.[6]

ASSESSMENT

Children who are exposed to domestic violence in the home should be assessed for the physical effects and physical injuries. However, it is important to note that physical changes in eating habits, sleeping patterns, or bowel patterns may be difficult to evaluate by a professional.

BEHAVIORAL SYMPTOMS

Children exposed to domestic violence are likely to develop behavioral problems, such as regressing, exhibiting out of control behavior,[4] and imitating behaviors. Children may think that violence is an acceptable behavior of intimate relationships and become either the victim or the abuser. Some warning signs are bed-wetting, nightmares, distrust of adults, acting tough, having problems becoming attached to other people, and isolating themselves from their close friends and family. Another behavioral response to domestic violence may be that the child may lie in order to avoid confrontation and excessive attention-getting.[7]

A source that supports the stated behavioral effects of domestic violence on children is a study that has been done by Albert Bandura (1977). The study that was presented was about introducing children to a role model that is aggressive, non-aggressive, and a control group that showed no role model. This study is called, "The Bobo Doll Experiment", the experiment influenced the children to act similar to their role model towards the doll itself. The children who were exposed to violence acted with aggression, the children who were exposed to a non-aggressive environment were quite friendly. As a result, children can be highly influenced by what is going on in their environment.[8]

Adolescents are in jeopardy of academic failure, school drop-out, and substance abuse.[9]

Their behavior is often guarded and secretive about their family members and they may become embarrassed about their home situation. Adolescents generally don't like to invite friends over and they spend their free time away from home. Denial and aggression are their major forms of problem-solving. Teens cope with domestic violence by blaming others, encountering violence in a relationship or by running away from home.[9]

PHYSICAL SYMPTOMS

Physical symptoms are a major effect on children due to parental domestic violence. In a study, 52% of 59 children yelled from another room, 53% of 60 children yelled from the same room, a handful actually called someone for help, and some just became significantly involved themselves during the abusive occurrence.

When the violent situation is at its peak and a child tries to intervene, logically a person would have thought that in order to save their child from harm, parents would control themselves, however, statistics show otherwise. It is said that about 50% of the abusers also end up abusing their children. Another alarming statistic is that 25% of the victims of the abusive relationship also tend to get violent with their children. The violence imposed on these children can in some cases be life-threatening. If a parent is pregnant during the abuse, the unborn child is at risk of lifelong impairments or at risk of life itself. Researchers have studied, amongst perinatal and neonatal statistics, mothers who experience domestic violence had more than double the risk of child mortality.

EMOTIONAL SYMPTOMS

Children exposed to violence in their home often have conflicting feelings towards their parents. For instance, distrust and affection often coexist for the abuser. The child becomes overprotective of the victim and feels sorry for them.[11]

They often develop anxiety, fearing that they may be injured or abandoned, that the child's parent being abused will be injured, or that they are to blame for the violence that is occurring in their homes.[12] Grief, shame, and low self-esteem are common emotions that children exposed to domestic violence experience.[12]

DEPRESSION

Depression is a common problem for children who experience domestic violence. The child often feels helpless and powerless. More girls internalize their emotions and show signs of depression than boys. Boys are more apt to act out with aggression and hostility.[12] Exposure to violence in the home can give the child the idea that nothing is safe in the world and that they are not worth being kept safe which contributes to their feelings of low self-worth and depression.

ANGER

Some children act out through anger and are more aggressive than other children. Even in situations that do not call for it, children will respond with anger.[13] Children and young people particularly highlighted angry feelings as a consequence of experiencing domestic violence.[14] Physical aggression can also manifest towards the victim from the children as the victim does not have the ability to develop authority and control over them.[15]

POST-TRAUMATIC STRESS DISORDER

Post-traumatic stress disorder (PTSD) can result in children from exposure to domestic violence. Symptoms of this are nightmares, insomnia, anxiety, increased alertness to the environment, having problems concentrating, and can lead to physical symptoms.[16] If the child experiences chronic early maltreatment within the caregiving relationship, then complex PTSD can result.

ROLE REVERSAL

There is sometimes role reversal between the child and the parent and the responsibilities of the victim who is emotionally and psychologically dysfunctional are transferred to the child.[17] In this situation, the parents treat their child as a therapist or confidant, and not as their child.

They are forced to mature faster than the average child. They take on household responsibilities such as cooking, cleaning, and caring for younger siblings.[18] The responsibilities that they take on are beyond normally assigned chores and are not age appropriate. The child becomes socially isolated and is not able to participate in activities that are normal for a child their age. The parentified child is at risk for becoming involved in rocky relationships because they have been isolated and are not experienced at forming successful relationships. Also, they tend to become perfectionists because they are forced to live up to such high expectations for their parents.[19]

SOCIAL SYMPTOMS

Children exposed to domestic violence frequently do not have the foundation of safety and security that is normally provided by the family. The children experience a desensitization to aggressive behavior, poor anger management, poor problem solving skills, and learn to engage in exploitative relationships.[4]

- Symptoms include isolation from friends and relatives in an effort to stay close to siblings and victimized parent.[4]
- The adolescent may display these symptoms by joining a gang or becoming involved in dating relationships that mimic the learned behavior.[4]

Children exposed to domestic violence require a safe nurturing environment and the space and respect to progress at their own pace. The caretaker should provide reassurance and an increased sense of security by providing explanations and comfort for the things that worry the children, like loud noises.[11] Children should develop and maintain positive contact with significant others such as distant family members.[11] All family members are encouraged to become involved in community organizations designed to assist families in domestic violence situations.

EFFECTS ON INFANTS AND TODDLERS

"Toddler in Fright" is in the public domain.

Children exposed to domestic violence at infancy often experience an inability to bond and form secure attachments, often resulting in intensified startled reactions and an inhibited sense of exploration and play.[11]

Children may portray a wide range of reactions to the exposure of domestic violence in their home. The preschool and kindergarten child does not understand the meaning of the abuse and may believe they did something wrong, this self-blame may cause the child feelings of guilt, worry, and anxiety.[20] Younger children do not have the ability to express their feelings verbally and these emotions can cause behavioral problems. They may become withdrawn, non-verbal, and have regressed behaviors such as clinging and whining. Other common behaviors for a child being a victim of domestic violence are eating and sleeping difficulty, and concentration problems.[21]

Preschoolers living with violence internalize the learned gender roles associated with victimization, for instance seeing males as perpetrators and females as victims.[11] This symptom presents itself as the preschooler imitating learned behaviors of intimidation and abuse. The preschooler may present with aggressive behavior, lashing out, defensive behavior, or extreme separation anxiety from the primary caregiver.[22]

Statistics show that a child who is exposed to violence between their parents or guardians is more likely to carry on violent behaviors in their own adult lives. "Even when child witnesses do not suffer physical injury, the emotional consequences of viewing or hearing violent acts are severe and long-lasting. In fact, children who witness violence often experience many of the same symptoms and lasting effects as children who are victims of violence themselves, including [PTSD]." Also in the article Breaking the Cycle of Violence, "it is clearly in the best interest of the child and criminal justice system to handle child victims and witnesses in the most effective and sensitive manner possible.

A number of studies have found the following: reducing the number of interviews of children can minimize psychological harm to child victims (Tedesco & Schnell, 1987); testifying is not necessarily harmful to children if adequate preparation is conducted (Goodman et al., 1992; Oates et al., 1995; Whitcomb, Goodman, Runyon, and Hoak, 1994); and, having a trusted person help the

child prepare for court and be with the child when he or she testified reduced the anxiety of the child (Henry, 1997).[23]

Effects on exposed infants

- Cries excessively, screaming
- Digestive problems
- Failure to thrive
- Feeding and sleeping routines are disrupted
- Frequent illness
- Irritability, sadness, anxiety
- Low weight
- Need for attachment is disrupted
- No appetite
- Sleeping problems
- Startles easily[24]

Effects on exposed toddlers

- Insomnia and parasomnias
- Lack feelings of safety
- Regressive behaviors
- Separation/stranger anxiety

DUAL EXPOSURE

It is important to note that children exposed to domestic violence are more at risk for other forms of maltreatment such as physical abuse and neglect. Research suggests that parents who are violent with one another are at higher risk for physically abusing their children.[25] Recent research has proposed that the consequences of child abuse and domestic violence exposure are often similar and mimic one another.

Children who are abused and exposed to domestic violence exhibit emotional, psychological, and behavioral consequences that are almost identical to one another. In fact, some researchers refer to this dual exposure as the "double whammy" effect because children receive double exposure to traumatic events and thus react twofold to the abuse and exposure to domestic violence. Emotionally, children who experience the "double whammy" effect can exhibit fear, guilt, isolation, and low self-esteem. Additional psychological outcomes for these children include depression, anxiety, and even post-traumatic stress disorder (PTSD).[26] Children who experience dual exposure to both physical abuse and domestic violence possess more behavioral problems than those who experience only one or the other.[27]

The long-term effects of dual exposure in young children can have very negative outcomes later in life. These outcomes have been documented as leading to behavioral problems that include school dropout, violence, teen pregnancy, substance abuse, eating disorders, and even suicide attempts.[26] A study following children from preschool through adolescence found that young children exposed to domestic violence and child abuse were more likely to experience anti-social behaviors in their adolescence.

Young children exposed to both domestic violence and child abuse were also more likely to commit an assault and participate in delinquent behavior in their adolescence than those not exposed at all.[27] Lastly, the Adverse Childhood Experiences study (ACE) found a connection between multiple categories of childhood trauma (e.g., child abuse, household dysfunction including domestic violence, and child neglect) and health/behavioral outcomes later in life. The more traumas a child was exposed to, the greater risk for disabilities, social problems, and adverse health outcomes. More recently, researchers have used elements of this model to continue analysis into different aspects of trauma, stressful experiences, and later development.[28]

WAYS TO HELP

The ways to help victims of domestic violence are:[29]

- Arranging school age children to receive counseling from professionals at their school, often school counselors.
- Experimenting with various types of counseling: play therapy, peer support groups, anger management classes, and safety programs to teach kids how to extract themselves from dangerous situations.
- Finding a loving and supportive adult to introduce to the child and encourage the child to spend as much time regularly with the adult. This may include a trusted family member or community advocate. The Family Violence Defense Fund reports that the single most important ingredient to help children heal and develop resiliency is the presence of a loving adult.
- Providing a safe environment that does not include violence in any form after a child has been exposed to domestic violence.
- Finding ways to discipline that do not involve hitting, name-calling, yelling or any form of verbally aggressive behavior.
- Helping children create a sense of safety by having scheduled routines, such as regular meals and homework times.

4.3: RITUALISTIC ABUSE

Hollywood and the cultural media have made movies and shows featuring a ritualistic sacrifice of a young virgin child to the gods, usually by throwing the child into a volcano. Although this may not

occur frequently in our country, there are occasional instances where children are ritualistically abused. This may occur in cults, gangs, or other misguided groups who ritualistically impart harm on children.

Ritual-Abuse torture is perpetrated against children of all ages. If victimized children are not identified and rescued, they may become captive, enslaved adult victims. This abuse occurs in houses, warehouses, inside or outside, and in any location that is safe for the perpetrators. This abuse may be masked by referring to it as “ceremonies” or “rituals”, and by starting when the victim is an infant so they don’t know anything different. Victims may grow to feel ashamed, guilty or confused and may show behaviors similar to those of other abuse victims.

Although this abuse typically can be classified as sexual or physical abuse, the emotional and psychological aspects often last a lifetime for the children. It is imperative that these children receive the psychological services and support needed to overcome such horrific maltreatment.

4.4: LONG-TERM EFFECTS OF PSYCHOLOGICAL, VERBAL, AND EMOTIONAL ABUSE

Psychological, verbal and emotional abuse have lasting effects on those involved. A closer examination of the lasting effects on those who experienced this type of abuse as children reveal significant impacts on mental health, social and emotional development and academic performance. Some of these effects are discussed below.

MENTAL HEALTH IMPACTS

Emotional and psychological abuse, though often invisible, leaves profound scars on the minds of its victims. The relentless barrage of harmful words and actions can erode a child's sense of self-worth and security, laying a precarious foundation for a host of mental health disorders. Victims often find themselves grappling with chronic depression, a shadow that darkens their every day and robs them of joy and hope. Anxiety may become a constant companion, as the unpredictability of their abusers' actions leads to a persistent state of fear and hyper-vigilance. For some, the trauma is so severe that it manifests as Post-Traumatic Stress Disorder (PTSD), where flashbacks, nightmares, and severe emotional distress become part of their daily existence. Additionally, the disruption of normal emotional development can contribute to the emergence of personality disorders, as the child struggles to form a coherent and stable sense of identity. The mind, much like a garden, needs nurturing and care; when it is repeatedly trampled upon, the growth becomes stunted, and the weeds of mental illness take root.

4.5: SOCIAL AND EMOTIONAL DEVELOPMENT

The impacts of psychological and verbal abuse ripple through a child's social and emotional development, often causing lifelong difficulties.

These children might struggle to form and maintain relationships, finding it hard to trust others or to believe that they are worthy of love and friendship. Their social interactions are often marked by fear of rejection and a deep-seated belief that they are inherently flawed or unlovable. This can lead to either extreme withdrawal, where the child isolates themselves to avoid potential hurt, or to aggressive behaviors, where they push others away before they can be rejected. The abuse disrupts their ability to develop healthy coping mechanisms, leaving them ill-equipped to handle the challenges of life. Self-esteem takes a severe hit, as the child internalizes the negative messages received from their abuser. They may view themselves as worthless, leading to a cycle of self-criticism and self-doubt that can be extremely hard to break. (For a case study that illustrates this well, consider reading *Building the Bonds of Attachment: Awakening Love in Deeply Troubled Children*, by: Daniel A. Hughes.)

ACADEMIC PERFORMANCE

The detrimental effects of emotional and psychological abuse extend into the academic realm, where the ability to learn and thrive is significantly impaired. Cognitive functions such as memory, attention, and problem-solving are often compromised, making it difficult for these children to concentrate on their studies and retain information. The classroom, which should be a place of growth and discovery, becomes another battleground where they fight to keep up with their peers. Lack of social skills and understanding of social norms further set them apart from their peers, which has a domino effect on their academic performance. Learning difficulties become prevalent, and the frustration of falling behind can further diminish their already fragile self-esteem. Hypervigilance, lack of supportive home life and other factors wreak havoc on what should be a positive time of development. This academic struggle is not merely about grades; it affects their overall sense of competence and can limit future opportunities. The stress and anxiety stemming from their abusive environment seep into their school life, creating a pervasive sense of failure and hopelessness; this often results in anger and behavior difficulties. Without proper support and intervention, the cycle of abuse can perpetuate, setting the stage for ongoing academic, professional, legal and socio-economic challenges.

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Effects of Domestic Violence on Children Feelings and Behavior

UNICEF - Behind Closed Doors: The Impact of Domestic Violence on Children Archived 2012-01-31 at the Wayback Machine

5: CHAPTER 5 - WHAT IS CHILD NEGLECT? - PHYSICAL, EDUCATIONAL AND EMOTIONAL NEGLECT

5.1: Introduction and Learning Objectives
5.2: Neglect Goes Much Deeper
5.3: What is Emotional Neglect?
5.4: What Causes an Adult to Neglect a Child?
5.5: What Effect Does Neglect Have on Children?
5.6: Attachment Disorders
5.7: How Can We Break the Cycle of Child Neglect?
5.8: References and Further Reading

5.1: INTRODUCTION AND LEARNING OBJECTIVES

Child neglect happens because of the failure of parents or other adults to meet the basic human needs of a child. There are many factors that cause children to be neglected, some cultural, some ecological, and others individual. Neglectful parents are sometimes acting out of what they lacked as a child themselves. They tend to be isolated, have difficulty maintaining relationships, emotionally and verbally inaccessible, lack knowledge and judgment, and lack the maturation needed to effectively parent their own children. Children who have been neglected may demonstrate poor large and small motor skills, slowed growth cognitively and physically, delayed language development, unattended medical problems, malnutrition, flat emotional affect, miss educational opportunities, etc. They also may be socially and emotionally delayed. Society must first understand child neglect before it can work to break the cycle.

LEARNING OBJECTIVES

By the completion of this module, students should be able to:

- Describe the various types of child neglect.
- Identify situations or traits which may lead to parents neglecting their children.
- Describe the harmful outcomes to children, caused by neglect.
- Discuss potential ways to break the cycle of child neglect.

What Is Child Neglect?

Child neglect, itself, has been a neglected topic in the research and treatment of child maltreatment. Neglect is more difficult to identify and prove than is physical or sexual child abuse. Neglect tends to be a long-term situation, often centered in problems much larger than the child. Because of this, intervention in neglectful situations is a gradual process of teaching parents how to meet the needs of their child. Child neglect does not know socioeconomic levels. Child neglect is something that happens in all walks of life.

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WHAT IS NEGLECT?

Before we can fully understand the neglect of children, we must first define what it means. This area of child maltreatment has been understudied and tends to be blurred in definition. Generally speaking, child neglect refers to a parent's failure to meet the basic needs of their child. These needs may be:

- **Physical** - providing for the physical needs, food, exercise, clothing, shelter, etc.
- **Educational** - ensuring the child goes to school or is homeschooled, and that their education is otherwise supported appropriately
- **Emotional** - ensuring that the child is emotionally cared for, listened to and develops feelings of self-worth **medical** - immunizations, well-child check-ups, infections and diseases, etc. are appropriately and promptly provided for; parent takes the child to the doctor as needed
- **Mental health** - The child is exposed to examples of appropriate mental health, and is seen by mental health professionals if and when needed

Various researchers have further divided each of these areas; for the purposes of this class, we will keep our definition streamlined.

In the 1960s, Norman Polansky and colleagues conducted extensive research on urban and rural neglectful mothers. Although both mothers and fathers may be considered neglectful, in the 1960s especially, the mothers tended to be the ones raising the children. Polansky, et al developed the Childhood Level of Living Scale (CLL) a tool to indicate whether or not children were being neglected. This instrument remains one of the more comprehensive available, although it lacks cultural sensitivity. This culturally biased instrument may be used today but must be used with cultural and other considerations. The definition of neglect is heavily influenced by the accepted norms of society at a given time.

