Child Maltreatment

OBJECTIVES:

Upon completion of this module participant will be able to:

• Participants will understand the connection between child maltreatment and experiencing traumatic reactions.
• Participants will be able to identify signs and symptoms of child traumatic stress.
• Participants will have concrete skills to help children and parents who have witnessed or experienced violence and other traumatic events.
• Participants will know where and who to go to for additional information about helping children who have been exposed to child maltreatment.
Childhood Maltreatment and Traumatic Stress Reactions

Rebecca Sargent Brown, LMSW-cc
The Children’s Initiative
Community Counseling Center

Goals and Objectives

Goal: To increase knowledge and understanding of how child maltreatment affects children and adolescents.

Objectives:
• Participants will understand the connection between child maltreatment and experiencing traumatic reactions.
• Participants will be able to identify signs and symptoms of child traumatic stress.
• Participants will have concrete skills to help children and parents who have witnessed or experienced violence and other traumatic events.
• Participants will know where and who to go to for additional information about helping children who have been exposed to child maltreatment.

Core Messages Related to Trauma and Child Maltreatment

- Self Care
- Resiliency
- Coping and Strength
- Support and Supervision
All children are impacted by a traumatic event; however, not all children are traumatized. Children are resilient and they just need the opportunity to strengthen that resilience through the help of people like you.

What is Child Maltreatment?

- Physical Abuse
- Sexual Abuse
- Neglect
- Emotional Abuse

Child Physical Abuse

- Definitions vary across states.
- When a parent or caregiver commits an act that results in physical injury to a child or adolescent (even if the injury was unintentional).
  - Red marks, cuts, welts, bruises, muscle sprains, internal injuries, bites, broken bones, burns.
- Can occur when physical punishment goes too far or when a caregiver lashes out in anger.
- In 2007, there were approximately 149,000 cases of reported child physical abuse in 50 states (actual rates are higher as not all incidents are reported).

**Child Neglect**

- Child neglect occurs when a parent or caregiver does not give a child the care he or she needs according to age, even though that adult can afford to give that care or is offered help to give that care.
- It can include:
  - Not providing food, clothing, or shelter.
  - Not providing/or obtaining needed medical or psychological treatment.
  - Neglecting education.
  - Exposing children to dangerous environments.
- Neglect is the most common form of abuse reported to child welfare authorities.


---

**Child Sexual Abuse**

- Child sexual abuse is any interaction between a child and an adult (or another child) in which the child is used for the sexual stimulation of the perpetrator or an observer. Sexual abuse can include both touching and non-touching behaviors.
- Child sexual abuse is not rare. Research indicates that as many as 1 out of 4 girls and 1 out of 6 boys will experience some form of sexual abuse before the age of 18. However, because child sexual abuse is by its very nature secretive, many of these cases are never reported.
- Children are most often sexually abused by someone they know and trust. Approximately ¾ of reported cases of child sexual abuse are committed by family members or other individuals who are considered part of the victim’s “circle of trust.”


---

**Emotional Abuse**

- Chronic pattern of behavior in which the child typically is belittled, denied love, marginalized from siblings, or subjected to extreme/inappropriate punishments.
- Failure to provide a child with appropriate support, attention, and affection.
- Can impair psychological growth and emotional development.
Exposure to Domestic Violence

- Between 3 and 10 million children are exposed to domestic violence in the US per year (NCTSN, 2008).
- 85% of children are physically present in the household and 71% see their mothers being physically assaulted (McGee, 2000).
  Even if they do not see the physical violence, they hear the screams and see the bruises, broken bones, and abrasions sustained by their mothers.
- 45 -70% of children exposed to domestic violence were also victims of child abuse (Fantuzzo & Mohr, 1999).
- 93% of a sample of children witnessing domestic violence had symptoms of PTSD (Perry, 2000).

What to look for…

- The best way to know for sure is if a child tells you.
  - Frequent physical injuries that don’t seem to fit explanations given or are attributed to a child being “accident prone.”
  - Habitual absence or lateness to school without a credible reason.
  - Awkward movements or difficulty walking.
  - Not wanting to be left alone with particular individuals.
  - Age inappropriate sexual knowledge, language, and/or behaviors.
  - Hygiene concerns, not enough/inappropriate clothing, not having enough food or complaints of hunger.

