A Parent's and Teacher's Handbook for Increasing Awareness

Helping Children

Affected by Abuse

G.W. Medical Publishing, Inc.
St. Louis

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FOREWORD

I am honored to write a foreword for Dr. Angelo Giardino's important text, *Helping Children Affected by Abuse: A Parent's and Teacher's Handbook for Increasing Awareness*. As a developmentalist and a parent, the value of this work is apparent to me on many levels. Raising awareness of the many aspects of child maltreatment is the most basic, but most essential, step in preventing child abuse and neglect.

All too often, we read, see, and hear reports of horrific, long-term abuse that went unnoticed by those charged with children's care, such as neighbors, friends, and teachers. Recently, in my home state of Massachusetts, a case of extreme medical neglect nearly resulting in death emerged in the media, as did the case of a child who was being prostituted so that her mother could support a drug addiction. The investigation of each case revealed that many risk factors and signs of the maltreatment had existed, but none were recognized by the other adults in contact with the children. Could an increase in awareness of the correlates of abuse and neglect lead to the prevention of this kind of terrible mistreatment? Quite possibly, yes.

This book breaks the jargon of child protective services and the medical community down into terms that a lay audience can understand. It is my suspicion that more cases of maltreatment might have been caught earlier had this information been more readily accessible in the past.

This handbook proposes some ambitious societal strategies to address the prevention of child maltreatment. Although it would take major change to achieve prevention on this level, it seems that the goal of this text—raising awareness of abuse on the individual level—may be the first step toward such change. By breaking down the indicators of abuse for a lay audience, this book provides a real service to our society as a whole.

The text also is valuable in that it provides concrete strategies that parents can use to positively discipline their children and choose a supplementary caregiver, while at the same time educating all on the risks for, signs of, and effects of maltreatment of any kind. It is especially important that those who come into frequent contact with children understand these risks and are able to work with parents to prevent abuse and neglect. This book provides the groundwork for this critical step in the prevention of child abuse and neglect and will help us protect our children from ourselves and others.

Anne E. Brady, PhD
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FOREWORD

Helping Children Affected by Abuse, written by health care personnel, exists for the sole purpose of protecting our children. We have made tremendous gains in the treatment and prevention of childhood disease, yet physical, emotional, and sexual abuse of children persists unchecked. Physicians have traditionally focused on the outcomes of abuse; it is only recently that we have tried preventing abuse, an effort for which we must also enlist the help of parents, teachers, and the general public. Hence this book.

We are pediatricians, one in mid career, the other in training, with perhaps a more personal than professional interest in this book. We both have children, some already in adulthood, and we have discovered that we have made similar observations about raising our children. For example:

"I remember those very trying times when my children's demands triggered frustration, and sometimes also anger. Was it the pediatrician in me that allowed me to understand their needs, tolerate their demands, and calm down? Would I have acted differently, perhaps violently, if it were not for my own educational and parental training?"

"I am a pediatrician-in-training with a toddler-aged daughter, and I am learning every day how much aggravation is a part of parenthood. Recently, my daughter, who is not allowed to stand in the bathtub during her bath, stood up anyway. 'Sit down,' I said, and she sat, smiled, and immediately stood again. 'Sit DOWN,' I repeated, plopping her back into the water. Again she stood, this time with the challenging chirp, 'Up!' It was not that this scene continued for the next 20 minutes, it was that we had already gone through it 5 times that week. Is it any wonder children get hurt by parents who are unable to redirect mounting frustration and anger? I know that a toddler's job is to challenge the rules and that my daughter's stubborn misbehavior is a sign of normal development. So why is it sometimes so difficult to find a growing child charming?"

As adults, we generally interact with a certain degree of restraint, respect, and common sense while simultaneously enduring life's stresses. Add the unrelenting, and seemingly selfish, demands of children to these stresses, or the more significant issues of mental illness and lack of emotional or financial support, and we can see how and why child abuse happens. Can we, as a community, prevent child abuse if parents and caregivers are taught to understand children better, to see what circumstances can trigger abuse, and to prevent those circumstances from occurring?