5.2: NEGLECT GOES MUCH DEEPER

The Center on the Developing Child at Harvard University states, "Extensive biological and developmental research shows significant neglect—the ongoing disruption or significant absence of caregiver responsiveness—can cause more lasting harm to a young child's development than overt physical abuse, including subsequent cognitive delays, impairments in executive functioning, and disruptions of the body's stress response. Significant deprivation is incredibly harmful in the earliest years of life. Effective interventions are likely to pay significant dividends in better long-term outcomes in learning, health, and parenting of the next generation." (https://developingchild.harvard.edu)

An infant's one super-power is to admire the adults who care for them, encouraging the care cycle to continue. What happens, though, when the adults DON'T care for the child... DON'T model and return that love and affection? The child begins to doubt its own self-worth. The child begins to feel all alone in the world and starts to believe that the world can't be trusted. (How Unloving Parents Generate Self-Hating Children).

Children who experience physical, cognitive or emotional neglect often face anxiety. As a result, their body produces stress hormones. If this happens a lot, these hormones become toxic for their developing brain, which then later can repress emotional and cognitive well-being for life.

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CASE STUDY:

In 1966, the country of Romania wanted to increase its population to become a stronger country. Many families were unable to care for their numerous children, and about a half-million children were sent to state-run orphanages. These institutions lacked toys, nutritional food and other necessities to stimulate physical and cognitive development. There weren't enough caring adults to care for the children and many resorted to authority-driven punishment to control the children's behavior; social, emotional and cognitive development were negatively impacted.

These children were found to have lower IQ scores, delayed language development and a lack of creative thinking. Without enriching experiences in their first years of life, these children's brains could not build the neurological connections needed for optional future learning. Many children suffered from stunted growth.

Excess stress hormones of adrenaline and cortisol caused the children to continuously live in a state of toxic stress. This, combined with neglect and a distorted understanding of love and human relationships, taught the children to trust nobody. Researchers found that these children grew up to suffer from depression, insomnia, social anxiety, and physically smaller brain mass. From this, researchers learned that nutrition, stimulation and caring human contact are all needed for a child to develop appropriately.

(Neglect & Trauma: The Lives of the Forgotten Children).

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5.3: WHAT IS EMOTIONAL NEGLECT?

Not all abuse is immediately visible. Some take the shape of neglect. Child Emotional Neglect can be as bad or worse than outright physical or other abuse. The School of Life states that "Emotional neglect - the withholding of parental love during childhood - can have a psychological impact no less profound than other forms of abuse. Before we can start to recover, we first need to acknowledge the scale of its effects." (theschooloflife.com) For these children, nobody smiles at or acknowledges them. Nobody listens to their recounts of their day. No one remembers their toy's name, listens to their joys or sorrows, or pays any attention to them or what is important to them. (What Is Emotional Neglect? And How to Cope).

The School of Life goes on to state that "a lot of our adult problems come down to varieties of emotional neglect suffered in childhood." Another well recognized study gives us insight into the vulnerability of and need for love in young children. *The Still Face Experiment*, devised by Professor Ed Tronick in the 1970s, had a young mother bring her infant into the observation room. The child, sitting in a baby carrier seat, and the mother played "serve and return" style play, using eyes, voices and hands. Then, the mother was asked to look away and not interact or respond to the child's attempts at interaction.

The child tried everything in his power to get the mother to respond, ultimately becoming fussy and crying. This only took a few moments. The mother then reengaged her attention and interacted as before with the child, until the child was soothed. The pair then continued their previous serve-and-return play. This study illustrated how dependent children are to interactions with others. Imagine if a child lived for hours, days or longer without the serve-and-return type of play and interaction... they would become isolated and maladjusted. This would be an example of emotional neglect.

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MULTIMEDIA EXAMPLE:

Click out to watch this UMass Boston Developmental Sciences at UMass Boston for footage of the still face experiment (still under its original copyright): https://youtu.be/vmE3NfB_HhE?si=8e8TYddaeDMd_xl

Click out to watch this Still Face with Dad's by the Children's Institute (still under its original copyright): https://youtu.be/7Pcr1Rmr1rM?si=M1nRlwKGS7uK8LiO

5.4: WHAT CAUSES AN ADULT TO NEGLECT A CHILD?

ECONOMIC REASONS

Society typically pairs the idea of child neglect with poverty. In actuality, neglect happens in all socioeconomic levels but is less likely to be reported and noticed in middle- or upper-class families. A young child who returns home to an empty house, lets him or herself in, prepares their own meals, and sometimes puts themselves to bed, would be considered to be neglected. If this child lives in a middle- or upper-class neighborhood, it is very likely that nobody has noticed. The child may be well groomed, have good clothes, have lots of toys and electronics, but still be lacking the emotional and supervision pieces required for proper development. In a poor neighborhood, where the clothes, toys and food may be lacking, this child's situation is more likely to be noticed by others.

"Money" by Crash Test Mike is licensed under CC BY-NC-SA 2.0.

This brings forth the age-old question... Which came first, poverty or neglect? Does the parent's inability to behave in a responsible way cause them to live in poverty, or does the fact that they live in poverty influence their inability to care properly for their child? Those families living in poverty tend to be more involved with social services than do those families living in a higher socioeconomic level. The involvement of social services means more people are watching what occurs in a family. When more people are watching, they tend to suspect and notice things like child neglect. Although neglect happens at all socioeconomic levels, it is more often reported for those who live in poverty.

ECOLOGICAL CAUSES

Again, the question becomes which came first, poverty or neglect? “Does the low morale of unfriendly, poorly kept neighborhoods severely stress parents and zap their strength for adequate childcare? Or does the obvious lethargy in those unable to parent lead to other undone tasks, such as proper housekeeping and adequate home repair, and to the inability to support and communicate with neighbors? Do neighborhoods fail to understand the practices of newly immigrated parents and therefore isolate them? If a parent’s ability to care for their children is influenced by the total social context in which they live, then feeling unsupported by their surroundings could well create parents who neglect.” (Crosson-Tower, 2010, pp. 74-75) How does society contribute to neglect? Generational customs, the cost of adequate housing, employment issues, affordable quality childcare, and many other societal issues contribute to the ecological causes of child neglect.

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PERSONAL AND INDIVIDUAL CAUSES

Researchers have found that the roots of neglectful parents tie back to the parent's development and the way in which he or she has learned to process certain information. As individuals, we tend to process information with cognition (information that tells us what actions will cause what effects) and with affect (experiences in feeling that motivate protective or affectionate behavior; this promotes exploration and learning).

Parents who neglect the needs of their children may feel isolated and have difficulty forming relationships or carrying on the routine tasks involved with everyday life. They may feel anger or sadness over their own childhood needs which went unmet and find it impossible to recognize and meet the needs of their children. They may see nothing wrong with what they are doing, as it is all they know. The same type of parent has a low success rate in maintaining lasting adult relationships with partners and tends to be a single parent of many children as a consequence. These parents may discipline their children out of their own need for peace and quiet, rather than a concern for what their child is doing. Researcher Polansky and various colleagues (1991) studied the personality traits of mothers considered to be neglectful of their children. They identified the following:

- **Apathetic – Futile** (These mothers seem to have given up on living, be withdrawn, and feel that nothing is worth doing. Why should they wash the clothes? The kids will just get them dirty again.)
- **Impulse Ridden** (These mothers have a low tolerance for any frustration and seem unable to deal with delayed gratification. They use very poor judgment. They may be high energy but focus that on meeting their own needs and desires rather than those of their children. Children learn they cannot trust anyone or anything for consistency.)
- **Mentally Delayed** (These mothers may operate at a much younger cognitive level than their chronological level indicates. They may or may not be able to care for a child if they have added support services to help.)

- **Reactive-Depressive** (The mother is unable to adjust to some part of her life and is triggered into a depression. She is unable to come out of it and care for her children.)
- **Psychotic** (Parents who are psychotic are not able to consistently care for their children's needs. When hallucinating, the parent may not even be conscious of the child's presence. A very low percentage of neglectful parents are psychotic, but those who are will likely need medication and services to support any parenting efforts.)

Researchers have theorized that there are three basic styles of neglect, based on how parents process information (Crittendon, 1999):

- **Disorganized Neglect** (Inconsistency, living from crisis to crisis. These families have many problems. Feelings are dominant with minimal cognition present. Crisis becomes a way of life; children learn to be explosive and dramatic with any requests in order to get attention.)
- **Emotional Neglect** (These families are on the opposite end of the spectrum from those families in disorganized neglect. These families are unable to make emotional connections with others, are emotionally unavailable to their children, and make exclusive use of cognition. The children learn not to express any feelings.)
- **Depressed Neglect** (Families of depressed neglect demonstrate an attitude that nothing is worth doing. They guard against both cognition and affect and appear withdrawn and dull.)

Other issues which may lead to child neglect include:

Substance abuse - Parents under the influence of drugs or alcohol are not fully available to be adequate parents and meet the needs of their children. When this is a pattern, children are physically, emotionally and otherwise harmed. When expectant mothers abuse substances, their children are likely to be born prematurely. The children may also have been exposed to infectious diseases, be HIV infected, and may demonstrate signs of fetal alcohol syndrome, failure to thrive, intrauterine growth retardation, or central nervous system disorders. Babies born exposed or addicted to substances have a greater tendency to die of Sudden Infant Death Syndrome. "Neurological disturbances may cause babies to demonstrate such symptoms as irritability, tremors, high-pitched crying, increased or decreased muscle tone, problems with sucking or frantic sucking, seizures, diarrhea, excessive vomiting, rapid and unusual movements, and disturbed sleep patterns. "(Crosson-Tower, 2010, p. 90) It is important to note that the HIV virus can be transmitted in utero, at delivery, and through breast milk. Although newborns may test negative initially, they may later show evidence of infection. Children born to non-abusing parents may start out fine and later feel the effects if their parents become substance abusers. Parents addicted to drugs or alcohol tend to neglect the basics of eating and sleeping and are unable to think about and care for the needs of themselves or others. In many cases, it appears that the young children are acting as the parents in caring for the adults.

Domestic Violence and Neglect - When families are caught up in a violent struggle between family members, they have little time or energy to take care of the needs of their children. Abusive parents may know little about their children's schedules, interests or ambitions. They may be

unaware of how their own violent behavior affects their children. The abused partner may be so focused on protecting him/herself that they are unable to recognize or meet the children's needs. The children are often caught in the middle and do whatever they can to make both parents happy, so they avoid further exposure to abuse. The older children typically take on the role of caregiver for younger siblings, even when the older children are very young themselves.

5.5: WHAT EFFECT DOES NEGLECT HAVE ON CHILDREN?

Neglect affects children in different ways, depending upon the type of neglect, duration and extreme of neglect, and the developmental level and age of the child. Neglect is not an isolated incident but is ongoing and often deeply seeded. Neglect usually involves the entire family. The children's Bureau conducted a study of child maltreatment reports in 2007; neglect affected the largest number of children, 59%.

INFANCY AND EARLY CHILDHOOD

Children neglected during infancy and early childhood may develop Nonorganic Failure to Thrive Syndrome (NFTT). Although once considered in the normal range, these children fall below the 5th percentile in weight and sometimes in height, meaning that 95% of babies their age weigh more than they do. These children also demonstrate delay in psychomotor development. NFTT may be caused by inexperienced parents not knowing how to properly feed their baby or not having enough money for formula and therefore diluting the formula too much. It may be caused by feelings of hostility or ambivalence toward the infant; infants pick up on this. Lack of family support, lack of knowledge, and lack of communication often add to the risk factors. Infants who are neglected may also show poor muscle tone or the inability to support their own body weight (as toddlers). They may have little confidence in their environment, or in their needs being met. They may be withdrawn, lack smiling and babble noises, and be unwilling to make eye contact. They may show signs of being left to lay in their crib for hours on end, including rashes and infections from lying in their own bodily waste.

The practice of "serve and return" begins at birth. It literally shapes the architecture of the brain when the child reacts to something (serve) and the parent notices and responds (return). When babies aren't noticed, they become stressed. The following has been discovered and reported by Harvard University's Center of the Developing Child:

- **Occasional Inattention** may present some benefits to helping the child learn to adjust and self-soothe; there is no harm in occasional inattention, as long as it is offset with attention.
- **Chronic Under-Stimulation** refers to less interaction than is needed by a child with others. This will have some delay effects on the child's development in multiple areas.
- **Severe Neglect** refers to not being physically cared for or interacted with. Severe neglect may lead to severe results in lack of development physically, cognitively, socially and emotionally. It may also lead to failure to thrive. Severe neglect is often found in

institutional settings, such as those described earlier in this text which occurred in Romania; unfortunately, severe neglect has occasionally been found in homes throughout the United States. (Harvard University Center of the Developing Child)

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YOUNG CHILDREN

Young children who have been neglected may show delay in motor skills, language development, social emotional development, attention span, ability to follow more than one step commands, poor skin clarity, distended stomach, emancipated limbs, etc.

These children may lack emotional stimulation and appear with flat affect or extreme passivity. When they go to school, staff and peers are likely to notice and complain that they are dirty, smell, and don't get along well with others. Children who have been neglected are never sure what they can depend upon. They tend to turn internally and depend only upon themselves. They have generally not been taught to develop an internal set of standards to do "what is right"; they respond to external stimuli of doing what they need to survive.

ADOLESCENTS

When adolescents are neglected, they typically do not stick around. If their needs are not being met, they are likely to strike out on their own, run away, or start their own family to escape their situation. This often just perpetuates the cycle of neglect.

5.6: ATTACHMENT DISORDERS

Reactive Attachment Disorder (RAD), and other attachment issues, are the direct result of not forming bonds and attachments in the first several months of life. These are often seen in children who have been abused and neglected, and who are placed in the Foster Care system. These children learn through their experiences that they can only depend on themselves... in their minds, they believe that to survive they must be in control.

Children with RAD fail to attach. They learn to depend only on themselves, and to use others as they feel the need for survival. This lack of attachment and using others goes well-beyond

egocentrism; it is calculated by the child for survival. Children with RAD are experts at manipulation for survival. They will use and abuse anyone in their path, as needed (in their mind) to survive and get what they want. These children have little to no remorse for any harm they may do. Some become obsessed with fire and the torture of animals, while others do not; those who do not are much easier to help. Children with RAD often present themselves as very sociable and charming with strangers; this is often misunderstood by non-suspecting adults (which the child uses to his/her advantage). These children tend to be fantastic at triangulation, creating stories, sneakiness, lying and any other manipulative technique imaginable to ensure their survival and coming out on top as the winner. Through all of this, caregivers must remember that THIS IS NOT THE CHILD'S FAULT. The child never developed attachment or learned to bond in a give-and-take relationship. Some well-known people who have presented as those with Reactive Attachment Disorder have included Adolf Hitler and Charles Manson, neither of whom received the help needed to overcome this lack of attachment. Another person was Helen Keller, who did receive the love and supportive treatment she needed in order to attach with others. Treatment makes a difference!

How can children with RAD be helped? Studies have shown that the most effective treatment is to take the child back to infancy when they should have formed this attachment. This is done by cuddling and rocking the child, allowing the child to suck on a bottle or hard candy, singing lullabies, and making lots of eye contact with the child. The child's environment needs to be ever positive, showing and reassuring them that it is OK to trust someone else. The goal is to help them form an attachment with another human being. Sucking on something, ingesting sugar, rocking and close loving contact all help a child's brain to calm down. These techniques can help take a child back to the stage where they should have developed this attachment, and dramatically increase their ability to bond and trust others.

5.7: HOW CAN WE BREAK THE CYCLE OF CHILD NEGLECT?

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WHAT CAN BE DONE ABOUT CHILD NEGLECT?

Child neglect is a form of child maltreatment and must be reported to authorities. Beyond that, neglect is often difficult to document, determine the cause of, and rectify. Neglect is a generational problem, passed from one generation to another. As we have learned in this module, neglectful parents often process information in a faulty way that makes communication very difficult. Add to this the fact that most social workers have extremely large caseloads already, and we have a better picture of this complex problem. In some cases, it is necessary to remove children from a neglectful situation, for the child's own well-being. The parent is all the child knows, however, and any rejection of their parents may be seen as a rejection of themselves. The parents must be provided with education and services to work with them in learning to be a better parent and meet the needs of their children. The cycle must be broken. Children with unmet needs will grow to be adults lacking emotional development. Child neglect is not an issue that is simple to fix. Much work must be done to break the cycle.

"Old school phone call" by zubrow is licensed under CC BY-NC 2.0.

5.8: REFERENCES AND FURTHER READING

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Books and Comprehensive Reviews

Dubowitz, H. (2013). Neglected Children: Research, Practice, and Policy. SAGE Publications.

This book provides an in-depth look at various aspects of child neglect, including research findings and practical applications.

Crosson-Tower, C. (2019). Understanding Child Abuse and Neglect. Pearson.

A comprehensive textbook that covers various aspects of child abuse and neglect, including physical, educational, and emotional neglect.

Online Resources

Child Welfare Information Gateway. "Child Neglect."

Available at: Child Welfare

National Child Traumatic Stress Network (NCTSN). "Child Neglect."

Available at: NCTSN

American Academy of Pediatrics (AAP). "Neglect: The Most Common Form of Child Maltreatment."

Available at: HealthyChildren.org

5.8: References and Further Reading is shared under a CC BY-NC 4.0 license and was authored, remixed, and/or curated by LibreTexts.

6: CHAPTER 6 - OTHER TYPES OF TRAUMAS

6.1: Introduction and Learning Objectives
6.2: Patterns of Stress
6.3: Generational Trauma
6.4: How Does Childhood Trauma Affect Us?
6.5: Human Trafficking
6.6: Is There Hope?
6.7: References and Further Reading

6.1: INTRODUCTION AND LEARNING OBJECTIVES

Events which happen in a child's life, which the child perceives as threatening or harmful, may leave the child feeling overwhelmed. These occurrences may be considered traumatic. Trauma certainly may arise from abusive and neglectful situations, but may also come out of societal events. This chapter will explore what trauma is, how it affects individuals and groups of people, and how the brain reacts to trauma. This chapter will also explore various types of stress, and how stress can be both beneficial and harmful to a developing child. Finally, this chapter will explore how childhood trauma can impact the person later in life, how secondary trauma impacts people and ways that society can act to help children and adults overcome trauma.

LEARNING OBJECTIVES

By the completion of this chapter, students should be able to:

- Describe what trauma is and how it affects a person.
- Explain what generational trauma is and give examples.
- Describe examples of traumatic events.
- Explain the difference between good and bad stress.
- Explain how the brain reacts to trauma and how childhood trauma can impact adult life.
- Describe secondary trauma and whom it may impact.
- Discuss hope and how it plays a part in overcoming trauma in one's life.

WHAT IS CONSIDERED TRAUMA?