Activity

- Questions to Consider
  - When children or adolescents experience chronic exposure to traumatic events…
    - How do they feel?
    - What do they learn?
    - How do they act?
    - What do you see (i.e. symptoms, behaviors, attitudes)?
The Child’s Experience

- “My brother copies like when he saw my dad beating up my mom, he copies and he always hits my mum and everything as well.” (9 year old girl)
- “I’d be really miserable. I used to have these pains—people said they were stress or something. I stopped breathing… I used to get really upset and cry a lot.” (13 year old girl)
- “It was the worst part of my life—constantly being shouted at, frightened, living in fear. You will never know what that is like, thinking that every day could be your last day.” (16 year old girl)
- “I’m practicing beating up my mom, but I’m not big enough yet!” (4 year old boy)


The Effects of Exposure to Violence and Trauma

- Childhood traumatic experiences, including exposure to violence, often impacts fundamental psycho-social development including:
  - Attachment
  - Emotion regulation
  - Impulse control
  - Integration of self
  - Socialization

Common Reactions in Infants and Preschoolers

<table>
<thead>
<tr>
<th>Cognitive</th>
<th>Social</th>
<th>Emotional</th>
<th>Behavioral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inability to understand the situation</td>
<td>Uncertainty of danger</td>
<td>Feeling of helplessness</td>
<td>Trouble</td>
</tr>
<tr>
<td>Self-blame</td>
<td>Stranger anxiety</td>
<td>General fear</td>
<td>Sleeping</td>
</tr>
<tr>
<td>Loss of some speech skills</td>
<td>Trouble interacting with peers</td>
<td>Difficulties describing the event with words</td>
<td>Trouble eating</td>
</tr>
<tr>
<td></td>
<td>Decreased responsiveness</td>
<td>Sadness, worry, fear/anxiety</td>
<td>Aggression</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attachment needs not met</td>
<td>Yelling</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>irritability</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Being fussy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Loss of previous toilet training</td>
</tr>
</tbody>
</table>
Common Reactions in School Age Children

<table>
<thead>
<tr>
<th>Cognitive</th>
<th>Social</th>
<th>Emotional</th>
<th>Behavioral</th>
</tr>
</thead>
</table>
| - Self-blame
- Distracted, inattentive
- Poor academic performance
- Pro-violent attitude
- Poor memory | - Poor peer relationships
- Radical shift in how they view the world
- Fear of being labeled "abnormal" | - Persistent concern over safety
- Fear/Anxiety
- PTSD
- Shame
- Low self-esteem
- Somatic complaints | - Nightmares
- Aggression
- Disobedience
- Regressive Behaviors
- Reckless behavior
- Protective behavior |

Common Reactions in Adolescents

<table>
<thead>
<tr>
<th>Cognitive</th>
<th>Social</th>
<th>Emotional</th>
<th>Behavioral</th>
</tr>
</thead>
</table>
| - Defensive
- Short attention span
- Pro-violent attitude
- Poor academic performance
- Fantasy of retribution or revenge
- Poor memory | - Dating violence (victim or offender)
- Increased risk of pregnancy
- Withdrawal from family and friends
- Less empathy for others | - Feeling of helplessness
- Rage/Shame
- Numb
- Depression
- Anxiety
- PTSD
- General fear
- Suicidal Thoughts and/or Attempts | - Substance use
- Alcohol use
- Early Sexual Activity
- Self-Harming Behavior
- Running Away
- Aggression
- Truancy |

The Children’s Initiative

- Provides education, training, evidenced based treatment, and coordination of care to children who are suffering as a result of exposure to violence and trauma.
- Involves a coalition of community agencies.
The Children’s Initiative Partners

- Community Counseling Center
- Casey Family Services
- Center for Grieving Children
- City of Portland
- Department of Health & Human Services
- Family Crisis Services
- Portland Public Schools
- Portland Police Department
- Sexual Assault Response Services of So. Me.
- Spring Harbor Hospital
- Spurwink
- Sweetser
- Violence Intervention Partnership
- Youth Alternatives Ingraham-YAI

Children’s Initiative Treatment: TF-CBT

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is an evidence-based intervention designed to help children, youth, and their parents or caregivers overcome the negative effects of traumatic life events.
  - Evidence Based: Empirical Research
  - Short term: 16-18 sessions
  - Parent/Caregiver Involvement
  - Skill Based Components and Gradual Exposure
  - Over 80% of children show improvements with 12-16 weeks of treatment.