This book is for parents, teachers, and the general public to learn about the many forms of abuse, how abuse may manifest in school or in childcare, and how legal, mental, social, and civic programs can help prevent abuse. We hope that the reader will learn to recognize vulnerable children and dangerous situations before abuse occurs and take positive steps, such as initiating parenting education, coping skills training, social services involvement, or even family restructuring, before the damage is done.

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PREFACE

Over the years, parents and other caregivers struggling with the aftermath of child maltreatment have asked me to recommend a friendly, practical resource that would provide them with easy access to information on child abuse and neglect. After collaborating with G.W. Medical Publishing on many publications for professionals, it was a refreshing change to work on a book that would help the adults most directly involved in caring for children.

I have tried to organize the book in a straightforward manner, and I chose content using the many questions parents and even some of my medical colleagues typically ask when they are concerned that a child is at risk for being harmed. These questions include:

— What exactly are child abuse and neglect?

— How common are child physical abuse, sexual abuse, and neglect?

— Who are these abusers, and how do I know if my children are at risk?

— How do I talk to my child about sexual abuse?

— What can I do if my child is being harmed by abuse or neglect? How can I cope?

— How can I help if I know someone else's child is being or has been abused?

These questions and others are thoroughly answered in the chapters of this book. Other topics addressed are safe discipline techniques, Internet safety issues, choosing quality childcare, and, in situations where a child is a victim, mental health concerns and types of therapy. Each chapter is arranged in a format that makes information easy to retrieve, and the practical facts and friendly tone will allow parents and caregivers to rely on it as an everyday guide to child maltreatment and what they can do about it.

I would like to express my thanks to peer reviewers Noemi Montejo and Sherri Henry, who read every page of this book and offered comments on how to make the material most relevant to the families, teachers, and other caregivers who will be reading it.

It is my hope that with this book, parents, teachers, nurses, and other adults will have the knowledge to identify and prevent the abuse and neglect of the children in their care. Although the ultimate goal is that no child is ever abused or neglected, for now I hope this book can help build a society that cares for and protects all children, and works toward sparing future generations from this devastating problem.

Angelo P. Giardino, MD, PhD, MPH, FAAP

Reviews

This book successfully addresses the complexity of all forms of child maltreatment including the scope and nature, causes, and consequences of physical abuse, sexual abuse, emotional abuse, and neglect. The focus is on diagnosis, intervention, and prevention, enhancing the roles of the healthcare provider to become more engaged with families and effective community-based programs that can help these children and their parents. There are excellent examples of intervention and prevention strategies for both parents and teachers to utilize for children and their caregivers. The authors have added three important sections on timely areas of concern: the parameters and key issues surrounding dating violence, childcare settings, and Internet safety. Additionally, an overview of public child welfare, mental health, and team decision making are reviewed to give the reader a broader understanding of systemic responses to the problem of child abuse and neglect. Also, an introspective chapter on art therapy gives insight into the power of this technique to explore feelings and assist in the healing process for families. A must-read for professionals in the field, teachers, health care providers, and parents alike.

Lisa Pion-Berlin, Ph.D.
President and Chief
Executive Officer
Parents Anonymous® Inc.
Strengthening Families
All Around the World

This well-written volume provides an up-to-date review and analysis of the core topics related to child maltreatment. It delves below the surface to disentangle risk factors for maltreatment from consequences and provides readers with an enhanced understanding of this complex issue. With a focus on prevention and early intervention, this book offers concrete strategies that parents, teachers, and clinicians can employ to respond effectively in situations where abuse is suspected. This book is a valuable resource for anyone working with children.