Trauma is defined as:

1. Exposure to an event or series of events that are perceived to threaten/harm the physical or emotional integrity of the individual or someone close to them;
2. Trauma overwhelms the person's individual and collective ability to respond; AND
3. Trauma leads to adaptations that create significant difficulty in functioning.

In order to be considered "TRAUMA", an incident must meet all three of these descriptions.

6.2 PATTERNS OF STRESS

"Pocket Parks Steel Pattern" by TobiasMik · WhatWeDo is licensed under CC BY-NC-SA 2.0.

Stress can be positive or negative. Stress serves an important role in our lives...

- it is what triggers the fight or flight signals that allow us to run away if we encounter too much danger
- a little bit of stress causes "butterflies" in our stomach when we are nervous to do something, and may help us to focus and do a better job

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If stress is predictable, moderate and controllable, it promotes tolerance and resilience. If stress goes on too long, it can become toxic and can be harmful to a person's brain and body. Some points to remember:

- prolonged stress can cause physiological harm to our bodies (increases in adrenaline and oxytocin cause a constant state of hypervigilance.)
- reoccurring, unpredictable stress can cause us to not trust anyone or anything
- extreme stress can cause us the same distrust

If stress is unpredictable, extreme or prolonged it can lead to sensitization and vulnerability. Children used to chaotic environments tend to disassociate as a coping mechanism. Their brains are wired to disassociate whenever they feel threatened or stressed.

When people encounter trauma, it partially re-wires their brains. Depending on the exposure, this can impact their lives. Chronic stress pulls energy away from the developing brain causing the brain mass to actually be smaller than “normal”.

6.3: GENERATIONAL TRAUMA

Generational trauma refers to collective, cumulative emotional wounding across generations resulting from a cataclysmic event(s). These events target a whole collective community. The trauma is held personally and can be transmitted across generations. Entire generations have experienced trauma in our history. Examples include enslavement, Indian Schools*, Holocaust, Internment Camps, war, global pandemic, etc. The generations learn to adapt and pass on that behavior to the next generation; this is repeated generation after generation and the adaptive behavior becomes the new norm.

"1389.4 Holocaust A" by raymund.flandez is licensed under CC BY-NC-ND 2.0.

Studies have shown that Holocaust survivors carried that trauma with them (as would be expected) throughout their lives. However, the same trauma symptoms appeared in their children and grandchildren, who never directly experienced the Holocaust. They did, however, experience the trauma through their parents and grandparents. This is one example of generational trauma.

CASE STUDY:

**Indian Schools were once common in the United States. The government removed school-aged Native American children from their communities and placed them in residential boarding schools*

where they were taught to dress, speak and act like "proper, civilized children" [i.e. "white-man"]. They were only allowed to visit home for short periods of time every few years. This disrupted the continuity of their family, tribe and culture. When they returned, they no longer felt as though they belonged in their home communities. They no longer spoke or understood their native language, making it nearly impossible for them to relate with parents and grandparents. These children's style of dress, the foods they ate, and their entire manner of being had been changed. They were no longer the same children that left the tribe to attend school. This practice also happened in Australia and other countries.

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6.4: HOW DOES CHILDHOOD TRAUMA AFFECT US?

Childhood trauma isn't something a person just gets over as they grow up; it impacts a person's entire life, and often the lives of those around them. A child's experiences early in life are important building blocks for the developing brain. As a child experiences their environment and interacts with others, brain connections are made stronger... the more they are used, the stronger these connections become. Areas of the brain which are not used lack connections and fade away (or are "pruned"). Safe, nurturing experiences early in life lead to positive development. Traumatic experiences that are frequent and uncontrolled become toxic to the child. If these aren't counter-balanced by a supportive caregiver to help minimize the impacts, the results can lead to diminished health for life. Research shows that those who have experienced high levels of trauma are at TRIPLE the risk for heart disease and lung cancer.

Adverse Childhood Experiences (ACEs) are toxic stressors; these may include: parental substance abuse, addiction, neglect, depression, violence, abuse, poverty, etc. Children who suffer from prolonged toxic stress may show emotional distress, poor emotional deregulation, greater impulsivity, learning difficulties and physical and mental health problems. These can manifest in a variety of behavioral difficulties, as well. Although children who experience several ACEs may have a rough start, positive, supportive, caring relationships can help correct the damage created by these ACEs.

SECONDARY TRAUMA

Secondary trauma is just what it sounds like... trauma that one experiences by interacting with those who experienced the trauma first-hand. This is common with caregivers, social workers, counselors, medical professionals, teachers and anyone else who provides interactive care or guidance for those who have experienced and shared their traumatic experiences.

Continual exposure to other people's trauma can cause intrusive thoughts, rehashing of traumatic stories, distorted thinking, irritability, exhaustion, and mood changes. Depending on the person's temperament and experiences, secondary trauma can lead to post-traumatic stress disorder (PTSD) in the helping professions. Workers must be sure to practice self-care. Employers must also

be aware of this trauma and help support workers to minimize the negative impacts on individuals and the organization.

Secondary trauma is very real and can cause negative effects for those trying to help others. It is important that we recognize the signs and take precautionary measures to protect our caregivers, so that they can continue living productive and helpful lives.

6.5: HUMAN TRAFFICKING

Human trafficking, also known as trafficking in persons or modern-day slavery, is a crime that involves compelling or coercing a person to provide labor or services, or to engage in commercial sex acts. The coercion can be subtle or overt, physical or psychological, and may involve the use of violence, threats, lies, or debt bondage. Exploitation of a minor for commercial sex is human trafficking, regardless of whether any form of force, fraud, or coercion was used. Human trafficking does not require travel or transportation of the victim across local, state, or international borders.

The United States is widely regarded as a destination country for human trafficking. Federal reports have estimated that 14,500 to 17,500 victims are trafficked into the United States annually. This does not include the number of victims who are trafficked within the United States each year. According to the National Human Trafficking Hotline, 10,949 cases of human trafficking were reported in the United States in 2018. According to the hotline, California is one of the largest sites of human trafficking in the United States. In 2018, 1,656 cases of human trafficking were reported in California. Of those cases, 1,226 were sex trafficking cases, 151 were labor trafficking cases, 110 involved both labor and sex trafficking, and in 169 cases the type of trafficking was not specified.

There is no single profile of a trafficking victim. Victims of human trafficking include not only men and women lured into forced labor by the promise of a better life in the United States, but also boys and girls who were born and raised here in California. Trafficking victims come from diverse backgrounds in terms of race, color, national origin, disability, religion, age, gender, sexual orientation, gender identity, socioeconomic status, education level, and citizenship status, but one characteristic that they usually share is some form of vulnerability. Trafficking victims are often isolated from their families and social networks and, in some cases, are separated from their country of origin, native language, and culture. Many domestic victims of sex trafficking are runaway or homeless youth and/or come from backgrounds of sexual and physical abuse, incest, poverty, or addiction. Traffickers exploit these vulnerabilities, promising the victims love, a good job, or a more stable life.

HUMAN TRAFFICKING IN THE UNITED STATES

The United States is widely regarded as a destination country for human trafficking. Federal reports have estimated that 14,500 to 17,500 victims are trafficked into the United States annually. This does not include the number of victims who are trafficked within the United States each year.

In 2018, 10,949 cases of human trafficking were reported in the United States.

Source: National Human Trafficking Hotline, https://humantraffickinghotline.org/states.

HUMAN TRAFFICKING IN CALIFORNIA

California is one of the largest sites of human trafficking in the United States. In 2018, 1,656 cases of human trafficking were reported in California. Of those cases, 1,226 were sex trafficking cases, 151 were labor trafficking cases, 110 involved both labor and sex trafficking, and in 169 cases the type of trafficking was not specified.

Source: National Human Trafficking Hotline, https://humantraffickinghotline.org/state/california.

DEFINITIONS OF HUMAN TRAFFICKING

CALIFORNIA

As codified in the California Penal Code, anyone who deprives or violates the personal liberty of another with the intent to obtain forced labor or services, procure or sell the individual for commercial sex, or exploit the individual in obscene matter, is guilty of human trafficking. Depriving or violating a person's liberty includes "substantial and sustained restriction of another's liberty accomplished through fraud, deceit, coercion, violence, duress, menace, or threat of unlawful injury to the victim or to another person, under circumstances where the person receiving or apprehending the threat reasonably believes that it is likely that the person making the threat would carry it out.

However, sex trafficking of juveniles is separately defined as causing, inducing, persuading, or attempting to cause, induce or persuade a minor to engage in a commercial sex act.

Forced labor or services include "labor or services that are performed or provided by a person and are obtained or maintained through force, fraud, or coercion, or equivalent conduct that would reasonably overbear the will of the person."

Source: Penal Code Section 236.1

FEDERAL

Federal law defines trafficking in persons as "sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age"; or "the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery."

Source: 22 U.S.C Section 7102

INTERNATIONAL LABOR ORGANIZATION

According to the International Labor Organization, forced labor is all work or service which is exacted from any person under the threat of a penalty and for which the person has not offered himself or herself voluntarily. This includes situations in which persons are coerced to work through the use of violence or intimidation, or by more subtle means such as manipulated debt, retention of identity papers, or threats of denunciation to immigration authorities. The International Labor Organization, a specialized agency of the United Nations, brings together governments, employers, and workers of 187 member states, to set labor standards, develop policies, and devise programs promoting decent work for all women and men. For more information, visit: https://www.ilo.org/global/topics/forced-labour/definition/lang--en/index.htm.

TYPES OF HUMAN TRAFFICKING

SEX TRAFFICKING

Human Trafficking is a crime that involves exploiting a person for labor, services, or commercial sex.

The Trafficking Victims Protection Act of 2000 and its subsequent reauthorizations define human trafficking as:

1. Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or
2. The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery. (22 U.S.C. § 7102(9)).

LABOR TRAFFICKING

Labor trafficking involves the recruitment, harboring, or transportation of a person for labor services, through the use of force, fraud, or coercion. It is modern day slavery. Labor trafficking arises in many situations, including domestic servitude, restaurant work, janitorial work, factory work, migrant agricultural work, and construction. It is often marked by unsanitary and overcrowded living and working conditions, nominal or no pay for work that is done, debt bondage, and document servitude. It occurs in homes and workplaces, and is often perpetrated by traffickers who are the same cultural origin and ethnicity as the victims, which allows the traffickers to use class hierarchy and cultural power to ensure the compliance of their victims. Labor traffickers often tell their victims that they will not be believed if they go to the authorities, that they will be deported from the United States, and that they have nowhere to run. Traffickers teach their victims to trust no one but the traffickers, so victims are often suspicious of genuine offers to help; they often expect that they will have to give something in return. For more information, please visit: https://www.justice.gov/usao-cdca/human-trafficking#LAB

DOMESTIC SERVITUDE

A form of labor trafficking, domestic servitude often involves women who are forced to live and work in the homes of employers who confiscate their legal documents and prevent them from leaving. Domestic workers can be U.S. citizens, lawfully-admitted foreign nationals, or undocumented immigrants.

DIFFERENCE BETWEEN HUMAN TRAFFICKING AND SMUGGLING

According to the United Nations, trafficking in persons and human smuggling are some of the fastest growing areas of international criminal activity. Though they are often confused, human trafficking and smuggling are separate and fundamentally different crimes. Human smuggling is the facilitation, transportation, attempted transportation, or illegal entry of a person(s) across an international border, in violation of one or more countries laws, either clandestinely or through deception, such as the use of fraudulent documents. Human smuggling is most often conducted in order to obtain a financial or other material benefit for the smuggler, although financial gain or material benefit are not necessarily elements of the crime. For instance, sometimes people engage in smuggling to reunite their families. Human smuggling is generally with the consent of the person(s) being smuggled, and that person is free to leave upon payment of a prearranged fee. The vast majority of people who are assisted in illegally entering the United States are smuggled, rather than trafficked.

6.6: IS THERE HOPE?

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YES, there is hope! Oprah Winfrey has been very open about the physical, psychological and sexual abuse she encountered for years as a child, yet she learned to overcome, leaned on teachers and others outside her family, and became perhaps one of the most successful women in the world. She is not alone. Many, many survivor stories carry a similar message: one caring and supportive person can make all the difference in helping a child overcome the extensive negative effects of childhood trauma. There IS hope! With work, traumas can be overcome. Individuals and generations can move beyond the trauma to lead productive lives.

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Perry, B. D., & Szalavitz, M. (2006). The Boy Who Was Raised as a Dog: And Other Stories from a Child Psychiatrist's Notebook--What Traumatized Children Can Teach Us About Loss, Love, and Healing. Basic Books.

A comprehensive look at how childhood trauma affects brain development and behavior.

Government Publications and Reports

Substance Abuse and Mental Health Services Administration (SAMHSA). "Trauma and Violence."

Available at: SAMHSA

Centers for Disease Control and Prevention (CDC). "Adverse Childhood Experiences (ACEs)."

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National Institute of Mental Health (NIMH). "Post-Traumatic Stress Disorder."

Available at: NIMH

Books and Comprehensive Reviews

van der Kolk, B. A. (2015). The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma. Penguin Books.

This book provides an in-depth exploration of how trauma affects the brain and body and offers insights into healing and recovery.

Perry, B. D., & Winfrey, O. (2021). What Happened to You?: Conversations on Trauma, Resilience, and Healing. Flatiron Books.

This book discusses trauma's impact on our lives and how to foster resilience and healing.

Online Resources

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Online Resources

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6.6: References and Further Reading is shared under a CC BY-NC 4.0 license and was authored, remixed, and/or curated by LibreTexts.

7: CHAPTER 7 - TRAUMA-INFORMED CARE

7.1 : Introduction and Learning Objectives
7.2 : Impact
7.3: Arousal Signs of Those Who Have Experienced/Are Experiencing a Trauma
7.4: The Impact that Trauma Has on Worldview
7.5: Perspective Shift
7.6: How Can We Help Children to Self-Regulate?
7.7: Relational Sensitivity
7.8: Reason to Be
7.9: Caregiver Capacity
7.10: References and Further Reading

7.1: INTRODUCTION AND LEARNING OBJECTIVES

Caring for children and others who have experienced trauma requires different methods and ways of thinking than caring for those who have not endured trauma. This chapter identifies seven essential steps/skills needed to help these children learn and develop in an appropriate manner. This chapter also addresses caring for the caregivers... a necessary step if they are to be able to continue caring for others.

LEARNING OBJECTIVES:

By the completion of this chapter, students should be able to:

- Describe and discuss each of the 7 essential ingredients to Trauma and Informed Care
- Describe the need to care for caregivers, and discuss several examples of how to do so

SEVEN ESSENTIAL INGREDIENTS TO TRAUMA INFORMED CARE

There are 7 Essential Ingredients to Trauma Informed Care:

1. Prevalence
2. Impact
3. Perspective Shift
4. Regulation
5. Relationship
6. Reason to Be
7. Caregiver Capacity

When we work with children (or others) who have experienced trauma in their lives, we must understand these 7 Essential Ingredients to help them. Whether our goal is to help them

personally, emotionally, psychologically, educationally or in some other form, we must start from where they are; to do so, we must understand what they are going through.

We will learn about each of these 7 Essential Ingredients in the pages that follow.

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PREVALENCE

Earlier in this text, information was presented about Adverse Childhood Experiences (ACEs). Any reader who has not yet determined their own ACE score, is asked to please do so by taking a quick, 10-question survey found below.

For each “yes” answer, add 1. The total number at the end is your cumulative number of ACEs. Before your 18th birthday:

1. Did a parent or other adult in the household often or very often… Swear at you, insult you, put you down, or humiliate you? or act in a way that made you afraid that you might be physically hurt?
2. Did a parent or other adult in the household often or very often… Push, grab, slap, or throw something at you? Or ever hit you so hard that you had marks or were injured?
3. Did an adult or person at least 5 years older than you ever… Touch or fondle you or have you touch their body in a sexual way? Or attempt or actually have oral, anal, or vaginal sex with you?
4. Did you often or very often feel that … No one in your family loved you or thought you were important or special? or Your family didn’t look out for each other, feel close to each other, or support each other?
5. Did you often or very often feel that … You didn’t have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
6. Were your parents ever separated or divorced?

7. Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? Or sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? Or ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
10. Did a household member go to prison?

Source: NPR, ACEsTooHigh.com. This ACEs Quiz is a variation on the questions asked in the original ACEs study conducted by CDC researchers.

When people are experiencing trauma, they often show outward signs:

- Re-experiencing the trauma (nightmares, flashbacks)
- Avoidance
- Sleep issues
- Concentration, focus issues
- Dysregulation (how fast they function or don't)
- Hyper-vigilance
- Exaggerated startle

When children show these symptoms, society should ask "I wonder what happened to him/her?"

7.2: IMPACT

This text has previously addressed stress, and how there are good stresses and bad stresses. Good stress may tell us to flee a dangerous situation or help us do better on a test. Bad stress can become toxic for our bodies and brains. Stress that doesn’t let up or go away is called “toxic stress”.

Although parents may intend to provide the best environment for their children, oftentimes this is waylaid by the stressors in their lives… jobs, bills, schedules, outside demands, relationships, etc. These stressors can wear down a parent’s abilities to provide the sort of relationships that children need to thrive. Parents may be well-intended but may need help or support in being what they want to be for their children. When toxic stress is related to things we can’t control, it can be especially impactful. When parents understand how stress affects them, this understanding can help them to make changes in their lives which will reduce their stressors and enable them to better support their children. Communities can provide supportive services to help parents reduce this stress. Awareness, combined with needed support, can strengthen skills and relationships; in turn, this strengthens the next generation.

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7.3: AROUSAL SIGNS OF THOSE WHO HAVE EXPERIENCED/ARE EXPERIENCING A TRAUMA

People react to trauma differently. Some may become aroused while others may become dissociative. Some body and behavioral reactions may include:

Body:

- Increased sympathetic response (heart rate, muscle tone, breathing)
- Eye blinking becomes more prevalent
- Pupils dilate
- Bladder relaxes
- Digestion is inhibited
- External focus is on the threat
- Internal cues are not prioritized
- Increased peripheral circulation

Body prepares for flight or fight mode behaviors:

- Increased vigilance
- Impulsive actions and reactions
- Defiance
- Aggression
- Anxiety
- Exaggerated response

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Although not all arousal behaviors and bodily reactions resemble those of the Incredible Hulk, many do.

