

Child Abuse

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Overview of the Problem

- **As School Counselors, we are mandatory reporters. If you suspect a child is being abused, call the Child Protective Services hotline at (800) 552-7096.**
- The Federal definition of abuse is as follows: “Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act which presents an imminent risk of serious harm” (Child Welfare Information Gateway, 2013).
- There are four identified forms of child maltreatment: neglect, physical abuse, sexual abuse, and emotional abuse (Child Welfare Information Gateway, 2013).
- In the US, 62.7% of law enforcement, education, and social services professionals reported alleged abuse (U.S. Department of Health & Human Services, 2016).
- In 2014, child abuse reports were made for around 3.2 million children. Most of the children in these reports were white, hispanic, and African American (U.S. Department of Health & Human Services, 2016).
- The most common types of abuse include neglect (75%) and physical abuse (17%) (U.S. Department of Health & Human Services, 2016).
- Fifty states reported that 1,546 fatalities occurred from abuse and neglect; this means 2.13 children/adolescents die per 100,000 children. Close to 75% of deaths were children under three years old, and almost 80% of the deaths involved at least one parent (U.S. Department of Health & Human Services, 2016).
- About 83% of perpetrators are adults between ages 18 and 44. Fifty-four percent of perpetrators were female and 44% were male (U.S. Department of Health & Human Services, 2016).
- The most common form of interpersonal abuse in the United States is sibling maltreatment; data has shown that 53% of siblings, ages 3 - 17, have committed “acts of severe violence.” This form of abuse is often overlooked since sibling conflict is considered “normal” and families are often reluctant to disclose these issues (Kiselica & Morrill-Richards, 2007).
- In Virginia (2014-2015): There were 6,592 founded cases of maltreatment out of the 49,868 reported cases. The majority of the cases (57%) involved neglect, followed by physical abuse (26%). The majority of the victims were aged 4-11 (43%) and White (68%). Forty-eight children died as a result of maltreatment (Virginia Department of Social Services, 2015).

Personal

- Children exposed to physical abuse or neglect are more likely to experience depression or anger issues (Turner, Finkelhor, & Ormrod, 2006).
- Child sexual abuse (CSA) can lead to depression, posttraumatic stress disorder (PTSD), increased risk of suicide, and family issues (Dietz, Davis, & Pennings, 2011).
- Sexually abused children are more likely than children who are not abused of being involved in violent adult relationships, which are also known as intergenerational transmissions of violence (Novak, Smith, & Sandberg, 2015).

Social

- Sexually abused children may exhibit fear to go home because of potentially seeing their abuser (Brown et al., 2008).
- CSA may make children more susceptible to victimization, such as physical abuse at home or bullying at school (Brown et al., 2008).
- Sexually and physically abused adolescents are more likely to disclose issues of abuse to a friend, whereas younger children are more likely to disclose to an adult (Priebe & Svedin, 2008).
- Sexually abused children show lower levels of interpersonal trust in people surrounding them, yet a marginally higher level of trust in comparison to non-abused children. However, sense of loneliness and fear of being different does not differ much. (Blanchard-Dallaire & Hebert, 2014).

Academic

- Children may have difficulty completing or understanding their work; may have negative feelings about themselves and their situation, like feeling scared, frustrated, or stupid; may achieve low grades; and may be more likely to be told by peers or teachers that they are lazy or slow (Brown et al., 2008).
- Particularly for CSA, children may cope in negative ways in school, such as lying to others, making up excuses, placing blame on others for not completing work or failing to pay attention, refusing to do homework, and showing hostility toward teachers (Brown et al., 2008).
- There is a link between CSA and permanent structural changes in the brain. Victims are less likely to attend and graduate from both high school and college (Pulido et al., 2015).
- Maltreatment has also been shown to alter brain chemistry and hormonal activity, and impact the structure of the brain. The plasticity of children's' brains makes them especially vulnerable to long-term impacts. Both cognitive functioning and memory can be negatively impacted by the alterations caused by trauma (Lawson, 2009).