Catherine Bradshaw, PhD
Assistant Professor
Department of Mental Health
Associate Director
Johns Hopkins Center for the
Prevention of Youth Violence
Johns Hopkins Bloomberg School of
Public Health

The authors have created an excellent overview of child abuse, indicating how child abuse is manifested, how to recognize and treat child abuse, and importantly, how to prevent child abuse for future generations. This is a terrific resource for all individuals who care for children and want to keep them free from harm.

Nancy Chandler
Executive Director
National Children's Alliance

The book is an excellent resource for parents, teachers, and even child protection workers. Dr. Giardino has the ability to simplify complex topics of abuse and make them understandable for both parents and professionals. The book's practical suggestions and guidance on the spectrum of abuse, protecting children, the Internet, schools, and childcare will be indispensable to concerned caregivers and education professionals. The easy language of this book makes it a valuable resource for any personal, professional, or school library.

Michael L Haney, PhD, NCC,
CCISM, LMHC
Division Director for Prevention and
Intervention
Children's Medical Services
Florida Department of Health

This resource book provides a concise and up-to-date look at the complex issues surrounding child abuse. It is a valuable combination of definitions, dynamics and concrete discussions that explore how effective parenting can help prevent child abuse, how teachers can shape the dialogue concerning abuse issues, and how physicians and other professionals can influence positive parenting and prevention efforts. It clearly portrays the responsibility we each have for all the children in our sphere of influence and how we can put that responsibility into action in a variety of contexts. From parents to schools to communities, this book lays out a mandate for protection of children, even as we teach them how to protect themselves. Helping Children Affected by Abuse *is a must have for every school and professional library.*

Sherryll Kraizer, PhD
Founder of the Safe Child Program
Author of The Safe Child Book *and*
Bully Proof Your Child

As a medical student interested in public health, and specifically in protecting children from violence, I am always searching for resources to effectively educate communities about "helping children affected by abuse." This book beautifully demonstrates that adults in our society have the responsibility and capacity to protect children. It accomplishes a very important goal of not only outlining different kinds of abuse in a clear and thorough manner, but also providing suggestions of what parents, teachers, and any other adults in a community can do to protect children from the harms of abuse. I think that anyone who interacts with children should have to read Helping Children Affected by Abuse.

Sarah Bagley
Third-Year Medical Student
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Chapter 1

Child Abuse and Neglect: An Overview of the Problem

Angelo P. Giardino, MD, PhD, MPH, FAAP

Child abuse and neglect (sometimes referred to by the more general term ***child maltreatment***) is a complex problem that affects every segment of society, exempting no social, ethnic, religious, or professional group. The term "abuse" refers to physical, sexual, or psychological injury to a child caused by a parent, babysitter, neighbor, teacher, coach, or some other trusted older person or adult who is in a caregiving role. Child maltreatment can result from acts of commission or omission and is a major public health and social problem facing children and families in the United States and other countries.

Definitions

The US federal government provides a set of definition guidelines for child maltreatment that provide a minimum foundation for states to follow when creating their own laws and regulations.[1] These guidelines recognize maltreatment as:

— Any recent act or failure to act on the part of a parent or caretaker that results in death, serious physical or emotional harm, sexual abuse, or exploitation.

— An act or failure to act that presents an imminent risk of serious harm.

Specific laws vary from state to state—some are very detailed while others are more general—but each makes harming a child in one's care a crime.

"Child abuse and neglect" and "child maltreatment" are general terms that can be broken into the following subcategories, which are briefly described in **Table 1-1**:

— Physical abuse

— Sexual abuse

— Emotional abuse

— Neglect

Size of the Problem

In the United States, national collections of state-reported data consistently find that approximately 3 million reports per year of suspected child maltreatment are made to child protective services (CPS) agencies after processing and investigation, between about 900 000 and 1 million children are found to have been maltreated.[3] Each year, more than half of the confirmed (substantiated) child maltreatment cases are neglect, approximately 20% are physical abuse, 10% are sexual abuse, and the remainder