DISSOCIATIVE SIGNS:

Body:

- Increased parasympathetic activity (heart rate decreases)
- Eye blink decreases, eye roll increases
- Pupils constrict
- Bladder contracts
- Digestion is stimulated
- Internal focus increases to minimize injury
- Peripheral circulation decreases

Behaviors:

- Withdrawal
- Compliance
- Detached from present (reenacting experiences/ engaging with internal world / talking to self)
- Losing time, memory, or skills
- Seeming "spaced out" or in a fog
- Lack of connection to body or feeling pain

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7.4: THE IMPACT THAT TRAUMA HAS ON WORLDVIEW

IMPACT OF TRAUMA ON WORLDVIEW

Typical Development	Developmental Trauma (these are adaptive)
Human= safe	Human= threat
Relational tolerance	Relational sensitivity
Bad things are considered “accidents”	Bad things are considered “on purpose”
Risk is positively reinforced	Risk is negatively reinforced
Prioritize opportunities to thrive	Prioritize for safety

Trauma is an overwhelming event that takes away our feeling of safety, creates a sense of helplessness and continues to affect the perception we have of reality. Trauma can make it impossible to sleep, focus and learn. It changes one’s perception of the world around them. People who are traumatized cannot think clearly. This is biological; the brain gets stuck in the stage of emotion and can’t progress to the higher function thinking processes.

When trauma is ongoing, the layering of accumulative violence changes the way that DNA is communicated. These impact children throughout their lives. When a child doesn’t get the help and support to work through this trauma, the trauma doesn’t go away. They are twice as likely to develop depression, and three times as likely to develop anxiety disorders. Children who live through violent traumas are more likely to end up in the justice system. If they don’t get the support they need, they are likely to implode. Suicide is the third leading cause of death of adolescents in the USA. (Office for Victims of Crime: Through Our Eyes) It is a community’s opportunity to work together to determine and provide whatever children need to prosper.

7.5: PERSPECTIVE SHIFT

As we work with children who have experienced trauma, we must be willing to ask "What happened to you?", rather than jumping to the more traditional "What is wrong with you?". There is nothing "wrong" with the child... it is the circumstance that they have encountered. The trauma is impacting them. We must avoid the Band-Aid or whitewash approach, and must help the child where he/she needs the help... dealing with the trauma.

In working with children who have experienced trauma, adults are cautioned to use trauma-informed language. We must work with them from a trauma-informed perspective. Let's examine some differences:

PERCEPTION: HOW DO WE VIEW CHILDREN?

Traditional View	**Trauma Informed View**
Acting out	Emotionally dysregulated
Anger management problems	Scared / fight, flight, freeze responses
Willful and naughty	Adaptive patterns of behavior
Manipulative	Seeking to get needs met
Uncontrollable	In need of skills to self-regulate
Off task / not paying attention	Hypervigilant or dissociative adaptations
Pushing buttons	Negative template or worldview
In need of consequences to motivate	In need of effective intervention to heal

REGULATION

An adult must be a healthy functioning individual to be able to help a dysregulated child. Children who have experienced trauma must learn to adapt. They may become dysregulated.

- Their body and brain response becomes driven by their experiences.
- Their fear/stress response or safety/calm response kick in... which one depends on the person and the situation.
- When fear/stress response or survival mode become themes in a child's life, it neurologically and physiologically changes the child.

The human brain develops from the bottom-up. How we react to something might not be a choice but may be dictated by brain reaction. All functioning of the brain is state-dependent. Examine this table, showing how the brain reacts over time:

STATE- DEPENDENCE: SENSE OF TIME

Sense of Time	Ended Future	Days/ Hours	Hours/ Minutes	Minutes/ Second	Loss of Sense of Time
Primary/ Secondary	Neocortex	Subcortex	Limbic	Midbrain	Brainstem
Brain Areas	Subcortex	Limbic	Midbrain	Brainstem	Autonomic
Cognition	Abstract	Concrete	Emotional	Reactive	Reflexive

Dr. Bruce Perry is one of the leading experts on State-Dependent Functioning. He teaches that the human body is composed of thousands of systems; depending on one's circumstances at any given moment, some of these systems may be turned on and others may be turned off. Fear mobilizes some networks and capabilities, while shutting down others.

When we focus on the most basic level of brain function, we concentrate on the Brain Stem. The lower part of the brain controls blood pressure, heart rate, and body temperature; the most basic functions of living. As we move up the brain function to the Diencephalon, we work into sleep, appetite, arousal and motor regulation. Continuing up, the Limbic system is responsible for emotional reactivity, sexual behavior, and attachment. Finally, we arrive at the top of the more complex brain functions… the Cortex, responsible for affiliation, reward, concrete thought and abstract thought.

When working with children who have been under prolonged stress, teachers and others must understand that the activation of the body's stress response systems requires emotional and physical energy. Imagine, a person is walking in the woods and sees a bear charging after them. They may run to get away from that bear. Once they arrive at safety, the danger is gone, and their body systems begin to return to normal. The person may be left feeling absolutely exhausted from the extreme stress and rush of adrenaline and oxytocin. Now, imagine a child who lives in a prolonged stress situation. They are likely to be exhausted much of the time. A key consequence of prolonged stress is more fatigue, less capability to focus, more irritability and some unpredictability in moods. Adults working with these children must remember to be gentle and patient.

7.6: HOW CAN WE HELP CHILDREN TO SELF-REGULATE?

There are many adaptations that we can implement when working with children. When we know there is a self-regulation issue, we should ask ourselves what might be helpful to that child. (HINT: Punishment is not the answer!) Some sensory-based regulation strategies include:

- **Touch:** Weighted vests/ blankets; Massage/ pressure, fidgets
- **Sound:** Music, silence
- **Sight:** Pictures, videos, lava lamps, fish tanks, beach
- **Smell:** Candles, lotion, aromatherapy, cooking
- **Taste/Oral:** Sucking through a straw (applesauce, milkshake, other thick food); sucking on a hard candy
- **Vestibular:** Swinging, rocking, pogo stick
- **Proprioception/Movement:** Swimming, walking/running, jumping, crab walk, clapping patterns/speeds

"Child 1" by Tony Trần is licensed under CC BY-NC 2.0.

For school-age children, games such as throwing a ball to various people, kicking a bean bag in a group, jumping rope with a group, etc. may be helpful. Enhanced learning programs using balls with balance, auditory, vision and exercise may also be helpful. Through the rhythmic bouncing of balls, students improve their focus. This leads to better learning, reading and grades. This concept is currently being used by schools throughout the U.S.A. and is spreading through Europe and beyond.

RELATIONSHIP

To have a productive relationship with a child who has experienced a trauma, we must ensure that the relationship includes safety, attunement, and relational sensitivity.

SAFETY

Children who have experienced trauma depend on the safety and security of a predictable schedule. They may need a timeline that shows the activities of the day. They should be warned ahead of any deviation from the schedule.

These children also need consistency, not only in routines but in who does what and how it is done. Remember, these children have come from very unpredictable environments where the only thing they could depend on was chaos and themselves... a dependable, consistent environment and caregivers will help them eventually to feel safer.

The environment is key in helping these children to feel safe physically, emotionally, and morally (developing a sense of right from wrong). Changing behaviors takes time and consistency; it is worth the effort!

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ATTUNEMENT

As an adult working with children who have experienced trauma, ask yourself, "Am I in-tune? Am I listening to understand (or just to respond)?" Children know who cares about them. It is critical that you honestly care, and that you convey intention through your face and body language, as well as your words. Listen to understand...

- **Eyes** - How is the child responding to your eyes? Are they avoiding, embracing or looking at them intermittently?
- **Tone of Voice** - Ensure that your voice is soft, not too fast, and not too rhythmic (sing-songy), but conveys true interest in a calming way.
- **Movement / Gestures** - There should be interplay between your and the child's gestures and movement.
- **Posture** - Your posture should be comfortable but alert, slightly leaning forward toward the child as if listening intently, and at the child's level.

- How **close and engaged** you are will depend on the cues of interplay with the child. Be attentive yet let them feel safe and unintimidated as much as they can.
- **Active listening** (repeating back paraphrases of what you hear the child say, or what you think they mean) is important to ensure the child (and you) that you are listening and correctly understanding what they are sharing. This and body language are very important for building a trusting relationship.

The Still Face experiment, described earlier in this text, demonstrates how attunement can make a difference in communication and feelings of well-being.

7.7: RELATIONAL SENSITIVITY

Each human has a level of intimacy with others in which they are comfortable. When an interaction with others crosses the line, and they begin to feel uncomfortable, the line is referred to as that person's *Intimacy Barrier*. For most people, having a stranger 12 feet away in a public area is considered acceptable. However, if that same stranger stood only one foot away from a person, that person may feel uncomfortable or even threatened. For many people, greeting someone they know well with a hug seems appropriate in a social setting but perhaps not in a professional setting. In some cultures, people are more comfortable with physical touch and close proximity to others than those in other cultures.

When working with children who have experienced trauma, the same concepts apply. A child may feel OK in school when the environment is structured and others are a few feet away, but threatened when someone comes up closer or asks a seemingly innocent question (i.e. "Where is your mom?", "Why do you wear clothes like those?", etc.).

In traumatized children, these seemingly innocent questions or remarks may set off something in the traumatized child's brain that may cause the child to react as if they are being attacked. When working with these children, we must remember that their brains have been wired to survive their environment at any cost, including standing up to perceived threats and fighting for their life. Dr. Bruce Perry suggests the following when working with children who are relationally sensitized: (Intimacy Barrier)

1. Watch your proximity.
2. Be present, parallel and patient.
3. Let the child come to you.
4. Don't take the child's behavior or reactions personally.
5. Give the child elements of control. (If they feel in control, they will be more regulated.)
6. Give adequate time to make choices.
7. Give warnings and options when touch or physical proximity is necessary.
8. Understand that relational interactions are evocative cues.
9. Remember that the child is also likely sensitized to abandonment.

10. Regulate yourself before you can regulate the child.

CASE STUDY:

A young foster care mother was excited to bring home a little boy named Thomas, and to welcome him to her family! Thomas was four years old; he had the cutest dimples and the biggest brown eyes! The mother was sure that all he needed was some love and kindness, and he would fit in well with her family. The first few days in the new home were calm and filled with new excitement as Thomas learned how this new family operated. By about the fifth day, things had settled down into somewhat of a routine; when everyone got home from work or school, each person pitched in to help get dinner prepared so that the family could sit around the table and enjoy their meal together. It was during this time that Thomas' behavior started to make the mother wonder what she had gotten her family into! It was a Thursday night, and the family was in a hurry; the mother had gotten out of work late, and they needed to eat and get back to the school for a concert in which the oldest son was singing. Things were a little hectic as the mother cooked the meal and the youngest daughter helped make a salad. Tonight was Thomas' turn to set the table, something he had been taught by his new siblings the previous nights. "Thomas," said the mother, "I need you to set the table quickly tonight so we can all eat and get back to the school." She reached out and ruffled his hair as she spoke. Thomas wheeled around, those big brown eyes looking like they were out to kill, and he started pounding on the mother with his fists and yelling "I'm not going! I'm not going!" What in the world caused such a reaction, thought the mother as she tried to protect herself and hold Thomas tightly. Something had obviously set him off, but she had no idea what it could have been.

What would you do in this situation? Refer back to Dr. Perry's recommendations and decide how this seemingly innocent situation could have been better handled.

7.8: REASON TO BE

Every human needs to have a reason to be… a purpose and meaning for his/her life. Children who have encountered trauma in their lives tend to be resilient; they overcome even the most unthinkable circumstances and treatment, and they persevere. In this ingredient to trauma informed care, we examine the humanistic need to have a reason to be.

This text has presented a lot of information about ACEs. In studying children who are exposed to toxic stress, we see children who have had their human nature violated. When children suffer, they often don't understand what is happening to them. Dr. Robert Anda refers to this as suffering without meaning. (Adverse Childhood Experiences in our Society) Dr. Anda points out that:

- "Human beings are made to love each other and to speak the truth".

- "Children with trauma don't know how to love, and don't know how to recognize the truth."
- "To suffer without meaning is a kind of hell."
- "Our job is to help children find perspective so that they can take control."
- "The human heart is on a quest for happiness."
- Positive experiences can buffer adversity
- It is NEVER TOO LATE!
- We can help these children and society heal by using informed strategies, providing resources, etc.

All too often, children who have experienced trauma and have *not* received the help that they needed, have turned to gangs for a sense of security and belonging. Gang lifestyles often provide the type of excitement and stimulation which feels similar to the toxic stress experienced while the child's brain was being wired. A child who is disconnected remains discouraged. All behavior is purposeful; the behavior of a gang is to belong and take control, the behavior of acting out is to get attention or express frustration... the key is to help the child find appropriate behavior that meets his/her needs. When a child perceives danger or stress, they will often freeze; this causes them to hold their breath. If the child is reminded to breathe deeply, it can release the freeze reaction and help start a different sequence of events. Starting at the brain stem, the child can then move through the various stages of brain engagement until they are able to use reasonable thought processes.

When working with children who have been traumatized, it is crucial that they feel in charge of something that makes a difference. It is important that they have a reason to be there each day, a reason for life. Having a "Reason to Be" gives HOPE.

7.9: CAREGIVER CAPACITY

Caregivers must take care of themselves. You can't give from an empty vessel. If you aren't in a safe place in your own life, it will be nearly impossible for you to help others get there.

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Think about riding on an airplane. Before take-off, the flight attendant gives a safety speech about seat belts, life jackets, emergency exits, etc. When they speak of loss of cabin pressure, they say that emergency oxygen masks will fall from the ceiling. They then instruct you that, if you are traveling with small children or others who need assistance, "put on your own oxygen mask before helping anyone else". Why? A parent's first instinct is to help their child breathe first! If they help their child breathe, and they can't get their own mask on, nobody will be able to help the parent. However, if they put their own mask on first, they will be able to breathe and can then help their child and others. The same concept applies to helping children who have experienced trauma; we must take care of ourselves, or we won't be able to help others.

Secondary Trauma was touched on in a previous chapter of this text; it is real! It is experienced by becoming involved with the trauma of another person as you are trying to help him/her. Signs that you might be experiencing Secondary Trauma include:

- Becoming emotionally "numb".
- Being on edge and easily agitated.
- Being withdrawn.
- An inability to concentrate or having poor short-term memory recall.
- Experiencing an impaired immune system.
- Not being willing to talk about how you feel, claiming that others "won't understand".

While these are signs of secondary stress, they may also be signs of:

- Primary trauma
- Primary trauma history
- Vicarious process
- Burnout
- Media scrutiny
- Structural issues

Adults can increase their capacity for helping others through traumas if they:

- Exercise regularly
- Practice wellness
- Have good nutrition
- Follow meditation or being mindful
- Have and use a good support system
- Keep a gratitude box or list; ask others to contribute and share
- Re-assess structural issues and make changes where needed (appropriate caseload size, appropriate classroom size, appropriate staff ratios, eliminate unnecessary extra duties, eliminate unnecessary meetings, keep meetings efficient, etc.)

It is important to maintain balance in work and life.

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This book provides insights into trauma and resilience through the lens of personal stories and professional expertise.

van der Kolk, B. A. (2015). The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma. Penguin Books.

This book explores how trauma affects the body and mind and offers strategies for healing.

Online Resources

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Child Welfare Information Gateway. "Trauma-Informed Practice."

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CHAPTER 8- EQUITY AND WORKING WITH FAMILIES

8.1: EQUITY AND WORKING WITH FAMILIES

> "The term cultural safety has us ask what we need to understand aboriginal peoples' sense of danger or risk when they bring themselves to a place for screening, counselling, or therapy. If there is a sense that one's values, language or ways of life are threatened or looked down upon, then we speak of the environment not being culturally safe." Inuit Tuttarvingat, n.d.

EQUITY

All of us have culture. Factors such as ethnicity, religion, family structure, and history influence our family practices. Child-rearing approaches vary across individuals, families, and cultures. There is an abundance of safe and healthy parenting practices that may differ from your own. Working with children and families of another cultural background involves understanding, respect, and a special effort to appreciate the context of that culture. Acknowledging differences in culture, ethnicity and equity start with learning how to incorporate safety into practice. To be effective when working with families of different backgrounds, one needs to be sensitive, open, and respectful.

Child Protective Services are mandated to protect children and youth who experience neglect or abuse. This began as a response to the ongoing marginalization of poor families and the children and youth who were dealing with social and economic hardships caused by ongoing industrialization and urbanization ("One Vision One Voice," n.d.). "Like other American institutions, child welfare agencies have evolved within a historical context of white supremacy, colonialism, and anti-Black racism, all of which have been woven into the fabric of child welfare policies and practices, leading to the creation of long-standing disproportionalities and disparities for African American and Indigenous communities" ("One Vision One Voice," n.d.). As a result of this imbalance, a thorough response is needed to amend the child welfare system (Hasford, 2015).

The National Association of Social Workers (NASW) defines child welfare as the provision of social services to children in need (Hall, 2012.). Children or youth should only be placed in the foster care system, as a last resort, after significant attempts to support the family in understanding and meeting the child's needs. Traditionally, the child welfare system has operated from a Eurocentric cultural standpoint (Hall, 2012). The placement of Black children, Indigenous children, and other children of color has been contingent on the Eurocentric environmental experience, which does not consider the special needs or experiences of children from non-Eurocentric families (Hall, 2012.).

Child Welfare organizations have started to acknowledge and address the disparities among different races as well as services and responses.

The following is an excerpt from Ontario Canada but has been included here as the information almost mirror what occurs in the America:

> *Many racialized groups have concerns about stereotypes, prejudice, and discrimination. Indigenous children and youth are overrepresented in Ontario's child welfare system. This is due to the historical and ongoing legacy of colonization and anti-Indigenous racism perpetrated against First Nations, Inuit and Métis communities in Canada. Black children and youth are also overrepresented due to the historical legacy of slavery and the colonization of people of African descent. Issues that have led to the over-representation of Indigenous and Black children in the child welfare system are elaborate, involved, and multidimensional (Interrupted Childhoods, n.d.). For example, intergenerational effects of colonialism, poverty, slavery, prejudice, and racism are all factors in the child welfare involvement of Indigenous and Black children ("Interrupted Childhoods," n.d.). There is evidence that Indigenous, Black, and other racialized children are overrepresented in the child welfare system when compared to the general population. In 2015, the Children's Aid Society of Toronto noted that Black children represented 40.8 percent of children in care, yet Black children comprised only 8.5 percent of Toronto's population ("Under Suspicion," n.d.). Research data collected in 2011 from Statistics Canada noted that although Aboriginal children comprise only 3.4 percent of children in Ontario, they represent 25.5 percent of children in foster care ("Under Suspicion," n.d.).*

Other regions in Ontario have also identified concerns; the Black Community Action Network of Peel identified at least eight contributors to racial disproportionality with the Children's Aid Society. These include anti-black racism, racialized poverty, immigration stress, biased decision-making, agency-system factors, placement dynamics, policy impacts, and lack of culturally relevant services (Hasford, 2015).