Cultural Considerations

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- Researchers found that black and hispanic children, children from low socioeconomic status (SES) families, children from single parent homes, and children with parents who have lower education were more likely to experience child abuse and adversity than children coming from higher SES families, two-parent homes, and those with parents who have higher education (Turner et al., 2006)
- The literature indicates that certain factors increase the likelihood of developing PTSD after being exposed to traumatic stress. These include being female; being younger; being African American, Hispanic, and/or Native American; having a lower socioeconomic status; having prior psychological issues; having a prior history of trauma; and having a history of family dysfunction (Lawson, 2009).

Research Based Intervention

- Children aged 4-11 with history of child abuse seem to respond well to Traumatic Focused Cognitive Based Therapy (TF-CBT). TF-CBT is an approach in which therapists work with children and non-offending parents, both individually and together for 8 or 16 weeks. Therapists follow the PRACTICE format which includes "...Psychoeducation and parenting, Relaxation, Affective modulation, Cognitive coping, TN [trauma narrative], In vivo exposure, Conjoint parent-child sessions, and Enhancing safety and future development" (Deblinger, Mannarino, Cohen, Runyon, & Steer, 2011). Research shows that adolescent's emotional and behavioral functioning improved the most while utilizing TF-CBT for 16 weeks without the Trauma Narrative component; however, the children and parents stated it helped them process through their emotions when they provided their narrative (Deblinger et al., 2011).
- A single presentation, school-based CSA prevention program developed by a non-profit organization in New York City - Safe Touches: Personal Safety Training for Children - was shown to be effective in expanding the students' knowledge and understanding of inappropriate touches. The second and third grade students in this study were racially diverse, had a low socioeconomic status, and attended an urban school. The program involves a 50-minute workshop that utilizes puppets to discuss concepts such as: private parts of the body; safe versus not-safe touches; a secret versus a surprise; and that someone the child knows can give not-safe touches. Self-advocacy skills, such as using assertive language and what to do if you experience a non-safe touch, are also taught. (Pulido et al., 2015).
- When dealing with sibling abuse, the literature recommends a family-wide intervention. Establishing rapport with all members of the family is key. Being direct with the parents and utilizing psychoeducation are also beneficial. When sibling abuse is present, it is often indicative of larger issues in the family, so individual and couples counseling is also suggested. When working with the family, there are four recommended actions: (1) establish family rules that everyone agrees to, (2) establish a behavioral

reward/consequence system, (3) teach and role play conflict resolution strategies, and (4) examine outside stressors that may be impacting the family's ability to cope (Kiselica & Morrill-Richards, 2007).

- Research has shown that incorporating animal-assisted therapy (AAT) with dogs into group therapy for children who have been sexually abused reduces anxiety, anger, depression, PTSD, and dissociation. Combining AAT with storytelling also reduced sexual concerns (Dietz et al., 2011).
- Mindfulness based stress reduction (including breathing exercises, walking meditation, yoga, and body awareness) has been shown to decrease symptoms of depression, anxiety, and PTSD in those with histories of child abuse (Kimbrough, Magyari, Langenberg, Chesney, & Berman, 2010).
- A newly-researched type of therapy, game-based cognitive behavioral therapy, has shown positive results all around, but particularly with victims of child abuse. This includes structured play therapy with components of evidence-based CBT. This can help alleviate the shame and embarrassment of the abuse, as well as allow for building of rapport, strengthening communication and learning skills, and facilitating emotional processing (Springer & Misurell, 2016).