Table 1-1. Forms of Child Abuse and Neglect

Type of Maltreatment	Definition
Physical abuse	Physical injury ranging from minor bruises to broken bones, brain damage, or death that results from a caregiver beating, shaking, throwing, choking, or otherwise harming a child. These injuries are considered abuse regardless of whether the caregiver intended to hurt the child.
Sexual abuse	Sexual activities between a dominant or more powerful person and a dependent, developmentally immature child for the dominant person's sexual stimulation or for the gratification of other persons, as in child pornography or prostitution. The activities defined by child sexual abuse include exhibitionism, inappropriate viewing of the child, allowing the child to view inappropriate sexual material, taking sexual photographs of the child, sexualized kissing, fondling, masturbation, penetration of the vagina or anus with objects or fingers, and oral-genital, genital-genital, and anal-genital contact.
Emotional/ psychological abuse	A pattern of behavior that impairs a child's emotional development or sense of self-worth. This behavior may include constant criticism, threats, or rejection, as well as withholding love, support, or guidance.
Neglect	Failure to provide for a child's basic needs in one or more of the following different forms: — *Physical*. Failure to provide necessary food, clothing, or shelter. — *Medical*. Failure to provide necessary medical, dental, or mental health treatment. — *Educational*. Failure to enroll a child in school, allowing excessive absences from school, or disregarding special educational needs. — *Supervisional*. Lack of appropriate supervision or leaving the child in the custody of others for extended periods of time. — *Emotional*. Inattention to a child's emotional needs, failure to provide psychological care, or permitting the child to engage in risky activities such as permitting access to alcohol or other drugs.

Data from Child Welfare Information Gateway.[2]

encompass various other forms of child abuse and neglect. National child maltreatment statistics are released every 2 to 3 years, and, based on the 2004 data, the following observations may be made[3]:

— An estimated 3 million referrals involving 5.5 million children were made to CPS agencies.

— Approximately 63% of the referrals were viewed as serious enough to be "screened in" and accepted for investigation; thus, 37% were screened out and not accepted for investigation.

— Approximately 872 000 children were found to be victims of child abuse or neglect.

— Approximately 1500 children were known to have died as a result of maltreatment.

Chapter 2

PHYSICAL ABUSE

Angelo P. Giardino, MD, PhD, MPH, FAAP

Physical abuse is a subcategory of child maltreatment, accounting for approximately one fifth of all cases. Parents are often most familiar with this type of abuse because its symptoms are the most visible. State laws require some professionals to report suspected physical abuse, but any adult who cares for children should recognize his or her ability—and responsibility—to make voluntary reports. All responsible adults should look for the possible appearance of abusive injuries, know how to differentiate between accidental and abusive injuries, understand the impacts of physical abuse, understand the need to report these suspicions to authorities, and know what to expect if they do report abuse.

DEFINITION

Physical abuse is a situation in which a child is injured while in the care of a parent or other caregiver. These injuries are called inflicted, abusive, or nonaccidental injuries. The US federal government defines physical abuse as a form of maltreatment during which a caregiver inflicts an injury that may be recognized during examination upon a child. This definition includes such various nonaccidental means of injury as hitting with a hand, stick, strap, or other object; shaking; throwing; burning; stabbing; and choking.[1] Some definitions for physical abuse attempt to characterize the *seriousness* of the injury, which can vary anywhere from mild redness that fades over several hours to injuries resulting in death.

Recent medical definitions have paid less attention to the *intention* of the injury and more attention to its actual *effect*. The reason for this shift is to prevent caregivers who have injured their children from acquitting themselves by stating that they did not *intend* to injure the child. What is important today is what actually happened to the child, not what the caregiver intended.