It is important for professionals working with children and families to recognize that overrepresentation begins at the referral stage based on racial and ethnic stereotypes. We all need to be aware of personal and systemic biases that may impact our interactions with families. Black families and Indigenous families are still more likely to be reported to a child welfare organization

and investigated for abuse, regardless of the changes to societal views and cultural competency training.

Photo by Marcin Jozwiak, Pexels License

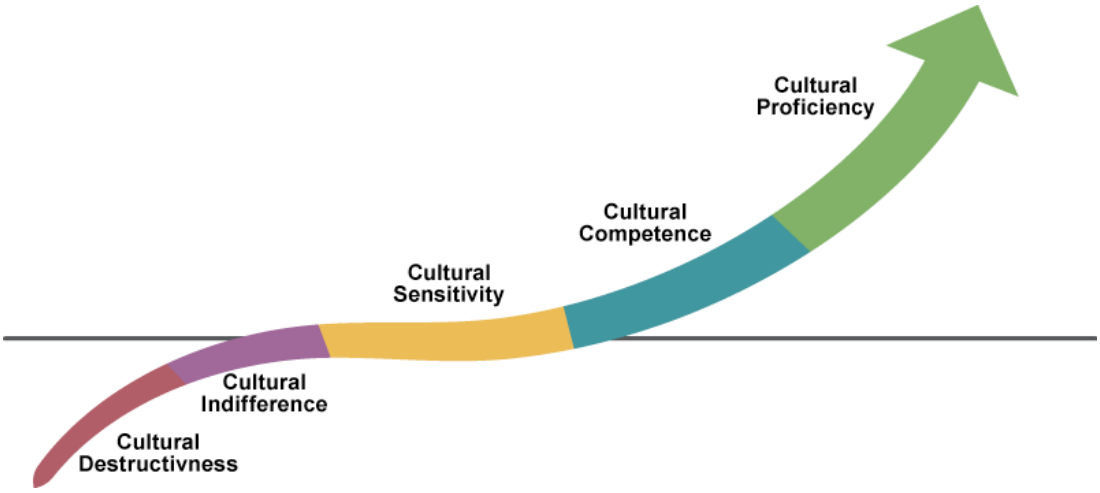
Professionals can adapt to support the cultural identity of children and families. It is important to look at cultural safety and why it is important to incorporate this into our care of the children and families that we work with. Much like adopting a strengths-based approach to working with families, working in a culturally appropriate or culturally safe way may require you to take a different stance towards your work and your families.

How do you think one may do this? Reflect on this question.

Cultural safety or responsiveness allows one to respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, disabilities, religions, genders, sexual orientations, and other diversity factors in a manner that recognizes, affirms, and values their worth. Being culturally responsive requires having the ability to understand diversity, recognize potential biases, and look beyond differences to work productively with children, families, and communities whose cultural contexts are different from one's own.

1. Reflect on your own culture and beliefs. It is difficult to understand another person's culture if you are not familiar with your own.
2. Ensure clear, direct, and respectful communication.
3. Develop a positive relationship with your families.
4. Avoid stereotypes and assumptions. Be open to learning about the cultural practices and worldviews of others.
5. Be willing to engage in a conversation where knowledge is mutually shared.

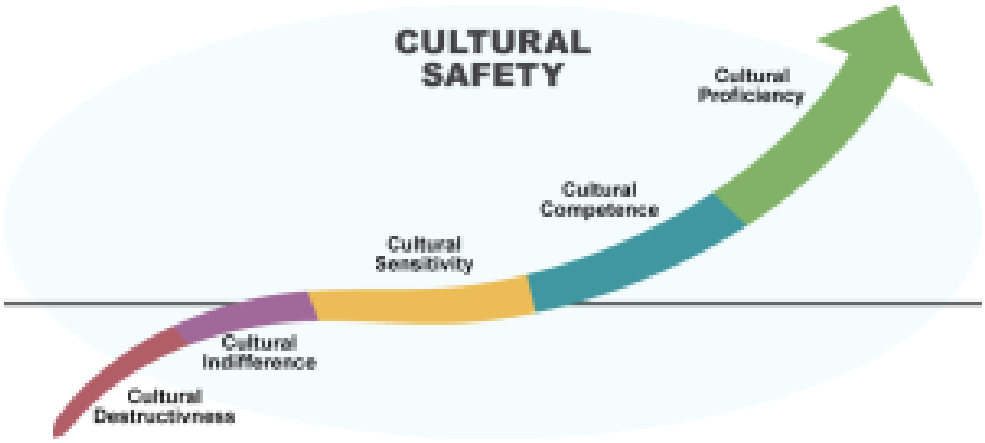
CULTURAL COMPETENCY CONTINUUM



"Cultural Competence Continuum" by Fanshawe College, CC BY-NC-SA 4.0

This is an example of a cultural competence continuum model which points out several different stances that an individual may have with understanding and accepting culture. On the far left, cultural destructiveness focuses on forced assimilation, subjugation, rights, and privileges for dominant groups only. Cultural indifference is the attempt to ignore differences and treat everyone the same, while cultural sensitivity acknowledges that differences, as well as similarities, exist. Cultural competence respects and accepts differences but tends to focus on simple stereotypes of rituals and customs and does not account for historical effects and socio-economic status. The goal is to go beyond competence and toward cultural proficiency. This would include implementing changes to improve services based on cultural needs and learning more about diverse groups to provide fully inclusive practices.

STRIVING FOR A COMMUNITY OF CULTURAL SAFETY



"Cultural Safety" by Fanshawe College CC BY-NC-SA 4.0

Irihapeti Ramsden, a Maori nurse and writer, developed the concept of cultural safety from an Indigenous worldview. This concept was focused on working with Maori patients and families in the healthcare setting, and the word '*safety*' was deliberately chosen to highlight the power differentials inherent in professional settings. Cultural safety switches a professional's knowledge of culture to how the other person perceives the safety of the situation, this includes the power inherent in your professional position.

As a professional working with families, cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in racialized communities. It results in an environment free of racism and discrimination, where people feel safe. Understanding the importance of cultural safety helps educators see the impact of their own social, political, and historical contexts on their practice. Cultural safety involves developing an ongoing personal practice of critical self-reflection, paying attention to how social and historical contexts shape perspectives and being honest about one's own power and privilege.

Within the child welfare system, there are many identified interventions to address and reduce racial disproportionalities. Resources and supports can have a positive outcome and impact when offered to children and youth who are at risk of child welfare involvement. Programs directed toward culturally-centered activities can help youth understand the systematic oppression they may experience, which can lead to positive outcomes (Hasford, 2015).

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Cultural safety means an environment is spiritually, socially, emotionally as well as physically safe for people. It changes your relationship with the family, it becomes a two-way relationship, as people are much more likely to engage with you if they feel safe.

There are many ways to address systemic racism, and it is everyone's responsibility to learn strategies to identify, respond, and prevent further harm. Strategies that could be utilized include ongoing training or workplace development, as well as ensuring all members of the community are held accountable for their actions. Governments and social service agencies need to advocate for effective leadership and ongoing communication strategies (Under Suspicion, n.d.).

This change in perspective is a shift from learning about a group to learning about a person. It is about listening to and supporting children and families from different races, cultures, ages, genders, sexual orientations, and economic or educational statuses. Cultural competence is essential; our opportunity to build relationships is impossible without it. Instead, we co-exist with people we don't understand, creating a higher risk of misunderstanding, hurt feelings, and bias, all of which could be avoided.

9: CHAPTER 9 - REPORTING AND INVESTIGATION OF CHILD ABUSE AND NEGLECT

9.1: Introduction and Learning Objectives
9.2: Mandated Reporting
9.3: How to Report
9.4: How To Contact Child Protective Services
9.5: When You Are Familiar with the Child Who Discloses
9.6: References and Further Reading

9.1: INTRODUCTION AND LEARNING OBJECTIVES

LEARNING OBJECTIVES

By the completion of this chapter, students should be able to:

- Identify who is considered a mandated reporter in the state of California.
- Describe the procedure and requirements for reporting.
- Describe what happens once a report is made.
- Describe what situations should be reported, and how.

Mandated Reporter laws vary from state-to-state. Typically, adults who work with children are required to report any suspicions of a child being abused or neglected. In some states, ANY adult is considered to be a mandated reporter. In California and many other states, mandated reporters are people who work in roles through which they interact with children; these include those in education, the medical field, law enforcement, social work, etc. This chapter will explore the responsibilities and laws of mandated reporters, the process of reporting and what comes after a report is made.

You do not investigate abuse. Even if a child discloses abuse, it is the job of a Child Protection Services to verify that the abuse, in fact, did happen. It is your job to document relevant information and follow your duty to report. Only a Child Protection Worker or Police can investigate child abuse, not someone working with children, even in a professional capacity!

Twenty five percent of children who are abused make a direct disclosure. They do this because they believe you are a safe, trusted adult they can talk to, and/or they have new information, such as what is happening is not ok, and/or a role model has disclosed abuse, so they think they can disclose too. Most importantly, they are telling you because they think you can help! Children don't make up stories of abuse!

Students are encouraged to earn a California State Certificate by completing the Mandated Reporter training with a score of 80% or higher.

9.2: MANDATED REPORTING

A SUMMARY OF MANDATED REPORTER RESPONSIBILITIES IN CALIFORNIA

California Penal Code (PC 11165) defines child abuse as any of the following:

- A child is physically injured by other than accidental means;
- A child is subjected to willful cruelty or unjustifiable punishment;
- A child is abused or exploited sexually;
- A child is neglected by a parent or caretaker who fails to provide adequate food, clothing, shelter, medical care or supervision.

"Balanced scale of Justice (blue)" by User:Perhelion, color edited by User:Deu is marked with CC0 1.0.

WHO ARE MANDATED REPORTERS?

Mandated reporters are professionals who have regular contact with children and are therefore legally required to report suspected child abuse. In California there are 46 professions defined as mandated reporters. The full list of mandated reporters can be found in Section 11165.7 of the Penal Code. Mandated reporters include the following:

- **Childcare providers** (Any employee of a childcare institution, foster parent, group home personnel, and personnel of residential care facilities)
- **Medical professionals** (A physician, surgeon, psychiatrist, dentist, resident, intern, chiropractor, licensed nurse)
- **School personnel** (A teacher, instructional aide, teacher's assistant, administrator, board member, or any employee of a school district or private school)
- **Law enforcement**, **mental health**, **clergy & social workers** (A police officer, probation officer, a clinical social worker, marriage counselor, priest, minister, rabbi, imam, parole officer, peace officer, and family therapist, clinical religious practitioner, or

similar investigator, inspector counselor, psychologist, functionary of a church, temple, psychiatrist or recognized organization)

9.3: HOW TO REPORT

HOW TO REPORT SUSPECTED CHILD ABUSE

1. In an emergency, call 911!
2. A written Suspected Child Abuse Report (SCAR) must be completed within 36 hours of receiving information which prompted concerns about suspected abuse or neglect. The written report should include as much of the following information as possible:
    - Date(s) and description(s) of the injuries or dangers;
    - Identity of perpetrator(s) and their relationship/s to the child;
    - Whether the perpetrator has ongoing access to the child;
    - Witness(es) to the incident(s) and how they may be reached;
    - Present condition/status of the child (for example: in need of medical attention);
    - The location of the child;
    - Statement from the child(ren), when possible.

    It may be helpful to complete the SCAR form prior to the phone report. The form can be found on the Office of Attorney General's website: https://oag.ca.gov/sites/all/files/agweb/pdfs/childabuse/ss_8572.pdf

3. Understand your legal protections. California provides civil and criminal immunity from prosecution for persons who make a report of suspected child abuse or neglect in good faith. Persons who are not legally mandated to make a report may make anonymous reports. However, those who are mandated reporters must identify themselves. Information regarding the identity of mandated reporters will remain confidential. You should NOT take steps to investigate the abuse on your own. This fact-finding is the role of Child Welfare Services and law enforcement.

9.4: HOW TO CONTACT CHILD PROTECTIVE SERVICES

If you suspect that a child's health or safety is jeopardized due to abuse or neglect by their parents or another caretaker who has custody of the child, contact the child protective agency in your county. You may also contact the police or county sheriff. Each county has a 24-hour Hotline staffed by trained social workers. To obtain contact information for all counties, visit the California Department of Social Services website at www.cdss.ca.gov.

CONSEQUENCES OF NOT REPORTING

When an incident of known or suspected child abuse or neglect is not reported, there are great consequences for the health and wellbeing of the child. Also, a mandated reporter who fails to report an incident as required by law may be found guilty of a misdemeanor punishable by up to six months confinement in a county jail, a fine of one thousand dollars ($1,000), or both imprisonment and a fine.

CHALLENGES AND ETHICAL DILEMMAS

Mandated reporters often face numerous challenges and ethical dilemmas when deciding whether to report suspected child abuse. Although most mandated reporters want to help the child, they may be uncertain of how to best do that; reporting may lead to the breakup of the family. Another significant challenge is the fear of making false accusations. Reporting without sufficient cause can lead to serious consequences for the accused, potentially damaging their reputation and causing undue distress. Additionally, reporters may fear retaliation from the accused or their associates, which can deter them from taking action. Another ethical dilemma involves maintaining confidentiality. Mandated reporters must balance their legal obligation to report with the need to protect the privacy of the child and their family. This balance is particularly delicate in close-knit communities where anonymity is hard to maintain. These dilemmas considered, imagine the tragedy of NOT reporting, and allowing the child to continue being maltreated. Understanding these challenges and having support systems in place can help mandated reporters navigate these difficult situations.

LEGAL AND PROFESSIONAL CONSEQUENCES

Beyond the immediate legal penalties, failing to report suspected child abuse can have long-term professional repercussions. Professionals such as educators, healthcare workers, and social workers risk losing their licenses and facing disciplinary action from their professional boards. This can result in suspension or permanent revocation of their ability to practice in their field. Additionally, the failure to fulfill mandated reporting duties can lead to job termination and make it difficult to find future employment in the same field. Employers may view the failure to report as a breach of trust and responsibility, impacting the individual's professional reputation and career prospects. Therefore, understanding and adhering to mandated reporting laws is crucial not only for protecting children but also for safeguarding the careers of professionals obligated to report.

Students are encouraged to become Certified California Mandated Reporters by completing the general and specific trainings which apply to them. These trainings are found at the California Department of Social Services Mandated Reporter Training website: https://www.mandatedreporterca.com/training/general-training

9.5: WHEN YOU ARE FAMILIAR WITH THE CHILD WHO DISCLOSES

If a child discloses abuse or you suspect abuse, you need to be clear about your duty to report. In the previous section, we have been talking about children we work with regularly and would have

access to their contact information. But what about children who you don't know personally and yet suspect abuse? What about children who witness an episode of abuse, what do you do? What about children you see being treated poorly and at risk of harm? What do you do then?

This section of the Duty to Report chapter provides instructions on what to do in those situations.

MARKO DISCLOSES ABUSE; WHAT SHOULD YOU DO?

You are at the park with your six-year-old child, and they start playing with a little boy about the same age. You do not see a parent with the child. The child comes over to you when you are giving yours a snack. The child asks for some food, and reluctantly you agree after the child assures you that they eat what you have all the time. After enjoying some food together, the child discloses that their father has a knife, and he took it out last night and waved it at his mother. His mother is very sad and didn't walk him home from school. You asked the child where he lives, and he did not know his address but pointed and said, "over there." You ask the child who is at the park with him, and the child says he stopped on his way home from school. "What is your name," you ask. Marko says the child. "Last name?" You ask, "what's your last name?" "Marko Zugrebber," says the child. After thinking for a few seconds, you realize this child was exposed to an abusive situation, and you should call the Child Protective Services (CPS) or the police). You decide that you will somehow keep the child near you and figure out your next steps. When you start looking around, you cannot see the child.

Is this a concern? Do you need to report to Child Protective Services or the police?

ANSWER

Yes, it is a concern. Do you need to report to CAS? No, you do not report to CAS. Why? Because you do not have contact information.

What should you do instead? Call the Police Non-emergency line to report suspected exposure to abuse.

CPS requires that you have contact information for the child. Without this information, they cannot attend an appointment and follow-up.

FOLLOW THESE STEPS:

1. **Listen** – this is the most important skill. Ask only enough to clarify what the child is saying if needed. You can ask:

    - "Tell me more about that?"
    - "When did that happen?"
    - "What happened to you?"
    - "Are you ok, you look down?"
    - "And then what happened?"

2. **Support** – provide support to the child. Consider the developmental level of the child. Reassure the child and say: "I am glad you told me." Here are some other things you can say to a child that has disclosed:

    - "You were brave to talk about this."
    - "I am sorry that happened to you."
    - "There are people who can help you."
    - "I know people who may be able to help you."

3. **Do not** – Do not make promises you cannot keep. You may be inclined to tell a child that you will keep them safe or their mother safe. You cannot make that promise. You do not know the full circumstances or the outcome of a CAS investigation.

Concerned about the safety and well-being of a child but don't have contact information? We all have a responsibility to be the eyes and ears of the community to look out for children and youth who may be at risk of harm. Perhaps you know a child or youth in danger or witnessed a serious incident against

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10: CHAPTER 10 - CASE MANAGEMENT AND THE LEGAL RESPONSE

10.1: Introduction and Learning Objectives
10.2: What Happens if a Child Cannot Be Returned to the Birth Family?
10.3: Parental Rights
10.4: The Job of the CPS Worker
10.5: The Court Process
10.6: Reference and Further Reading

10.1: INTRODUCTION AND LEARNING OBJECTIVES

When a child is removed from his/her parent's care, the child becomes a ward of the state. This is the beginning of the involvement of many people in the child's life. Caseworkers, advocates, attorneys, doctors, educators, judges and others suddenly become involved in making decisions about the child's future; quite often, these are all new people whom the child did not previously know. In this chapter, we will examine the court system and the processes and individuals involved in a child's case once the child is removed from their parent's custody.