Strength Identification

- Emphasize to students that there are trusted adults within the school building that they can talk to at any point and receive help from, including but not limited to school counselors, teachers, and administrators. Ask students: *Which people in the school do you feel that you can trust? What makes those people trustworthy?*
- Emphasize to these children that they did nothing wrong and that what happened is not their fault so that they do not partake in blaming themselves. Ask students: *What do you value about yourself? If your friends/teachers/coaches could describe you in one word, what would it be?*
- Emphasize the importance of positive and high self-esteem by pointing out the child's successes and displaying those accomplishments for others to see. Ask students: *What has made you feel successful lately? Any school/sport accomplishments?*
- Provide a safe, comfortable environment for the child to be listened to and heard so they know an adult cares for them. Also, let the child feel whatever emotions they need to, and respect their decisions and their time to heal. Activities in which children identify and express emotions may be helpful. Ask students: *What do you feel like when you're at home/when you're at school/when you're with friends? How can you maintain the positive feeling and change the negative feelings?*
- Establish routines or some sort of regular schedule so the child can learn consistency and trust. Ask students: *What do you do when you get home from school? What are some hobbies that you like to do? Let's work together to create a plan of how you can implement those hobbies every day after school.*

- Emphasize the importance of communication and its effectiveness, as well as empowering them to problem solve and make positive choices. Ask students: *What are some ways you can ask for help? How can you be a role model for other students?*
- Peer support can help promote resiliency in children who have been abused (Lawson, 2009). Ask student: *Who are your friends? How do your friends support you and/or show that they care?*

Referrals

- **Jefferson Area Children’s Health Improvement Program (CHiP)**
 - Website: <http://www.jachip.org/>
 - Charlottesville Office Phone Number: (434) 964-4700; also have offices in Fluvanna Co. and Louisa Co.
 - Charlottesville Address: 1469 Greenbrier Place, Charlottesville, VA 22901
 - Provides in-home support services to foster healthy development and well-being for children from the prenatal stage to 6 years old. To participate, one must qualify for Medicaid, FAMIS, or lack private health insurance. This organization is equipped to work with Spanish-speaking and refugee clients. Prioritization of referrals goes to children who display medical, social, or parental issues which include domestic violence and child abuse/neglect.
- **The Sexual Assault Resource Agency (SARA)**
 - Website: <http://saracville.org/>
 - Phone Numbers: (800) 656-4673 (24-hour hotline) or (434) 295-7273 (office)
 - E-mail: info@saracville.org
 - Offer free services to all survivors of sexual assault in the Charlottesville area and surrounding counties. They provide support services such as a 24-hour hotline and advocacy in the emergency room and for legal issues. Preventative services, such as training and consultation with schools, parent workshops, and online training, are also available.
- **Shelter for Help in Emergency**
 - Website: <https://www.shelterforhelpinemergency.org/>
 - Phone Number (24/7): (434) 293-8509
 - This organization provides shelter, support, and legal help to women and children who are victims of domestic violence. They offer services for Spanish-speaking families and coordinate educational outreach programs.

- **Strengthening Families Program (SFP)**
 - Website: <http://www.strengtheningfamiliesprogram.org/>
 - Contact Hope Heffernan at (812) 787-1668
 - Supports families and children ages 3-11 by providing parent training, children training, and family skills training. This program can be offered to all families by providing a \$5 DVD that includes ten-30 minute sessions for the parent and child. This program has been shown to reduce family conflict, aggressiveness, and substance abuse. Furthermore, this program has been shown to decrease child maltreatment.

- **ChildHelp Speak Up Be Safe**
 - Website: <https://www.childhelp.org/subs/childhelp-speak-up-be-safe/>
 - Phone Number: 480.922.8212
 - This is a prevention program implemented by educators (or school counselors) to help children learn the skills to prevent neglect, bullying, and child abuse. This program allows educators to give materials to parents, teachers, and other community members so everyone has the opportunity to help the children.
 - By going to the website, school counselors can learn how to become trained in this program and receive resources for the students, parents, and teachers.

- **Child Protective Services (CPS) Hotline 24/7**
 - Hotline number for the state of Virginia is: (800) 552-7096
 - Website: <http://www.dss.virginia.gov/family/cps/index2.cgi>
 - The CPS Hotline helps out local departments by taking reports of abuse and directing the calls to the appropriate office of social services. They can also provide additional educational information about child abuse.

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