Emphasis on Safety

- Objective:
  - Clients understand your role in keeping them safe and that they are not alone in their experience.
- Strategies:
  - Clarifying your role with the client.
  - Establish yourself as a safe individual.
  - Talk about safety and what steps you will take to help the client be safe.
  - Connect the client to the appropriate resources/people.
  - Message: You are not alone.
Behavior Management

Objective
- Learn how to manage disruptive, aggressive, and non-compliant behavior.

Strategies:
- Use of specific praise
  - “You did a great job.” vs “You did a very good job cleaning up the kitchen.”
  - 10:1 (Ratio of positive to negative statements for traumatized children/adolescents)
- Active ignoring of negative behavior
- Behavior charts and rewards systems
- LOW and SLOW: specifically during times of escalation.

LOW and SLOW

LOW
- Lower the volume and pitch of your voice.
- Keep a matter of fact tone regardless of the situation.
- Speak in short sentences without a lot of questions.
- Don’t preach—this is about talking with the child, not at the child.

SLOW
- Slow your self down by slowing down your heart rate.
- Take slow, deep breaths.
- Slow down your rate of speech and make sure to pause between sentences.
- Slow down your body movements.
- Slow down your agenda and take your time.


Relaxation/Stress Management

Objective:
- Learn safe and effective relaxation exercises that can help children/adolescents control anxious/upset feelings.

Strategies:
- Breathing exercises: controlled belly breathing
- Progressive muscle relaxation
- Guided imagery
- Rapid relaxation
- Safe place visualization
- Other top relaxation techniques for children/adolescents: music, exercise, stretching, meditation
Feelings Expression and Modulation

Objective:
- Teach clients to accurately identify and talk about a range of emotions.
- Help clients identify differing levels of emotion intensity and find appropriate strategies for expressing emotions.

Strategies:
- Identify and label emotions and feelings.
- Use of scales and “thermometer” to rate emotion intensity.
- Identify coping skills to help decrease emotional intensity.

Enhancing Future Safety

Objective:
- Learn personal safety skills.

Strategies:
- Help clients identify people and places that are safe.
  - Circle of safety
- Teach clients how to ask for help until someone responds.
  - Role plays

When talking to children…

- Talk to children about safety and do everything you can to make their environment and interactions with you safe.
- Reassure children that they are not responsible.
- Keep a routine.
- Ask open ended questions.
- Let children express their emotions (verbally and through play), but don’t force them to talk if they’re not ready.
- Make simple statements to be reassuring.
- Give children extra comfort and support.
- Be patient.
When talking to parents…

- Express concern for children. This helps parents think about them too.
- Provide parents with information about safety and legal issues so children can remain safely in non-abusing parent’s care.
- Know your resources.
- Mandated reporting (DHHS, DCYF).

When to seek additional help…

- The child doesn’t seem like him/herself or is acting different than usual.
- The child’s reaction to stress is interfering with their ability to go to school, interact with friends, sleep through the night, or eat.
- The child’s behaviors are becoming more risky and less predictable.
- The child may seem sad, depressed, clingy, hopeless, or withdrawn from activities they used to love.
- The child begins talking about death or dying and/or the child is engaging in self injurious behaviors.

Role of Advocates

- What do you see as your role as an advocate in addressing issues related to child maltreatment?
- What service systems may you interact with?
  - Child protective services
  - Schools
  - Mental health
  - Guardian ad litems/attorneys
Resources

- New Hampshire DCYF Reporting: 1-800-894-5533.
- www.nctsn.org (Child Trauma Resources)
- www.childtrauma.org (child trauma and brain research)
- www.hprt-cambridge.org (refugee trauma information)

Contact Us

Rebecca Sargent Brown, LMSW-cc
The Children's Initiative
Community Counseling Center
brownr11@commcc.org
207-874-1030 x305

www.commcc.org
Fact Sheet for Domestic Violence Project Advocates:
Questions and Answers on the Effects of Domestic Violence on Children
(DRAFT: February, 2010)

This fact sheet is designed for domestic violence project advocates to increase their understanding of the impact of domestic violence on children and how they can help parents respond to their children’s reactions following exposure to domestic violence.