LEARNING OBJECTIVES

By the completion of this chapter, students should be able to:

- Describe the Foster Care System, and the process involved with placing and supporting children in foster care.
- Describe the CASA program and how it works to help children.
- Explain how parental rights have changed over the years and why.
- Explain what happens when a child can't be returned to their birth parent's care.
- Describe the job of a CPS Caseworker.
- Describe the Dependency Court System Process in California.
- Identify what role various people play in this process.

FOSTER CARE

Ideally, every child would be able to be raised by their own parents in a loving, caring home. Unfortunately, that is not always possible. Some children are removed from abusive or neglectful situations, others are orphaned when parents die, and yet others are voluntarily relinquished by parents who cannot care for them properly. What happens to these children? They used to be placed in orphanages... group facilities which housed many children and were staffed by paid or volunteer adults. Orphanages provided for the basic minimal needs of food and clothing but did not fulfill the familial sense of belonging that children need. They were often overcrowded, under-

funded and lacking love. (The movie *Annie* comes to mind!) Our country decided that we could do better for our children; we started placing children with families who would provide for their needs in smaller groups, placed in family homes. We called these families "Foster Families". Foster Care is provided for in every state and is administered through the state's social services department.

"Mother and child" by Ian BC North is licensed under CC BY-NC 2.0.

The following is a direct quote from the California Department of Social Services website: (https://cdss.ca.gov/inforesources/foster-care):

"Thousands of children in California's foster care system require temporary out-of-home care because of parental neglect, abuse, or exploitation. The largest percentages are African American and Latino children. Some stay in foster care for weeks; some for years. The children are of all ages and varying needs. Foster parents provide a supportive and stable family for children who cannot live with their birth parents until family problems are resolved. In most cases, foster parents work with social services staff to reunite the child with birth parents. Foster parents often provide care to many different children.

A license is required to operate a foster home. The process requires a licensing worker to visit your home and meet with you and other family members. Minimum personal, safety and space requirements are required by law. Foster parents work with social services staff to determine the type of child best suited for their home (i.e., age, health issues, and gender). Foster parents receive a monthly payment to feed, clothe, and meet the material needs of the children placed in their care. Medical and dental coverage is provided through the Medi-Cal program. For working parents, appropriate childcare arrangements must be made by the foster parents." ...

"Sometimes children may require more intensive structured care. These children may be placed in licensed community care facilities that may be anywhere from six beds to much larger institutions. These group homes offer individualized treatment for children who require a more structured setting. To become a group home provider, contact your local county welfare office.

In addition to children placed in foster family homes and group homes, foster family agencies provide another placement resource. Agencies are licensed to provide certified family homes for children who require more services than are provided in foster family homes, yet these homes are less structured than group homes." See full source at: https://cdss.ca.gov.

10.2: WHAT HAPPENS IF A CHILD CANNOT BE RETURNED TO THE BIRTH FAMILY?

WHAT HAPPENS WHEN A CHILD NEEDS FOSTER CARE?

Most children would rather stay with their own family, no matter how dysfunctional or unsafe it is, than to be removed and placed with strangers. Even if they lived in chaos, it was what they were used to. Now a stranger has taken them to another family's home. Everyone is new. Everything is new. It smells different, the food is different, the rules are different. Everyone is trying to be nice but they aren't your people… they are different. That is what it is like for so many children who are placed in foster care. They begin to question who and what can be believed or trusted. The child may stop valuing relationships because they are not concrete and aren't going to last. The child may stop investing himself/herself in certain things, or in anything, because it doesn't really matter. All they want to do is go back to their people, their home, their bed… to go back to what it was before.

"Child" by be creator is licensed under CC BY 2.0.

Eventually, most children become accustomed to the safety and security of their new home. It is best when they can stay in this home as long as possible, to be able to build relationships, look forward to events and find some sort of normalcy. Every single move is a traumatic experience. The more moves a child experiences, the more trauma. Children's brains do not have the capability to forward-think, even in the best of circumstances. They only know what they think they need at that moment in time. They operate out of a place of emotion, not rational thought. It is exhausting. When they scream, fight, cuss, and otherwise misbehave, it is often coming from a place of just not knowing what to do… a place of feeling totally out of control of their own life. This misbehavior is an unknowing cry for help.

WHAT HAPPENS IF A CHILD CAN NOT BE REUNITED TO THE BIRTH FAMILY?

Sometimes, the birth parents are not able to make changes to be able to care for their children. In this case, after 12-18 months, the court will move to legally sever the parent's rights to the children. The children will become legal orphans, and will be available for adoption. At that point, the caseworker will search for the right match of an adoptive family to become the child's "forever family". Once the match has been identified, the child will move to their new family. They will still be considered a ward of the court for six months or more, while the child and family make sure it is a good match. Following this trial period, the adoption will be legally finalized, and the child will become the new parent's child. A new birth certificate will be issued, and the relationship will be treated as any other parent/child relationship.

COURT APPOINTED SPECIAL ADVOCATES (CASA)

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The CASA program is a nationwide effort to help the court in making decisions about what is in the best interest of children. The CASA program was started by a judge in Seattle, WA, who believed that he needed someone else on the child's side, someone whom he could trust to look out for the best interest of the whole child. CASA is now a nation-wide program.

CASAs represent the CHILD! When a child is removed and becomes a ward of the state, they have an attorney, a case worker, a foster family, and usually a medical team, counselor, school, and more. That is a lot of professionals involved in the life of a child; some of them may never have even met the child (other than reading their file).

Each professional is looking out for their part of the child's case, through the filters of their interest in the case. The CASA comes to the case from a totally unbiased perspective. The CASA has unlimited access to the child's case file and records but also gets to know the child. Depending on the individuals and circumstances, the CASA may spend a couple of hours a week with the child or working on his/her behalf. The CASA may attend school conferences and advocate for preferential seating, tutoring, explain trauma needs, etc. The CASA may also speak with the caseworker to alert

him/her to the need for an eye exam and possibly glasses, or to the need for a hearing, dental or other health check. The CASA looks out for the WHOLE CHILD, not just one part. The CASA reviews all the records, spends time getting to know the child, and then presents any recommendations to the judge on behalf of what the CASA believes is in the best interest of the child.

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CASAs can also become the only constant or friendly person that the child can depend upon. Foster families and caseworkers may change. Schools and doctors may change. The CASA will (hopefully!) stay with the child throughout his/her time in foster care. Many CASA volunteers take their CASA children for ice cream and talks, go to the park to play and have conversation, etc. The CASA has a very important role in the child's life. When siblings are placed together in foster care, the same CASA may represent each of the children; if there are several siblings, a team of CASAs may work together. The CASA coordinator works for the court to support the CASA volunteers. He/she helps to recommend which CASAs are best matched with which children and cases.

CASAs are required to be professional in all that they do. They are serving as the eyes and ears of the court, as well as looking out for the best interest of the child. Confidentiality is of the utmost importance! CASAs are exposed to some of the most horrific case file descriptions imaginable, as they research a case before meeting a child. They are understanding but firm in their role. CASAs often have very tough decisions to make, before recommending family reunification or parental severance. Whatever they do, CASAs always act in whatever is best for the interest of the child.

According to the National CASA program (https://nationalcasagal.org), children who have CASA volunteers advocating for them are half as likely to return to the foster care system. This speaks to the solidity of recommendations that CASAs make to the court. Judges typically listen more closely to CASA volunteers' recommendations than they do to any of the other team member professionals mentioned above. CASAs have a real impact!

10.3: PARENTAL RIGHTS

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CASE STUDY

Sue had just begun her new job as the CASA coordinator for the county in which she lived. The judge had also assigned her to begin a new "model court" system, involving mediation and quicker deadlines for parents to meet their goals. Sue was a long-time advocate for children and was excited to delve into her first files when there was a knock on her office door. The lead social worker, Ben, stood at her door, and said "Sue, I'm heading to the Foster Care Review Board meeting. I'd like you to come so you can see why I do what I do." Although she was anxious to start learning about the children in her program, she obligingly went along.

The Foster Care Review Board was a group of citizens appointed to be an outside review board of the foster care cases and system, and to ensure that children's rights were being protected. This particular meeting was to review the case of a young man who was aging out of foster care; he would turn 18 the next month and was still in the foster care system. When Sue showed surprise, Ben told her "I have been in this job almost 18 years. This young man was my first case. I was assigned to remove him and his siblings my first week on the job. It made a lasting impact on me, and I've followed his case ever since. This is why the judge assigned you to start a new system of helping these children." Sue watched the proceedings with amazement, determined that there would not be another child in this situation.

This young man was only six months old when he was removed from his parent's care. As a cute little baby, he was placed immediately with a foster family. This family could not accommodate the needs of his older siblings, so they were separated. The birth parent was given six months to clean up and show that she was able to care for her children. She did nothing, until a few weeks before court was scheduled... then she started making a show of efforts to quit using drugs. Her attorney argued that she was making an effort, and she was granted six more months to straighten up and

show she was a competent parent. Again, she did nothing until a few weeks before her court date, when she again showed a little effort that she was trying. This pattern continued for years. Meanwhile, her children were bounced from one foster home placement to another, never knowing permanency. Laws and court practices changed, and the court finally severed her parental rights. Unfortunately, the children were much older now and were unattached. These legal orphans were seen as "unadoptable" because they had never been able to attach to a loving parent or family. As teenagers, they were now in trouble with the law and a suitable adoptive family could not be found. The young man had another month as a ward of the state, and then he would be on his own. He hadn't finished high school, was behind academically and socially, and wasn't really able to take care of himself. The Foster Care Review Board made certain that he had been offered classes in independent living, and that his case worker would make all efforts to help him get a driver's license, find an apartment and secure a job in the next month. Sue couldn't help but think that this child's life had been thrown away as a victim of the system, and that the system had failed him. How successful could he be as an 18-year-old, alone in the world?

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Largely because of cases like that which is described in the above scenario, the court system has changed how it looks at parental rights. Parents do have more legal rights than children, because they are adults. It might not seem right, but it is how The United States of America legal system is designed. However, judges now have modified how long parents have to accomplish the steps needed for reunification with their children. Instead of stringing the child along for years in uncertainty, parents have 12-18 months to demonstrate that they are capable of caring for their child... not beginning to show an interest in completing their programs and goals but having actually completed them! This puts a pause on the child's life for a year but allows them to find permanency within a reasonable amount of time. Judges also order concurrent planning; while the caseworkers are working with parents to help them become able to care for their child, they are also working on finding adoptive placements for the child, just in case!

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Parents do have legal rights, but the system has changed to allow the rights of children to also be considered. This is a great advancement which should help minimize the number of children who age out of foster care with no family and nowhere to go.

10.4: THE JOB OF THE CPS WORKER

The job of a Child Protective Services (CPS) Caseworker is varied and demanding, both physically and emotionally. A great deal is entailed in this important profession. These men and women are tasked with ensuring the safety of children in our country. They conduct investigations, visit families, interview children and adults and help families find the services that they need to be able to better raise their children. Sometimes, these workers are able to help families locate food, shelter, clothing, childcare, transportation, counseling and jobs. Sometimes, these workers must make the difficult decisions to remove the children from the home for their own safety. Often, these professional social workers struggle with the decisions they make, hoping that it was the right decision. Child Protective Services workers are typically overworked and underpaid. Their caseloads have increased in recent years, partly due to an increase in calls related to the opioid epidemic. They must decide which calls are credible and warrant an investigation. Nationwide, approximately half of all reports are investigated.

Investigations may include interviewing the child(ren) at school or childcare, before the parent knows there is an investigation. The investigators may have a medical professional examine the child for physical injuries or neglect, and a child counselor examine the child for trauma or mental illness. The investigator will likely visit with neighbors, teachers or other adults who may have observed the environment in which the child lives or may have witnessed or heard how the parents treat and care for the child. The investigator will also interview the parents, inspect the living environment and ensure that the child is safe. Once the investigator makes a determination, they will work with the family to help provide whatever services may be beneficial. The CPS investigator will also document their interviews and findings, and file reports to the CPS system. If the children are placed in protective care outside of their parent's home, the CPS worker becomes even more involved; they work with foster families, schools, CASAs and the court to ensure that the children receive whatever care and services they may need. At the same time that the worker is looking out for the best interest of the child, they are also providing services to the parents which will enable the children to return home.

CPS workers prepare reports for the court, documenting everything for a judge to review and rule on. They will often be called to provide testimony in court. When a child is removed from the custody of his/her parents, the child becomes a ward of the state. A judge then makes all decisions about what happens in that child's life; day-to-day decisions are made by the CPS Social Worker. All of this takes a great deal of time and energy for each child; caseworkers typically have several dozen children on their caseloads at any given time. This is a demanding job that doesn't pay a lot of money; the turnover rate of CPS caseworkers is very high.

In 2017, an estimated 1,720 children died from child abuse; 27% of them were previously known to CPS. Those are the cases that tend to haunt CPS workers... they wonder “did they do enough to protect the child?” (CBS This Morning) Many tragic cases have been exposed through news stories, documentaries, and movies, in which CPS workers decide to leave a child in the home only for that child to later die from abuse. Like many issues, the negative cases tend to be what makes the news. There are positive outcomes, as well. This work is grueling and heartbreaking at times but can also be very gratifying when a family is helped because of what the worker does. The goal of CPS is to keep children safe while keeping families together.

10.5: THE COURT PROCESS

"Scales of Justice Brisbane Supreme Court=" by Sheba_Also 48,000 photos incl private is licensed under CC BY-SA 2.0.

Soon after a child is removed from their parent’s custody, a court hearing will be held. At this time, the child’s lawyer and the parent’s lawyer will speak to the judge about what has happened and what is recommended to happen next. The CPS Caseworker will testify, as well. Witnesses may be called to testify. The judge will decide if the child should be placed in foster care or relative placement, and what the parent needs to do in order for the child to be returned to their custody. At this time, the judge may also assign a CASA to work with the child. The judge sets a schedule of when the next court hearing will be and sets forth the goals that are to be met by that date. All of this will be included in a case plan, as ordered by the judge.

Sometimes judges request that the parties all meet outside of the courtroom for what is called “mediation”. During mediation, all parties talk and agree on what is best for the children. They work together to try and solve the problem themselves, and then the judge approves or disapproves their solution.

Judges will typically order Status Review Hearings every six months to check on the progress being made toward reunification. The child’s lawyer will tell the judge what the child wants, and also what is in the child’s best interest. The judge will review all the information, make determinations about visitation and placement of the child, along with any other decisions warranted, and will rule

on these decisions. Other review hearings may be held to review new information, additional needs, etc.

In the case that a child cannot safely return to their parent's custody after the initial 12 months, the judge will determine whether or not the parents have made satisfactory progress toward their goals. If not, the judge will set another hearing to determine the permanent plan for the child. At this time the judge may terminate the parental rights and place the child up for adoption, assign someone to be the legal guardian for the child, or rule that the child will be permanently placed in foster care. Most of the time, the judge will rule that the parent's rights be terminated, and the child placed for adoption, to allow the child to gain permanency and a new family.

CASE STUDY: HELPING CHILDREN UNDERSTAND THE PROCESS

Children ages 12 and older are often involved in the court process. The information below helps explain the California Dependency Court process to children. The following information was summarized and inspired by the example on courts.ca.gov:

GUIDE TO DEPENDENCY COURT – FOR CHILDREN WHAT IS DEPENDENCY?

When children come to court because a parent has hurt them or not taken care of them, this is a juvenile dependency case. Until a child grows up, they are dependent on adults and need their protection. If your parents can't or won't take care of you properly, the juvenile court may step in and you may become "dependent" on the court for safeguarding. When this happens, you may have to live with relatives or another family for a while.

WHO IS INVOLVED IN A DEPENDENCY CASE?

In a dependency case, several key people will be involved in checking on how you are doing. These people include:

Your Lawyer: This person is your advocate – they speak for you and fight for you in court. Your conversations with your lawyer are confidential, meaning they cannot tell anyone else what you have told them unless you say it is okay. In California, your lawyer must tell the judge what is in your best interests and also what you want. Sometimes those can be two different things. Talk to your lawyer if you have questions about why they think a certain outcome is in your best interests and you don't agree.

The Social Worker: This person is responsible for helping foster youth in every way. Social workers find the foster home, make sure you have everything you need, and that you are happy. They also visit you every month to make sure everything is going well.

The Judge: The judge tries to make sure all your needs are being met. They also make the big decisions in your case, like whether or not you will go home and what your visitation

with your parents will be like. The judge makes these decisions based on what is in your best interests.

CASA (Court Appointed Special Advocate): CASAs are volunteers who work with kids who have dependency cases. They are supposed to look out for your best interests and give the court their opinion on how things are going for you.

YOUR RIGHTS IN A DEPENDENCY CASE

Even though being in a dependency case can be tough, you have certain rights:

Support During Interviews: You have the right to have a support person present when a social worker interviews you at school.

- **Attending Court:** If you are 10 years old or older, the social worker or your lawyer must tell you the court date and ask if you want to attend.
- **Involvement in Your Case Plan:** If you are 12 years old or older and placed in a foster home, group home, or with relatives, you have the right to go over your case plan, sign it, and have a copy of it. You also have the right to be told about any changes that are going to be made to your case plan.
- **Staying at Your School:** If you have been removed from your parents, you have the right to stay at your school.
- **Visiting Siblings:** If you have been removed from your parents, you have the right to ask the judge to allow you to visit with your siblings.

This information helps explain the California Dependency Court process to children and ensures they understand their rights and the roles of those involved in their cases.

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National CASA/GAL Association for Children. (n.d.). Court Appointed Special Advocates (CASA) for Children. Describes the CASA program and its role in supporting children in the legal system.

National CASA/GAL

U.S. Government Accountability Office (GAO). (2017). Foster Care: HHS Could Do More to Support States' Efforts to Keep Children in Family-Based Care.

Evaluates federal efforts to support family-based care and the role of case management. GAO Report

Non-Profit Sources

Annie E. Casey Foundation. (2018). KIDS COUNT Data Book: State Trends in Child Well-Being.

Provides comprehensive data on child well-being, including indicators related to foster care and case management.

KIDS COUNT Data Book

Child Welfare League of America (CWLA). (n.d.). Standards of Excellence for Child Welfare Services.

Outlines best practices and standards for child welfare services, including case management.

CWLA Standards

FosterClub. (n.d.). Resources for Foster Youth and Foster Parents.

Offers resources and support for foster youth and foster parents, focusing on improving outcomes through effective case management.

FosterClub

The National Foster Youth Institute (NFYI). (n.d.). Advocacy and Support for Foster Youth.

Provides advocacy and support for foster youth, emphasizing the importance of case management in achieving positive outcomes.