It is easy to diagnose a child who has many injuries inflicted over time; one does not need professional health care training to recognize this pattern. (General signs of abuse are listed in **Table 2-1**.) However, when a child has only a single injury, diagnosis can sometimes be difficult, even for those who are experienced health care professionals. There is a great need to determine whether an injury is accidental or inflicted, for much hangs in the balance. If a child is being intentionally abused but the injury is misdiagnosed as accidental, the child will be left in the care of a person who may cause other intentional injuries. Siblings or other children in the household are also put at risk. On the other hand, if the injury is accidental but mistakenly thought to be intentional, innocent caregivers will be falsely accused and face criminal and civil investigations as well as negative social reactions, all of which can disrupt the family's normal functioning.

SIZE OF THE PROBLEM

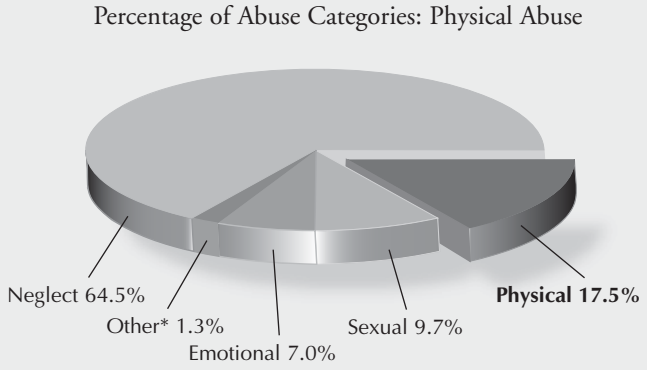
In the United States, approximately 872 000 children were maltreated in 2004.[3] Approximately 18% of these cases were identified as physical abuse (**Figure 2-1**).

Table 2-1. Signs of Physical Abuse

Consider the possibility of physical abuse when the **child:**	— Has unexplained injuries, such as burns, bites, bruises, broken bones, or black eyes. — Has fading bruises or other marks noticeable after an unexpected absence from school. — Seems frightened of the parents and protests or cries when it is time to go home; alternately, appears fearful at the approach of adults in general. — Reports injury by a parent or another adult caregiver.
Consider the possibility of physical abuse when the **parent or caregiver:**	— Offers conflicting, unconvincing, or no explanation for the child's injury. — Describes the child as evil or bad or in some other negative way. — Uses harsh physical discipline with the child.

Data from Prevent Child Abuse America.[2]

Figure 2-1. *In 2004, 17.5% of child maltreatment cases involved physical abuse. Data from USDHHS.*[3]



**Percentage of "other" cases is actually 14.5%. Percentages do not equal 100% because children can be counted under multiple categories.*

Encouragingly, the rate of victimization per 1000 children in the national population has dropped from 13.4 children in 1990 to 11.9 children in 2004. Many child abuse professionals hope that this decrease is real and will continue in the future due to attention and prevention efforts. However, even if the numbers have already decreased, they still remain high, so efforts to eliminate this problem must continue. Even one child hurt by abuse is one too many.

Causes of Physical Abuse

Physical abuse can result from a number of circumstances, such as when:

— Caregivers use corporal punishment and their anger becomes uncontrollable.

— Caregivers lack understanding of appropriate child development and have unrealistic expectations of children, leading to increased stress and situations in which a child's behavior is viewed negatively.

— Caregivers' psychology is such that they resent or reject their child.

— Children are left in the care of babysitters who are abusive.

Chapter 3

CHILD SEXUAL ABUSE

Angelo P. Giardino, MD, PhD, MPH, FAAP

Child sexual abuse is a form of maltreatment in which a child's trust of a more powerful person is betrayed for that person's own sexual pleasure. This type of abuse can be difficult to detect, and in fact sometimes goes completely undiscovered, partially because the abusers (also called perpetrators) are often skillful at persuading children not to inform others of the sexual abuse. Identifying and preventing further abuse requires education. Knowledge of the typical progression towards sexual abuse, the perpetrators' characteristics, and common presenting symptoms are the first steps. Informed parents, teachers, and caregivers can all recognize children who are in danger of being sexually abused and support them through the investigation processes that accompany reports of sexual abuse.