What are the short term and long term effects of exposure to domestic violence on children?

Short term:
- anxiety (including separation anxiety)
- depression
- aggression
- difficulty sleeping and nightmares
- difficulty with attention
- physical complaints (headaches, stomachaches)
- behavioral problems
- low self-esteem
- poor academic performance
- social withdrawal

Long term:
- substance abuse
- suicide attempts
- unintended pregnancy
- health complications and illness
- depression
- low self-esteem
- criminal and violent behavior

Children react differently to domestic violence based on a variety of factors. However, any of the short term reactions listed above can be considered typical reactions to childhood exposure to domestic violence. It is important to remember that not all children are equally affected by domestic violence. Some children experience short term or little to no reactions following incidents of domestic violence and seem to be more able to cope with these stressors. Others may be more significantly affected and show a variety of symptoms.

Some of the factors that have been found to impact children’s responses to domestic violence include age, gender, quality of parental relationships with both parents, the amount of time since the violence occurred, the presence of other traumatic events in a child’s life, and the proximity of a child to the violence (in another room, called 9-1-1, involved in the violence, watched the violence). ¹ ²
What are the protective factors that have been found to help children cope with the stress of living with domestic violence?

Children respond in a variety of ways following exposure to domestic violence. Many children do not experience negative effects following exposure to violence. Significant research has been done into the resiliency of children to examine the “protective factors” that help children recover and thrive following exposure to traumatic events, including domestic violence. The research demonstrates repeatedly that the key protective factor in promoting resiliency is the presence of a positive, caring, and protective adult in a child’s life. Furthermore, the more protective factors present for a child, the less problems he/she will experience. Research has suggested the following protective factors for children:

- The presence of protective adults (parent, relatives, neighbors, teachers, mentors, etc.).
- Access to a larger supportive social network (churches, clubs, sports, activities, etc.).
- Average to above average intellectual development with good attention and interpersonal skills.
- Feelings of self-esteem, self-efficacy, attractiveness to others in both personality and appearance, and individual talents.
- Religious affiliations.
- Socio-economic advantages.
- Contact with people and environments that are positive.

What should parents/adults tell children about domestic violence that happens?

Assume children know more than you think they know. The first step is talking with children; the second is to listen. Key messages that can help children recover following instances of domestic violence are:

- It’s not okay.
- It’s not your fault.
- I will listen to you.
- You can tell me how you feel; it is important.
- I’m sorry you had to see/hear it.
- You do not deserve to have this in your family.
- It is not your job/role to prevent/change it.
- We can talk about what to do to keep you safe if it happens again (for example, staying in your room, going to neighbors, etc.).
• I care about you. You are important.  

How much information?
Parents often struggle with how much information to share with children about the details of what happened during a domestic violence incident. Here are some things to consider:

• The amount of information to be shared will often depend on the age and developmental stage of the child. Consider how information can be presented in a way that the child can understand.
• Parents can start by providing simple straightforward messages similar to those found above to start the conversation.
• It is always okay to ask the child what questions he/she has. Children will often stop asking questions when they have enough information to feel safe and secure.
• Remember, providing a child the opportunity to talk openly and ask questions about what they heard, saw, and/or experienced can be more effective than reviewing the details from the adult’s perspective.

What about the abusive parent/partner?
Victims/survivors of domestic violence often ask questions about what to tell their children about the abusive parent. Key messages for children about the abusive partner or parent can include:

• The abusive behavior was not okay, violence is not okay.
• The abusive person is responsible. It's not your fault. It's not my fault.
• It’s okay to love and want to see/spend time with the abusive person.
• It's okay if you are mad at, or scared of, the abusive person.