NFYI

These sources provide a comprehensive foundation for understanding the complexities of case management and the legal response in the context of child welfare.

11: CHAPTER 11 - TREATMENT FOR SURVIVORS

11.1: Introduction and Learning Objectives
11.2: Treatment for Child Abuse Survivors
11.3: Key Components of TF-CBT
11.4: Long-Term Effects
11.5: References and Further Reading

11.1: INTRODUCTION AND LEARNING OBJECTIVES

This textbook has covered a lot about the immediate effects of child abuse and neglect on children, but how do abuse and neglect affect the individual, family, community and society at large in the long-term? What can be done to help these children lead normal adult lives? What can communities do to help minimize the effects on these children, and to help prevent such abuse and neglect in the future? This chapter addresses these questions and more, and describes various types of care and therapy.

LEARNING OBJECTIVES

By the completion of this chapter, students should be able to:

- Define family-centered therapy and list at least three goals of it.
- Explain the differences between foster care and therapeutic foster care.
- Identify four or more long-term effects of child abuse and neglect to an individual victim.
- Describe how the effects of child abuse and neglect impact society at large.
- Explain three or more techniques that can help minimize the long-term effects of child abuse or neglect on an individual.

11.2: TREATMENT FOR CHILD ABUSE SURVIVORS

SUPPORTIVE TREATMENT FOR CHILD ABUSE SURVIVORS

It is normal for most people to want to help children who have experienced maltreatment. When children don't receive services after being traumatized, research shows that they are at greater risk for being re-victimized. It is very important that society provides these children with the best possible treatment in supporting them. How do we best help them? There are many supportive treatments available… one type does not fit all. Within the confines of this text, we cannot fully explore all of the supportive treatments available; we will take a snapshot look at a few of the most prevalent and helpful.

FAMILY-CENTERED THERAPIES

When trauma happens, it doesn't usually impact just one child… it impacts the entire family. Anyone who is a direct or indirect victim of the trauma should be able to access help in overcoming the trauma. This often includes the children and adults of a household (unless they were the perpetrator, and then sometimes they are included anyway if they will be reunified) and may include extended family members or friends.

The more healthy support available, the better. The following information is a summary from an article by the Child Welfare Information Gateway, found at https://www.childwelfare.gov/pubPDFs/trauma.pdf.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a proven method that aids children, teenagers, and their caregivers in overcoming trauma-related challenges. This therapy effectively addresses negative emotions and behaviors stemming from various traumatic experiences, including child sexual abuse, domestic violence, traumatic loss, mass disasters, and multiple traumas. TF- CBT works by correcting harmful beliefs and perceptions related to these traumatic events. In a nurturing setting, children are encouraged to openly discuss their trauma and develop coping skills for everyday stress. Additionally, TF-CBT supports non- abusive parents in managing their own emotional distress and equips them with techniques to better assist their children.

OVERVIEW

After experiencing trauma, such as child maltreatment, children can face serious emotional, behavioral, and other challenges both immediately and in the long term. These challenges can include depression, substance abuse, PTSD symptoms (like intrusive memories, avoidance, emotional numbing, and hyperarousal), mood and anxiety disorders, suicide attempts, increased cortisol levels, and legal issues. They might also develop harmful beliefs and attributions, such as feeling powerless or believing they are to blame for the abuse.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a scientifically supported treatment designed to help children manage and reduce the negative impacts of trauma. This therapy aids in processing traumatic memories, resolving harmful thoughts and behaviors, and building effective coping and social skills. Additionally, TF-CBT involves a component for non-abusive parents or caregivers, helping them acquire skills in stress management, positive parenting, behavior management, and effective communication.

TF-CBT integrates principles from various therapeutic approaches:

- **Cognitive Therapy:** Focuses on altering unhelpful thinking patterns to change behavior.
- **Behavioral Therapy:** Aims to modify habitual emotional responses, like anger or fear, to non-threatening situations.
- **Family Therapy:** Looks at family interaction patterns to identify and resolve issues.
- **Attachment Theory:** Highlights the significance of the parent-child relationship.

- **Developmental Neurobiology:** Provides insights into how the brain develops during childhood.

TF-CBT is designed for children and adolescents aged 3 to 18 who have experienced at least one traumatic event, such as child maltreatment, community violence, or the traumatic loss of a loved one. Suitable candidates for this therapy include those who:

- Exhibit PTSD symptoms
- Experience high levels of depression, anxiety, shame, or other dysfunctional feelings, thoughts, or beliefs related to the trauma
- Display trauma-related behavioral issues, including age-inappropriate sexual behaviors

The therapy also involves non-offending parents or other caregivers in the supportive treatment process.

TF-CBT has shown effectiveness in various settings, such as clinical environments, foster care, schools, and in-home care. It works well with children and families from diverse cultural backgrounds and can address different types of trauma, including physical or sexual abuse, domestic violence, natural disasters, and traumatic grief. It is also effective for those who have experienced multiple types of trauma.

However, TF-CBT may not be suitable for all populations and might require adjustments for:

- Children and adolescents with primary issues of severe conduct problems (e.g., aggressive or destructive behaviors) or significant behavioral issues that predate the trauma. These individuals might benefit more from treatments focusing on these behaviors first.
- Children with extensive inappropriate or illegal substance use Children who are acutely suicidal
- Adolescents currently engaging in serious self-harming behaviors or other nonfatal self-harm actions

It is crucial to conduct thorough assessments to ensure that children and adolescents fit the profile for TF-CBT and can benefit from the intervention.

11.3: KEY COMPONENTS OF TF-CBT

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a structured, short-term treatment usually consisting of 12 to 16 weekly sessions, although this can extend to 25 sessions for youth with complex trauma. Each session typically lasts about 60 minutes, divided equally between the child and the parent, with some joint sessions later in the therapy. TF-CBT is generally completed within 4 to 6 months, though additional services may be necessary after addressing the trauma-specific impacts.

During each session, the therapist focuses on building a therapeutic relationship while providing education, skills, and a secure environment to process traumatic memories. Parents and children work together with the therapist to set and achieve common goals. Joint sessions help parents and children practice the skills learned, facilitate the sharing of trauma narratives, and improve parent-child communication about the trauma.

The components of the TF-CBT protocol can be summarized with the acronym "PRACTICE":

P - Psychoeducation and Parenting Skills: Educating about child abuse and typical emotional and behavioral reactions, along with training parents in positive parenting, behavior management, and effective communication.

R - Relaxation Techniques: Teaching methods such as focused breathing, progressive muscle relaxation, and visual imagery to help manage stress for both the child and parent.

A - Affective Expression and Regulation: Assisting the child and parent in managing emotional reactions to trauma reminders, improving emotional expression, and engaging in self-soothing activities.

C - Cognitive Coping and Processing: Helping the child and parent understand the link between thoughts, feelings, and behaviors, and correcting inaccurate or unhelpful beliefs related to everyday events.

T - Trauma Narration and Processing: Facilitating gradual exposure exercises, including verbal, written, or creative recounting of traumatic events, and addressing unhelpful thoughts about the abuse.

I - In Vivo Exposure: Gradual exposure to trauma reminders in the child's environment (e.g., darkness, places where the trauma occurred) to help the child control emotional reactions.

C - Conjoint Parent/Child Sessions: Family sessions to enhance communication and provide opportunities for therapeutic discussion about the abuse and sharing of the child's trauma narration.

E - Enhancing Personal Safety and Future Growth: Educating and training on personal safety, interpersonal relationships, and healthy sexuality, and encouraging the use of new skills to manage future stressors and trauma reminders.

In cases where children live in dangerous or high-risk environments (e.g., domestic violence, neighborhood violence), safety planning may be prioritized at the beginning of the treatment and revisited throughout therapy.

BENEFITS TO USING TF-CBT

At least 20 empirical investigations have been conducted evaluating the impact of TF-CBT on children who have been victims of sexual abuse or other traumatic events (Cohen & Mannarino, 2017). Research comparing TF-CBT to other tested models and services as usual (such as supportive therapy, nondirective play therapy, child-centered therapy) has shown that TF-CBT resulted in significantly greater gains for children and parents. Follow-up studies (up to 2 years following the conclusion of therapy) have shown that these gains are sustained over time. TF-CBT has been designated as an evidence-based approach by several organizations, including the California Evidence-Based Clearinghouse for Child Welfare and the National Registry of Evidence-Based Programs and Practices.

Children participating in TF-CBT show a wide range of improvements, including decreases in PTSD symptoms, depression, anxiety, behavior problems, shame, cognitive distortions, and relationship difficulties (Cohen & Mannarino, 2017; Cohen, Mannarino, & Iyengar, 2011; Lenz & Hollenbaugh, 2015). Research also demonstrates a positive treatment response for parents. Parents experience reductions in their own emotional distress and depressive symptoms as well as improvement in how they can support their children and manage their children's behavioral difficulties (Deblinger, Mannarino, Cohen, Runyon, & Heflin, 2015).

WHAT TO LOOK FOR IN A FAMILY-CENTERED THERAPIST

Regardless of the specific type of therapy that seems appropriate for the child and the family should have an opportunity to interview potential therapists prior to beginning treatment. The child and parents should feel comfortable with and have confidence in the therapist with whom they will work. The following are some specific questions parents may wish to ask:

- What is the nature of the therapist's training (e.g., when trained, by whom, length of training)?
- Is the therapist certified?
- Is there a standardized, objective assessment process used to gather baseline information on the functioning of the child and family and to monitor their progress in treatment over time?
- What techniques will the therapist use to help the child manage his or her thoughts and emotions and related behaviors?
- How and when will the therapist ask the child to describe the trauma?
- Will the therapist use a combination of individual and joint child-parent sessions?
- Is the practitioner sensitive to the cultural background of the child and family? How will cultural considerations be addressed?
- Is there any potential for harm associated with treatment?

CONCLUSION

Families may search out the most appropriate and supportive treatment interventions for children who have experienced sexual abuse, physical abuse, exposure to domestic violence, mass disasters, multiple traumas, or similar traumas. Whichever supported treatment program is selected should demonstrate significant results in helping children to process their trauma and overcome emotional and behavioral problems following trauma.

THERAPEUTIC FOSTER CARE

We have learned in previous chapters about Foster Care. The purpose of Foster Care is to provide for the basic needs of a child when their parents cannot do so. Sometimes, children need more than what basic foster care is designed to provide. In these situations, a child might benefit from a Therapeutic Foster Care placement. The following is copied from an article published on adoption.com ("What is Therapeutic Foster Care? Six Things You Should Know" by Caroline Bailey, June 10, 2016. Accessed September 20, 2022.)

"When a child enters the foster care system in the United States, often the child's functional, emotional, and behavioral needs are not fully known at initial placement. After the needs of the child are determined and if the child needs a higher level of care, the child may be referred to what is called "therapeutic foster care." In some states and agencies, this may also be referred to as "specialized homes," or "treatment foster care."

"Sometimes, when people hear the word "therapeutic," they think it refers to medical foster care. While some of the children in therapeutic care may have medical needs, typically, the kids in these types of homes have significant emotional and behavioral challenges. Here are a few things to know about therapeutic foster care:

1. **Therapeutic foster families are specially trained to care for children with high needs.** They are often asked to complete more pre-service training hours than required for a more traditional foster home. They may also be asked to complete a substantial amount of ongoing training hours per their licensure requirements as a therapeutic foster home.
2. Therapeutic foster families should familiarize themselves with trauma-informed care and how trauma affects the development of a child. Knowledge is power, and the more a foster family knows, the better equipped the foster parents are at being able to provide intentional nurturing, discipline, and care to children.
3. **Some of the children in therapeutic foster care have had multiple disruptions and placement moves.** Children in need of therapeutic foster care have struggled to make it in a more traditional foster home, are at great risk for being hospitalized or placed in a residential setting, or have are transitioning out of residential settings into the family home environment.

4. **The reimbursement rate is sometimes higher than traditional foster care.** Therapeutic foster care requires more out of a foster family than traditional care. Because of this, the rate of reimbursement may be higher (please note this may vary from state to state). In some programs, one parent (if it's a two-parent home) can stay at home full time to better meet the needs of the children
5. **Agencies may limit the number of children allowed in a therapeutic foster home.** Due to the special needs of children in therapeutic foster care, the number of children allowed in a foster home may be set lower than is allowed in a traditional foster home. This is intentionally done for the family to be able to better meet the individual needs of the children in their home.
6. **There is a great need for families who are willing to become licensed and approved.** One struggle that licensing agencies face is the challenge of approving families who desire to foster high-needs children with behavioral and emotional challenges. Child welfare agencies are thrilled when families step up to foster kids in need of therapeutic foster care."

11.4: LONG-TERM EFFECTS

This text has presented vast amounts of information related to child abuse and neglect. It has detailed some of the long-term effects that this abuse can cause for individuals and, at times, the future may have appeared bleak. THERE IS HOPE! We cannot undo experiences, but how we choose to move through and on from those experiences is a CHOICE that each person, each community, and society, gets to make.

Trauma does have long-term effects. These effects impact individuals, families, communities, and society at large. We do not have to accept being victims, however, and can instead choose to be survivors. There is hope! It is a choice!

LOCAL RESOURCES TO HELP VICTIMS:

FRESNO COUNTY RESOURCES

- **211** Fresno County Information and Referral Helpline
- **559-497-2900** Rape Counseling Services (RCS). Call **559-222-7273** for the 24-hour hotline.
- **559-600-2822** Fresno County Crime Victim Assistance Center (CVAC)
- **559-600-8918** Fresno County Children's Mental Health Services. Call 559-600-6760 for Crisis Services.
- **559-600-8144** Fresno County District Attorney's Office
- **559-600-8144** Fresno County Sheriff's Office
- **559-621-7000** Fresno Police Department
- **559-255-8320** Fresno County Child Protective Services Hotline

- **559-324-2800** Clovis Police Department
- **559-492-2266** Fresno Resiliency Center
- **559-237-4706** Marjaree Mason Center
- **559-858-2021** Breaking the Chains
- **559-268-1118** Fresno Council on Child Abuse Prevention

KINGS COUNTY RESOURCES

- **877-727-3225** Kings County Child Protective Services Hotline
- **559-852-2640** Kings County Victim-Witness Assistance Program
- **559-582-4386** Kings Community Action Organization

MADERA COUNTY RESOURCES

- **559-661-1000** or **1-800-355-8989** Madera County Victim Services
- **559-675-7829** or **1-888-506-5991** Madera County Behavioral Health
- **559-675-7726** Madera County District Attorney's Office
- **559-675-7770** Madera County Sheriff's Office
- **559-675-4200** Madera Police Department
- **559-675-7829** or **1-800-801-3999** Madera County Child Welfare Services
- **559-665-8600** Chowchilla Police Department
- **559-661-5155** First 5 Family Resource Center Madera
- **559-673-9173** Community Action Partnership of Madera County
- **559-232-9753** Madera County Child Abuse Prevention Council

MERCED COUNTY RESOURCES

- **209-722-4357** Valley Crisis Center (Merced County)
- **209-385-3104** Merced Child Protective Services Hotline
- **209-385-7385** Merced Victim-Witness Assistance Office

TULARE COUNTY RESOURCES

- **559-732-7371** Tulare County 24-hour Rape Crisis Hotline
- **800-331-1585** Tulare Child Protective Services Hotline
- **559-735-0456** Tulare County Child Abuse Prevention Council

ADDITIONAL RESOURCES

- Detection of Child Abuse in Virtual Learning (PDF)
- Child Abuse Awareness Month Fact Sheet and Infographics (PDF)

11.5: REFERENCES AND FURTHER READING

References Chapter 10:

Office for Victims of Crime. (2013). Children, Violence, and Trauma – Treatments That Work. Retrieved from: https://y outu.be/3EyvaEk0K-k

Child Welfare Information Gateway. (2022). Trauma-focused Cognitive Behavioral Therapy (TF-CBT). Accessed from: https://www.childwelfare.gov/pubPDFs/trauma.pdf

Bailey, C. (2016). What is Therapeutic Foster Care? Six Things You Should Know. https://adoption.com/what-is- therapeutic-foster-care

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Brown, F. (2016). Healing Adult Survivors of Child Abuse. TEDxGreenville. Retrieved from:

https://y outu.be/5viOYkM4CRE

Burke-Harris, N. (2019). The Impact of Childhood Adversity. Amanpour Company. PBS. https://y outu.be/DqiSCevEt5I

Neulinger, S.J. (2015). Trauma is Irreversible. How it Shapes Us is Our Choice. TEDx. Retrieved from:

https://y outu.be/K_WL5iqvPlY

Hughes, D.A. PhD. (2017). Building the Bonds of Attachment: Awakening Love in Deeply Traumatized Children, 3rd edition. Rowman & Littlefield Publishers.

Resource list retrieved from https://www.valleychildrens.org/guilds-child-abuse-prevention-and-treatment-center/child-abuse-prevention-resources on 2/26/25

Further Reading

Peer-Reviewed Sources

Cohen, J. A., & Mannarino, A. P. (2017). Trauma-Focused Cognitive Behavioral Therapy for Children and Parents. Child and Adolescent Psychiatric Clinics of North America, 26(1), 105-119.

Explores the implementation and effectiveness of TF-CBT in treating children and their caregivers.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the

Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. American Journal of Preventive Medicine, 14(4), 245-258.

Examines the long-term health and social effects of adverse childhood experiences, including abuse and neglect.

Hébert, M., Langevin, R., & Oussaid, E. (2018). The Long-Term Impact of Child Maltreatment: Implications for the Adolescent and Adult Adjustment. Journal of Child & Adolescent Trauma, 11(2), 173-183.

Discusses the enduring impacts of childhood maltreatment on adolescent and adult adjustment and mental health.

Kisiel, C. L., Fehrenbach, T., Small, L., & Lyons, J. S. (2009). Assessment of Complex Trauma Exposure, Responses, and Service Needs Among Children and Adolescents in Child Welfare. Journal of Child & Adolescent Trauma, 2(3), 143- 160.

Evaluates the needs of children in the welfare system who have experienced complex trauma and discusses service provision strategies.

van der Kolk, B. A. (2005). Developmental Trauma Disorder: Toward a Rational Diagnosis for Children with Complex Trauma Histories. Psychiatric Annals, 35(5), 401-408.

Proposes a diagnostic framework for understanding and treating children with histories of complex trauma.

Government Sources

U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (2020). Trauma-Focused Cognitive Behavioral Therapy: A Guide for Parents and Caregivers.