DEFINITIONS

Child sexual abuse is defined as the involvement of children in sexual activity by an older or more powerful caregiver. Children are naturally curious and may engage in developmentally normal sexual play with age-mates, as when two 5 year olds play "doctor" and mutually explore each other's bodies, but a 5-year-old child who plays "doctor" with a 15-year-old babysitter or a stepfather is being sexually abused. Even when the persons in question are both minors, if one is older (typically by greater than 5 years difference in age) and has greater power and knowledge that he or she can use against the other child, the activity is considered sexual abuse. If the perpetrator is not a caregiver, the sexual activity is considered ***sexual assault***.

Child sexual abuse and sexual assault may occur as part of activities called ***sexual exploitation***, namely producing, collecting, and distributing child pornography or involving children in prostitution. These activities are sometimes called commercial sexual exploitation of children (CSEC) when perpetrators engage in the activities for financial gain. Adolescent runaways are at particular risk for some CSEC activities because of the vulnerable circumstances they are in. In discussing definitions of child sexual abuse, there are several levels of definitions that are important to consider. **Table 3-1** provides an overview of some of the different definitions that one might encounter when reading legal and clinical material or articles on child sexual abuse, sexual assault, and CSEC.

Some of the specific activities that are considered sexually abusive include the following:

— An abuser sexually touching and fondling a child

— Having the child touch the abuser's genitals or perform oral sexual acts on the abuser

— The abuser having vaginal or anal sexual intercourse with a child, whether in a forced or unforced manner

— Purposefully showing the child adult sexual activity, pornographic movies, or photos

— Having a child pose, undress, or perform in a sexual manner

— Spying on a child while he or she is undressing in a private setting such as a bathroom or bedroom

Of the activities listed, the noncontact activities can be the hardest to define. Families may be comfortable with nudity in the home—sharing bathrooms, sharing bedrooms, or otherwise living in small quarters where privacy is at a minimum—which is not

Table 3-1. Understanding the Definitions

Type of Definition	Description
Legal, civil: used by child protection professionals to define the condition of child sexual abuse	Child protection laws hold sexual abuse as a condition from which children need to be protected. Thus, these laws include child sexual abuse as one of the forms of maltreatment that must be reported by designated professionals and investigated by child protection agencies. Courts may remove children from their homes in order to protect them from sexual abuse. Generally, child protection statutes apply only to situations in which offenders are the children's caregivers. The federal definition of child maltreatment is included in the Child Abuse Prevention and Treatment Act (CAPTA). Sexual abuse and exploitation is a subcategory of child abuse and neglect.
Legal, criminal: used by police departments and prosecutors	Criminal laws prohibit certain sexual acts and specify the penalties. Generally, these laws include child sexual abuse as one of several sex crimes. Criminal statutes prohibit sex with a child, regardless of the adult's relationship to the child, though incest may be dealt with in a separate statue. Types of sexual abuse are often classified in terms of degree of severity, first degree being the most serious and fourth degree being the least. The penalties vary depending on: — *The age of the child*. Crimes against younger children are regarded as worse. — *The level of force*. The severity of the crime increases with the force used. — *The relationship between victim and offender*. An act against a relative or household member is considered more serious. — *The type of sexual act*. Acts of penetration receive longer sentences.
Professional/clinical: used by clinicians and professionals who work in the child abuse field	Clinical definitions of sexual abuse are guided by legal definitions but are most concerned with the traumatic impact on the child. Three factors shape the traumatic impact: — *Power differential.* Power can derive from the relationship between the child and abuser, the size or capability of the abuser, and the abuser's ability to psychologically manipulate the child. — *Knowledge differential.* This implies that the abuser is either older, more developmentally advanced, or more intelligent than the victim. — *Gratification differential.* Although perpetrators may attempt to arouse their victims, the goal of the encounter is gratification for the perpetrator.

Adapted from Faller.[1]

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