How to protect children from adult information?
Advocates often find themselves filling out legal paperwork, discussing details, and reviewing domestic violence incidents with clients when their children are present. Hearing the specific details of these events can be difficult and even further traumatizing to children. There is no perfect solution for this problem. If at all possible, avoid talking about the specifics of the domestic violence in front of children. Advocates should consider when sitting with victims/survivors and their children if there are ways to protect children from hearing the re-telling of the story. Strategies could include:

• A child friendly waiting area for children old enough to wait on their own.
• Offices with toys and games that may help distract children if they have to be in the room.
• Inform children that they are going to be talking about what happened, acknowledge that this can be scary, and check-in with children throughout the conversation regarding how they are feeling.

• Encourage parents whenever possible to use natural supports for childcare or ask if there is someone who can come and wait in the waiting room with their children for even part of the time.

What are some ways victims/survivors can respond to and/or cope with their children’s feelings or feelings about both parents?

Children who have witnessed domestic violence often have confused and contradictory feelings about their parents. They may worry about the safety of the parent who has been abused, and they may also worry that their parents will not be able to protect them. They may see the abusive parent as generous and loving some of the time, and terrifying and dangerous at other times. Often, children feel torn over loyalties and caught in the middle of the conflict. Using some of the following messages can help children explore and cope with these feelings.

Children need to....

• learn that it is okay to feel several emotions at the same time (i.e. anger, love).

• know that it is normal to feel angry at either or both parents when violence happens.

• learn that you can love someone and hate their behavior.

• know that it’s okay to love both parents at the same time.

• understand that violence is an adult problem and it is not the child’s fault or responsibility.

What are some strategies for managing children’s responses to domestic violence?

Parenting styles for parents involved in relationships in which domestic violence occurs can range from overly-permissive parenting to excessive discipline and rigid parenting. These parenting styles are often the result of the patterns of power, control, and abuse that have occurred within the family system. In addition to providing emotional support and safety to children following domestic violence, some key parenting and behavior management strategies can help combat the effects of domestic violence on children. These strategies include:

• Active ignoring or “pick your battles”: This refers to active ignoring of unwanted behavior and identifying which behaviors can be ignored. Often, children’s negative behaviors are efforts to get attention from adults. Withdrawing the attention from the unwanted behavior will therefore eventually decrease the behavior. Obviously, this wouldn’t apply to unsafe behaviors.
• Specific praise: Using very specific praise to increase a desired behavior not only increases the likelihood of that behavior being repeated, but also helps children feel valued and proud of themselves. **Note:** Active ignoring is often most effective when paired with specific praise.

• Rules and Routines: Having structured, consistent, and predictable rules and routines can be extremely helpful in managing children’s responses to domestic violence. Children living with domestic violence often see the world as unpredictable and unsafe. Maintaining consistent rules and routines teaches children that things can be predictable, helps manage behavior issues, and can further create a feeling of safety.

• Relaxation: Teaching children simple relaxation skills such as deep breathing or providing space for children to practice relaxing can be very effective in helping children manage the fear and anxiety they may be experiencing as a result of domestic violence.

**When should advocates or parents seek additional help for children who have been exposed to domestic violence?**

Experiencing domestic violence can place children at risk for experiencing a variety of emotional, social, and behavioral issues including post-traumatic stress. Some of the warning signs that children may require additional professional help to recover from exposure to domestic violence include:

• The child doesn’t seem like him/herself or is acting differently from usual.
• The child’s reaction to stress is interfering with his/her ability to go to school, interact with friends, sleep through the night, or eat.
• The child’s behaviors are becoming more risky and less predictable.
• The child may seem sad, depressed, clingy, hopeless, or withdrawn from activities he/she used to love.
• The child begins talking about death or dying and/or the child is engaging in self injurious behaviors (substance abuse, unhealthy sexual activity, cutting, or other dangerous behaviors).
• The child is demonstrating increased worry, anxiety, or fear.
• The child is demonstrating increased anger or aggression.
Conclusion

This fact sheet was developed in collaboration with domestic violence advocates. The content included was developed based on questions presented by advocates that they encounter and/or struggle with in their day-to-day work with victims/survivors of domestic violence with children. The following websites are recommended for further information and resources regarding childhood exposure to domestic violence.