Provides an overview of TF-CBT and its benefits for children and caregivers dealing with trauma.

TF-CBT Guide

Centers for Disease Control and Prevention (CDC). (2019). Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence.

Reviews evidence-based strategies for preventing ACEs and mitigating their long-term effects.

Preventing ACEs

Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.

Offers a comprehensive framework for understanding trauma and implementing trauma-informed care. SAMHSA Trauma Guide

National Institute of Mental Health (NIMH). (2017). Childhood Trauma: Treatment Options.

Discusses various treatment options for children who have experienced trauma, including TF-CBT. NIMH Trauma Treatment

Non-Profit Sources

Child Welfare Information Gateway. (n.d.). Supporting Brain Development in Traumatized Children and Youth.

Provides resources and information on supporting brain development in children and youth who have experienced trauma.

Supporting Brain Development

National Child Traumatic Stress Network (NCTSN). (n.d.). Trauma-Focused Cognitive Behavioral Therapy (TF- CBT).

Offers detailed information about TF-CBT and resources for implementing this therapy.

NCTSN TF-CBT

Prevent Child Abuse America. (n.d.). Promoting Safe, Stable, and Nurturing Relationships to Prevent Child Maltreatment: Findings from the Field and Next Steps.

Discusses strategies for promoting safe and nurturing relationships to prevent child maltreatment.

Prevent Child Abuse America

The Annie E. Casey Foundation. (2018). Transforming Child Welfare Systems to Improve Outcomes for Children.

Explores strategies for transforming child welfare systems to better support children and families.

Casey Foundation

12: CHAPTER 12 - TREATMENT FOR PERPETRATORS

12.1: Introduction and Learning Objectives
12.2: Therapy
12.3: Treatment for Child Abuse Perpetrators
12.4: Triggers
12.5: When is Spanking Considered Abuse?
12.6: References and Further Reading

12.1 : INTRODUCTION AND LEARNING OBJECTIVES

People are naturally inclined to help survivors to recover from abuse. When it comes to helping the abusers, few are as motivated. Outsiders are naturally inclined to see the abuser as the "bad guy" who should be punished, not helped. As a society, we focus on defending our children and keeping them out of harm's way. That puts us on constant defense. Think of a football or soccer game; if we eliminated the offense, we would not need to be on the defense. If we help "cure" an abuser, think of all the children we protect from becoming that person's potential victims. This chapter will be challenging for many, because we often don't want to help the "bad guy". Please keep an open mind to the perspective of helping children by helping abusers no longer abuse... whatever form that may take.

LEARNING OBJECTIVES

By the completion of this chapter, students should be able to:

- Explain three or more techniques used to help perpetrators no longer abuse children.
- Explain the difference between punishment and recovery.
- Explain what is meant by "triggers" and how they play a part in the recovery of an abuser.

12.2 THERAPY

One of the initial goals of therapy with an abuser is to get the person to accept responsibility for what he/she has done, and for the harm that it has caused. This is not always an easy task. The following is a summary of a scientifically reviewed article written by Dr. Sherry Stines, LPCC, and published by Psych Central, Jan. 23, 2017 (www.psychcentral.com). This article was written and reviewed for medical professionals and can be viewed in its entirety here., it is titled “When an Abuser goes to Therapy (Including the Narcissist, Psychopath, Master Manipulator”. What follows is a summary of this content:

TREATING ABUSIVE PERSONALITIES IN THERAPY

Effectively treating individuals with abusive personalities requires a different approach than traditional therapy methods. A fundamental principle to remember is that **people engage in behaviors that provide them with some form of reward**.

MOTIVATIONS BEHIND ABUSIVE BEHAVIOR

Abusers may derive various benefits from their harmful actions, such as **power, control, vindication, punishment, and retaliation.** These motives are detrimental to healthy relationships and societal norms.

DEFENSIVE VS. OFFENSIVE ABUSE

Abusive behaviors can be categorized into two types: **defensive** and **offensive**. Defensive abusers react to external stimuli, aiming to protect themselves. Offensive abusers, on the other hand, seek gratification and a sense of superiority from inflicting harm on others.

THERAPY APPROACHES

When treating an abuser, it's crucial not to treat them as a victim or coddle their emotions. Even if the abuser perceives themselves as responding to hurt, they make a conscious decision to harm another person. **Many abusers adopt a victim mentality**, using statements like, "I know what I did was wrong, but I felt hurt," to justify their actions. This belief serves several purposes:

1. Portraying themselves as victims.
2. Justifying their behavior.
3. Saving face as an injured party.
4. Inducing guilt in the actual victim.
5. Gaining sympathy from others.
6. Attempting to absolve themselves by admitting wrongdoing and expecting forgiveness.

VICTIM DYNAMICS

Victims of abusive relationships often stay due to their conscientious nature. They are compassionate, understanding, and forgiving — *traits that abusers exploit*. Therapists can also fall into the same pattern of responding sympathetically to abusers.

PROJECTION/INTROJECTION DYNAMIC

The relationship between abuser and victim can be understood through the projection/introjection dynamic. The abuser projects negative behavior onto the victim, who internalizes (introjects) it. Conversely, the victim projects their good nature onto the abuser, assuming they are

misunderstood. This creates a cycle where the victim feels responsible for the relationship's well-being and takes on more responsibility when blamed by the abuser.

In an abusive relationship, both the abuser and the victim engage in a process where they reflect each other's characteristics back onto each other. However, the victim ends up in a disadvantageous position by internalizing the abuser's negative traits.

For instance, a victim who feels overly responsible for maintaining the relationship's health might introspect deeply when blamed by the abuser. They might think, "Perhaps I was too harsh" or "Maybe I shouldn't have done that," and as a result, they assume even more responsibility for the relationship's issues. Meanwhile, the victim also projects their positive traits onto the abuser, rationalizing the abuser's actions as stemming from a place of misunderstanding, such as thinking, "He's just lashing out because he feels misunderstood." This dynamic means the victim internalizes the negative behavior of the abuser while attributing their own good intentions to the abuser.

Essentially, the relationship acts like a mirror, where each person reflects what they experience from the other. This mirroring effect can deeply affect the victim's sense of self and responsibility within the relationship.

THE THERAPIST'S ROLE

Therapists must recognize the dynamics at play in both the victim-abuser relationship and the therapeutic relationship with the abuser. Maintaining strong psychological boundaries is essential to avoid falling into the projection/introjection trap. Understanding that they are dealing with a master manipulator is crucial, as the abuser can exploit the therapist's good qualities for their advantage.

In summary, treating abusive personalities in therapy involves recognizing their manipulative behaviors, avoiding victimization of the abuser, and maintaining firm boundaries to prevent being manipulated. Understanding the complex dynamics of projection and introjection is vital for effective treatment.

12.3: TREATMENT FOR CHILD ABUSE PERPETRATORS

What treatments a person will receive depend largely on:

1. the relationship to the victim.
2. the type of assault committed.
3. where the perpetrator resides when the treatment occurs (with the family, apart from the family, in prison, etc.)
4. the goal of the therapy. (If family reunification is a goal, therapy will most likely eventually be conjoint with the victim.)

Familial perpetrators are commonly encountered through the Child Protective Services system, whereas extra-familial perpetrators are more likely encountered through the law-enforcement system. Extra-familial perpetrators are more likely to be incarcerated, less likely to have the goal of reunification with the victim and are therefore more likely to receive treatment separately from the victim.

The type of therapy used will be dependent upon the threat to public safety, the history of the perpetrator (how long has s/he been abusing, at what age did the abuse begin, what type/intensity of abuse, how long abuse of each victim lasted, etc.) Perpetrators are assessed individually at the beginning of treatment to help determine treatment goals and techniques. Many times, abuse is looked upon like other addictions; it can't be cured but can be managed. Specific goals of therapy, no matter the approach, include: (Crosson-Tower, p. 330)

1. Accept personal responsibility for the abuse.
2. Understand the sequence of feelings, events, stimuli, and circumstances that led to the offense.
3. Learn to break the pattern at the first sign leading toward abuse.
4. Learn appropriate tools and mechanisms to break the pattern and control the behavior.
5. Develop a positive self-concept.
6. Have an opportunity to test new skills in a safe environment.
7. Have post treatment support to prevent recidivism.

PUNISHMENT VS. TREATMENT

Many of society believe that perpetrators of child abuse should be punished, not treated. The "lock them up and throw away the key", or "air drop them on a deserted island and let them fend for themselves" philosophies are born out of the intention of protecting children from the perpetrator's future abuse. While in prison, child sex abusers are looked upon as the bottom of the hierarchy. They are often victimized by other inmates; some are killed. (National Geographic; Prison for Child Molesters) In all reality, though, those perpetrators who do go to prison and survive will not stay imprisoned forever. They will eventually be returned to society where they will undoubtedly encounter children.

Regardless of the charges against a perpetrator, if they are to be released back into society, they need to go through rehabilitation. They also may need support systems (psychotherapy, medication, physical restrictions, etc.) in order to function safely and appropriately in society. Without these behavior modifications, the perpetrator may re-offend. With these behavior modifications, they can be helped to avoid situations that would lead to hurting another child.

12.4 TRIGGERS

A "trigger" is something that leads a person to take an action. People are triggered to eat a snack by the smell of appealing food (popcorn, French fries, cinnamon rolls, etc.) upon entering an

establishment. People are triggered to go to the kitchen for a drink or snack by watching TV commercials which feature certain foods. In relation to child abuse, children may be triggered to remember a suppressed incident or feeling by an unexpected emotional or physical sensation (a certain color car goes by, they smell a specific cologne, they see someone with certain physical features, etc.) Child abusers may be triggered by something to commit the abuse.

Research has shown that certain societal triggers have a direct correlation to the number of child abuse cases. For example, when gas prices increase by $1/gallon, when a smaller than expected tax refund is received and when report cards are sent home, child abuse cases show a marked increase. There is a clear connection between abuse and financial hardship. Research also shows that the most prevalent cause of infant abuse is that the infant was crying. Infants are supposed to cry… it is one way that they communicate; it is up to the adults to take control of their own emotions and behavior. Parenting can be stressful at times… parents must be in control of their own behaviors.

Once a perpetrator has identified his/her triggers, it is easier to avoid or manage them. For instance, if a perpetrator identifies a school bus as his trigger to seek out and molest young children, he should obviously avoid encountering school buses. There may be a behavior modifier that can help in the case that he may see a school bus. If a parent identifies that a crying baby is a trigger to afflict harm to the child, a behavior modifier can be introduced to help the parent manage these feelings. Affective therapists can work with perpetrators to identify triggers and behavior modification techniques. Remember that the therapy and treatment goals are often not to cure a person, but to help them manage the situation so that they do not abuse again.

12.5 WHEN IS SPANKING CONSIDERED ABUSE?

For decades, generations of the past have heard the mantra “Spare the rod and spoil the child”. Current generations may have been raised that way, but many are now asking how effective spanking is as a disciplinary measure, and does it do more harm than good. Research has shown that spanking is not as effective as past generations may have believed, and that it may lead children to fear parents rather than reinforcing a positive relationship. Many parents are moving away from spanking a child and are instead choosing other forms of discipline.

According to *Save the Children Foundation* (https://www.savethechildren.net/news/international-day -end-corporal-punishment), as of April 2023, 65 countries have banned all forms of corporal punishment, including in the home. Corporal Punishment is defined as “the infliction of physical pain upon a person’s body as punishment for a crime or infraction” (www.britannica.com); this includes spanking. The American Academy of Pediatrics has said that spanking is not effective. Some believe that spanking is a criminal act. In the United States, as of 2024, it is still legal for a parent to spank their child as long as they do not leave a mark. If someone leaves even a slight injury on a child from spanking, medically speaking, they have crossed the fine line from spanking to beating the child. If a child has a bruise from being spanked, the child has been physically abused. (ABC News; Child Abuse Triggers)

12.6 REFERENCES AND FURTHER READING

References Chapter 12:

Stines, S. PhD, LPCC. (2017). When an Abuser Goes to Therapy (Including the narcissist, Psychopath, Master Manipulator). Psych Central, January 23, 2017. www.psychcentral.com.

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Child Abuse Triggers and Spanking Dangers. (2019). News 4JAX. Retrieved from: https://y outu.be/MBOTevkC8gE

13: CHAPTER 13 - PREVENTION OF FUTURE CHILD MALTREATMENT - PROTECTING OUR FUTURE GENERATIONS

13.1: Introduction and Learning Objectives
13.2: Developmental Assets
13.3: References and Further Reading

13.1: INTRODUCTION AND LEARNING OBJECTIVES

"Young residents capture the spirity of the year, celebrating Bracknell's first Community Games- by Mike Morrissey" by NCVO is licensed under CC BY 2.0.

WHAT CAN COMMUNITIES DO?

This text has covered some pretty horrific things that happen to children. PLEASE DON'T DESPAIR! Many GOOD things are happening to help change the text of the future. Across communities, we are creating a new standard for the next generation.

For too long, negative events early in life have impacted the well-being of children and the adults they become. These ACEs cause a ripple effect of physical, mental, emotional and social problems. The GOOD news is that society can prevent many of these ACEs from ever occurring. Relationships and environments which provide positive childhood experiences give every child what they need to stay connected and healthy throughout life. This, too, will have a ripple effect! Each person can help in these efforts by supporting children and families in their neighborhood, community and anyone else with whom they come in contact. Offer a listening ear, take a walk with someone and listen, offer to provide a ride, take a busy or needy family a dinner, read to students at a local school, or many other ways to help provide support. (CDC: Prevent ACEs Now)

"CSK - Community Olympic Game" by NCVO is licensed under CC BY 2.0.

It is important to remember that ACEs impact different groups and individuals differently. Some groups may have fewer risk factors, while others have far more challenges. Each individual has a unique temperament, as well; what impacts one person negatively may not have the same effect on another person.

It is also important to remember that positive experiences and relationships can help off-set negative experiences. Think of it as a teeter-totter… the positive experiences can help tip the teeter-totter to the side of the positive and outweigh the negative experiences. Likewise, negative factors can work to destabilize the positives in a child's life. Like a teeter-totter, they work as a balance.

"Youth exhibition game featuring 9-12 year olds. Six community centres from all over Vancouver came out to play. This photo is of the youth team from Thunderbird Community Centre - youth attend Thunderbird Elementary School." by Vancouver 125 is licensed under CC BY 2.0.

The Centers for Disease Control and Prevention (CDC) are very invested in helping to prevent Child Abuse and Neglect. They state,

"Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. As such, adverse childhood experiences (ACEs) are an important public health issue. Everyone can help prevent ACEs by using strategies to create safe, stable, nurturing relationships and environments for all children. Communities can: (cdc.gov)

- strengthen economic support for families,
- change social norms to support parents and positive parenting,
- provide quality education early in life,
- enhance parenting skills to promote healthy child development,
- encourage supportive family networks
- intervene to lessen harms and prevent future risk.

13.2: DEVELOPMENTAL ASSETS

Developmental Assets play a huge part in ensuring that children grow up to be the best possible self they can be. Research has shown that children who are raised with many developmental assets are more likely to succeed in life and less likely to become involved in drug abuse, illicit sexual interactions and crime.

There are 40 research-based, positive experiences and qualities that influence children's development. These qualities help children become caring, responsible and productive adults. Research shows that **the more assets a child has, the more likely they are to thrive**; these children tend to do better in school, be civically engaged and value diversity. The more assets a child has, the less likely they are to engage in high-risk behaviors. Having more assets has been shown to reduce the cases of alcohol use, violence, illicit drug use and sexual activity. These assets are both internal and external and vary by child's age. Some of these assets include: (Search Institute)

- **Support** (family support, positive family communication, other adult relationships, caring neighbors, caring climate in childcare and educational settings, and parent involvement in childcare and education)
- **Empowerment** (community cherishes and values young children, children are seen as resources, service to others is encouraged and children feel safe)
- **Boundaries and Expectations** (family boundaries, boundaries in childcare and educational settings, neighborhood boundaries, adult role models, positive peer relationships, and positive expectations)
- **Constructive Use of Time** (play and creative activities, out-of-home and community programs, religious community, time at home)
- **Commitment to Learning** (motivation to mastery, engagement in learning experiences, home-program/school connection, bonding to programs, early literacy)

- **Positive Values** (caring, equality and social justice, integrity, honesty, responsibility, self-regulation)
- **Social Competencies** (planning and decision making, interpersonal skills, cultural awareness and sensitivity, resistance skills, peaceful conflict resolution)
- **Positive Identity** (personal power, self-esteem, sense of purpose, positive view of personal future)

Developmental Assets are a positive influence in the environment. Assets help ensure the child becomes a positive, contributing member of society. It is the responsibility of ALL adults to help ensure the child is influenced with as many Developmental Assets as possible.

For lists of age-specific Developmental Assets, please refer to the links on the Further Reading page at the conclusion of this chapter.

FURTHER THOUGHT AND DISCUSSION:

After learning about Developmental Assets (above, and in Further Readings), what can you do to personally impact children in your community to become positive, contributing members of society? Make a plan to help the children in your immediate circle; make a second plan to work with others to help those children generally in your community.

13.3: REFERENCES AND FURTHER READING

The Search Institute (www.search-institute.org.) has prepared asset descriptions and checklists for various age groups of children. These are included here, copied for educational purposes only.

To research further, click the following links:

Developmental Assets for 3-5 y ear olds.pdf Download Developmental Assets for 3-5 y ear olds.pdf

Developmental Assets for 5-9 y ear olds.pdf Download Developmental Assets for 5-9 year olds.pdf

Developmental Assets for 8-12 y ear olds.pdf Download Developmental Assets for 8-12 year olds.pdf

Developmental Assets for 12-18 y ear olds.pdf Download Developmental Assets for 12-18 year olds.pdf

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Centers for Disease Control and Prevention. (2020). Prevent ACEs Now. Retrieved from: https://youtu.be/mQ71OEHQ76A

Centers for Disease Control and Prevention. (2018). We Can Prevent ACEs. Retrieved from: https://y outu.be/8gm- lNpzU4g

Centers for Disease Control and Prevention. (2018). Preventing Adverse Childhood Experiences (ACEs) Online Training Module 2 Lesson 1. Retrieved from: https://y outu.be/hqSWxCqVyeo

Centers for Disease Control and Prevention. (2018). Preventing Adverse Childhood Experiences (ACEs) Online Training Module 2 Lesson 1 Video 3. Retrieved from: https://y outu.be/-1c2X5T7frw

The Search Institute. Developmental Assets. Retrieved from: www.search-institute.org.

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