- National Child Traumatic Stress Network: www.nctsn.org
- National Center for Children Exposed to Violence: www.nccev.org
- Safe Start Center: www.safestartcenter.org
- National Coalition Against Domestic Violence: www.ncadv.org
- Office on Violence Against Women: www.enditnow.gov

Acknowledgements: Content was developed and adapted by members of The Greater Portland Children’s Trauma Response Initiative of Community Counseling Center in Portland, Maine in accordance with The Domestic Violence Collaborative Working Group of the NCTSN.


What is physical abuse?

The precise definition of child physical abuse varies among states, the District of Columbia, and the US territories. All these entities agree that physical abuse occurs when a parent or caregiver commits an act that results in physical injury to a child or adolescent, such as red marks, cuts, welts, bruises, muscle sprains, or broken bones, even if the injury was unintentional. Physical abuse can occur when physical punishment goes too far or a parent lashes out in anger.

Even forms of physical punishment that do not result in physical injury are considered physical abuse and are outlawed in some states. For example, in Arkansas, Minnesota, and the District of Columbia, hitting a child with a closed fist is considered physical abuse. In Arkansas, hitting a child on the face or head is also called physical abuse.1 (For more information on state laws, go to www.childwelfare.gov/systemwide/laws_policies/statutes/defineall.pdf.)

Physical Abuse Myths and Facts

Myth: Child physical abuse is rare.
Fact: In 2007, there were approximately 149,000 cases of child physical abuse reported in the 50 states, the District of Columbia, and Puerto Rico. Actual rates of child physical abuse are probably higher, since not every case is reported.2

Who is physically abused?

Children of all ages, races, ethnicities, and socioeconomic backgrounds are at risk for physical abuse. Physical abuse affects both boys and girls across neighborhoods, communities, and countries around the world. Children ages 4–7 and 12–15 are at the greatest risk of being physically abused. Very young children are most susceptible to receiving serious injuries.2

How can you tell if a child is being (or has been) physically abused?

It can be difficult to determine from a child’s behavior or emotional state whether abuse has occurred. The best way to know if a child has been abused is if the child tells you.
There may also be physical signs, such as welts and bruises in various stages of healing, fingernail marks, human bite marks, burns, lacerations, abrasions in the pattern of an instrument, and missing, loose, or broken teeth. It is very possible for a child to be physically abused without anyone noticing if the child’s injuries are hidden by clothing.

There are several indicators that strongly suggest a child is being abused:

- Frequent physical injuries that are attributed to the child’s being clumsy or accident-prone
- Injuries that do not seem to fit the explanation given by the parents or child
- Conflicting explanations provided by child and/or caregivers, explanations that do not fit the injuries, or injuries attributed to accidents that could not have occurred given the child’s age (for example, an immersion burn on a child too young to walk or crawl)
- Habitual absence from or lateness to school without a credible reason. Parents may keep a child at home until physical evidence of abuse has healed. One should also be suspicious if a child comes to school wearing long-sleeved or high-collared clothing on hot days, since this may be an attempt to hide injuries
- Awkward movements or difficulty walking; this may suggest that the child is in pain or suffers from the aftereffects of repeated injuries

**Physical Abuse Myths and Facts**

**Myth:** It’s only physical abuse if you mean to hurt your child.

**Fact:** Even accidental injuries of a child are considered physical abuse if the act that injured the child was done intentionally as a form of punishment.

---

**Physical Abuse Myths and Facts**

**Myth:** Good parents don’t get frustrated or angry with their children’s behavior.

**Fact:** All parents get angry at their children sometimes. It is okay to be angry, but it is not okay to hurt your children in anger. Angry feelings cannot get you into trouble but violent behavior can. It is important for parents to learn how to express and control their anger so that their children learn to do the same.
What can you do if a child discloses physical abuse?

Whether or not you are mandated to report child abuse to the child protection agency varies from state to state. In New Jersey, for example, every citizen who comes into contact with a child and observes behavior or conditions that might indicate abuse or neglect is required by law to report their suspicions. Even if you are not mandated to report abuse, there is no law against making an abuse report if you have a reasonable suspicion that a child is being abused. The identity of the person making the child abuse report is not shared with anyone other than child protection services workers. Some states also allow anonymous reporting.

Why don’t children tell about physical abuse?

There are many reasons why children don’t tell about physical abuse, including:

- Fear that their parents will be mad at them or will hurt them worse for telling
- Desire not to get their parents into trouble
- Fear of being removed from their homes
- A belief that it’s okay for their parents to hurt them
- Fear of not being believed
- Shame or guilt
- Belief that they deserve the abuse for their “bad” behavior

What are the consequences of physical abuse for families?

**Children**

Experts in the field of child behavior believe that physical abuse teaches children to be submissive, fearful, and/or aggressive. It also teaches them that hitting is a way to control other people or solve problems. The attitudes, beliefs, and behaviors that grow out of physical abuse can cause a child to have problems at school, at home, and with friends. Sometimes children who have been hit don’t do well at making and keeping friends. They may not trust people in authority. Children may also become fearful of their parents. It can be confusing for children when a parent, the person they depend on and love the most, hurts them in some way.

**Physical Abuse Myths and Facts**

**Myth:** Physical punishment helps parents control their child’s behavior.

**Fact:** Parents who use excessive punishment are not in control. Physical punishment does not teach children how to make good decisions, how to determine what is right and wrong, or how to control their own behavior. Instead, physical punishment makes children submissive, fearful, and/or aggressive. It also teaches them that hitting is a way to solve problems with other people.
Being hit may make children feel angry, helpless, powerless, hostile, guilty, or ashamed. It may result in their becoming chronically anxious or depressed. All these negative feelings about themselves increase children’s stress levels and only make it harder for them to behave well. With therapy and support, children can overcome the effects of child physical abuse and go on to lead productive lives.

Parents
When children’s behaviors get worse in response to being hit, parents may feel even more stress. When physical punishment does not create the results a parent seeks, the parent may escalate the punishment, and the child and parent may get locked in a vicious cycle of greater violence on the part of parents, and greater acting out on the part of the children. Many parents feel upset after hitting their children. They may also feel bad about themselves and their abilities to parent. Once the state’s child protection services agency becomes involved, parents may be arrested, may have to go to court, and may have their children removed from their care. There are alternatives to physical punishment. Don’t hesitate to contact a therapist in your area to assist you.

References


Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education.

Child Sexual Abuse Fact Sheet

What is child sexual abuse?
Child sexual abuse is any interaction between a child and an adult (or another child) in which the child is used for the sexual stimulation of the perpetrator or an observer. Sexual abuse can include both touching and non-touching behaviors. Touching behaviors may involve touching of the vagina, penis, breasts or buttocks, oral-genital contact, or sexual intercourse. Non-touching behaviors can include voyeurism (trying to look at a child’s naked body), exhibitionism, or exposing the child to pornography. Abusers often do not use physical force, but may use play, deception, threats, or other forms of coercion to engage children and maintain their silence. Abusers frequently employ persuasive and manipulative tactics to keep the child engaged. These tactics—referred to as “grooming”—may include buying gifts or arranging special activities, which can further confuse the victim.

Who is sexually abused?
Children of all ages, races, ethnicities, and economic backgrounds are vulnerable to sexual abuse. Child sexual abuse affects both girls and boys in all kinds of neighborhoods and communities, and in countries around the world.

How can you tell if a child is being (or has been) sexually abused?
Children who have been sexually abused may display a range of emotional and behavioral reactions, many of which are characteristic of children who have experienced other types of trauma. These reactions include:

- An increase in nightmares and/or other sleeping difficulties
- Withdrawn behavior
- Angry outbursts
- Anxiety
- Depression
- Not wanting to be left alone with a particular individual(s)
- Sexual knowledge, language, and/or behaviors that are inappropriate for the child’s age
Although many children who have experienced sexual abuse show behavioral and emotional changes, many others do not. It is therefore critical to focus not only on detection, but on prevention and communication—by teaching children about body safety and healthy body boundaries, and by encouraging open communication about sexual matters.

Why don’t children tell about sexual abuse?

There are many reasons children do not disclose being sexually abused, including:

- Threats of bodily harm (to the child and/or the child’s family)
- Fear of being removed from the home
- Fear of not being believed
- Shame or guilt

If the abuser is someone the child or the family cares about, the child may worry about getting that person in trouble. In addition, children often believe that the sexual abuse was their own fault and may not disclose for fear of getting in trouble themselves. Very young children may not have the language skills to communicate about the abuse or may not understand that the actions of the perpetrator are abusive, particularly if the sexual abuse is made into a game.

What can you do if a child discloses that he or she is being (or has been) sexually abused?

If a child discloses abuse, it is critical to stay calm, listen carefully, and NEVER blame the child. Thank the child for telling you and reassure him or her of your support. Please remember to call for help immediately.

If you know or suspect that a child is being or has been sexually abused, please call the Childhelp® National Child Abuse Hotline at 1.800.4.A.CHILD (1.800.422.4453) or visit the federally funded Child Welfare Information Gateway at: http://www.childwelfare.gov/responding. If you need immediate assistance, call 911.

Many communities also have local Children’s Advocacy Centers (CACs) that offer coordinated support and services to victims of child abuse (including sexual abuse). For a state-by-state listing of accredited CACs, visit the website of the National Children’s Alliance (http://www.nca-online.org/pages/page.asp?page_id=3999).
**Child Sexual Abuse Myths and Facts**

**Myth:** Child sexual abuse is a rare experience.

**Fact:** Child sexual abuse is not rare. Retrospective research indicates that as many as 1 out of 4 girls and 1 out of 6 boys will experience some form of sexual abuse before the age of 18.\(^1\) However, because child sexual abuse is by its very nature secretive, many of these cases are never reported.

**Myth:** A child is most likely to be sexually abused by a stranger.

**Fact:** Children are most often sexually abused by someone they know and trust. Approximately three quarters of reported cases of child sexual abuse are committed by family members or other individuals who are considered part of the victim’s “circle of trust.”\(^2\)

**Myth:** Preschoolers do not need to know about child sexual abuse and would be frightened if educated about it.

**Fact:** Numerous educational programs are available to teach young children about body safety skills and the difference between “okay” and “not okay” touches. These programs can help children develop basic safety skills in a way that is helpful rather than frightening. For more information on educating young children, see *Let’s talk about taking care of you: An educational book about body safety for young children*, available at www.hope4families.com/Lets_Talk_Book_Information.html.

**Myth:** Children who are sexually abused will never recover.

**Fact:** Many children are quite resilient, and with a combination of effective counseling and support from their parents or caregivers, children can and do recover from such experiences.

**Myth:** Child sexual abuse is always perpetrated by adults.

**Fact:** Twenty-three percent of reported cases of child sexual abuse are perpetrated by individuals under the age of 18.\(^3\) While some degree of sexual curiosity and exploration is to be expected between children of about the same age, when one child coerces another to engage in adult-like sexual activities, the behavior is unhealthy and abusive. Both the abuser and the victim can benefit from counseling.

**Myth:** Talking about sexual abuse with a child who has suffered such an experience will only make it worse.

**Fact:** Although children often choose not to talk about their abuse, there is no evidence that encouraging children to talk about sexual abuse will make them feel worse. On the contrary, treatment from a mental health professional can minimize the physical, emotional, and social problems of these children by allowing them to process their feelings and fears related to the abuse.
Tips to Help Protect Children from Sexual Abuse

1. Teach children accurate names of private body parts.

2. Avoid focusing exclusively on “stranger danger.” Keep in mind that most children are abused by someone they know and trust.

3. Teach children about body safety and the difference between “okay” and “not okay” touches.

4. Let children know that they have the right to make decisions about their bodies. Empower them to say no when they do not want to be touched, even in non-sexual ways (e.g., politely refusing hugs) and to say no to touching others.

5. Make sure children know that adults and older children never need help with their private body parts (e.g., bathing or going to the bathroom).

6. Teach children to take care of their own private parts (i.e., bathing, wiping after bathroom use) so they don’t have to rely on adults or older children for help.

7. Educate children about the difference between good secrets (like surprise parties—which are okay because they are not kept secret for long) and bad secrets (those that the child is supposed to keep secret forever, which are not okay).

8. Trust your instincts! If you feel uneasy about leaving a child with someone, don’t do it. If you’re concerned about possible sexual abuse, ask questions.

The best time to talk to your child about sexual abuse is NOW.

References


This product was developed by the Child Sexual Abuse Committee of the National Child Traumatic Stress Network, comprised of mental health, legal, and medical professionals with expertise in the field of child sexual abuse.

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.