

# Addressing the Needs of Crime Victims in Medical Practice

Child Victimization:  
Special Issues Related to Child  
Abuse And Neglect

Medical Students



# Integrate Crime Victims' Issues Into University and College Curricula

The project is designed to:

- Broaden college and university students' awareness of crime victims' issues and knowledge of appropriate responses.
- Increase the number and diversity of students exposed to and educated in crime victims' issues.
- Give victim issues a new level of prominence in university and college curricula.

*For more information, go to our Web site: [www.uml.edu/vic](http://www.uml.edu/vic)*

# Resources for Students

Campus resources to list typically include:

- Counseling.
- Health services.
- College chaplain/Faith community.
- Dean of students.
- Women's centers.
- Campus police.

# Resources for Students

Local community resources to list typically include:

- Rape crisis center.
- Domestic violence shelter agency.
- Local or county victim-witness office (often a part of the prosecutor's office).

# National Resource Information

National Resource Information

Student Handout

# Abuse Definitions

- Defined by state:
  - ◆ Based on Federal minimum standards.
  - ◆ Federal Child Abuse Prevention and Treatment Act.
- 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.
- An act or failure to act which presents an imminent risk of serious harm.

# Types of Child Maltreatment

Neglect – Failure to provide for a child's basic needs.

- Physical
- Medical
- Educational
- Emotional

## Types of Child Maltreatment, continued

Physical Abuse – Physical injury as a result of punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting, burning, or otherwise harming a child, regardless of intention.

# Types of Child Maltreatment, continued

Sexual Abuse – Includes activities by a parent or caretaker such as fondling a child's genitals, penetration, incest, rape, sodomy, indecent exposure, and exploitation through prostitution or the production of pornographic materials.

- Perpetrated by adults, teens, and sometimes other children.
- Not “playing doctor” – force, threats, age difference are present.

## Types of Child Maltreatment, continued

Emotional Abuse – Pattern of behavior that impairs a child's emotional development or sense of self-worth.

May include constant criticism, threats, rejection, as well as withholding love, support, or guidance.

# Prevalence

Based on cases reported to CPS:

- Approximately 885,245 children were found to be victims of child abuse or neglect calendar year 2006.
- 64.1% suffered neglect.
- 16% were physically abused.
- 8.8 % were sexually abused.

DHHS, 2008

# Prevalence, continued

## Sexual Assault by Gender:

- 20-25% of women have experienced sexual assault.
- 5-15% of men have experienced sexual assault.

## Other estimates:

- Up to 35%.
- College women at highest risk.

Berliner & Elliot, 2002

# Perpetrators

- 78.5% parents
- 6.5% other relatives
- 4.1% unmarried partners of parents
- Differ by types of abuse
  - ◆ 95% or more of CSA perpetrated by men
  - ◆ Closer to 50-50% male-female split other types
- “Stranger danger” – myth
  - ◆ Most common perpetrators = known adults

# Risk Factors for Maltreatment

- Caretaker history of abuse
- Parental substance abuse
- Child rearing practices (corporal punishment)
- Teenaged parents
- Single parents
- Domestic violence
- Stress

“Risk factor” does not mean “certain predictor.”

# Risk Factors for Maltreatment, continued

- Child age: birth to 3 years
- Children with disabilities
- Poverty (though child abuse spans all segments of society)
- Community violence
- Limited social support

# Psychological and Behavioral Effects of Child Maltreatment

Important to differentiate between short-term vs. long-term effects, “problems” vs. “disorders.”

Short term:

- Many children appear to be resilient to maltreatment and show few psychological effects.

Long term:

- Maltreatment is a risk factor for many problems and disorders.

# Short-Term Effects of Child Maltreatment

- Behavior problems
- Cognitive difficulties
- Social difficulties
- Juvenile delinquency
- Alcohol and other drug use
- Psychiatric disorders
  - ◆ PTSD
  - ◆ Depression
  - ◆ Disruptive behavior disorders

# Long-Term Effects of Child Maltreatment

- Experiencing child maltreatment is a risk factor for a large variety of social and interpersonal problems:
  - ◆ Relationship difficulties.
  - ◆ Issues with sexual intimacy (in CSA survivors).
  - ◆ Occupational problems (e.g., lack of consistent employment).
- Also increases risk of negative health outcomes: Increased smoking, heart disease, liver disease, suicide, injuries.

ACE Study; Felitti & Anda/CDC

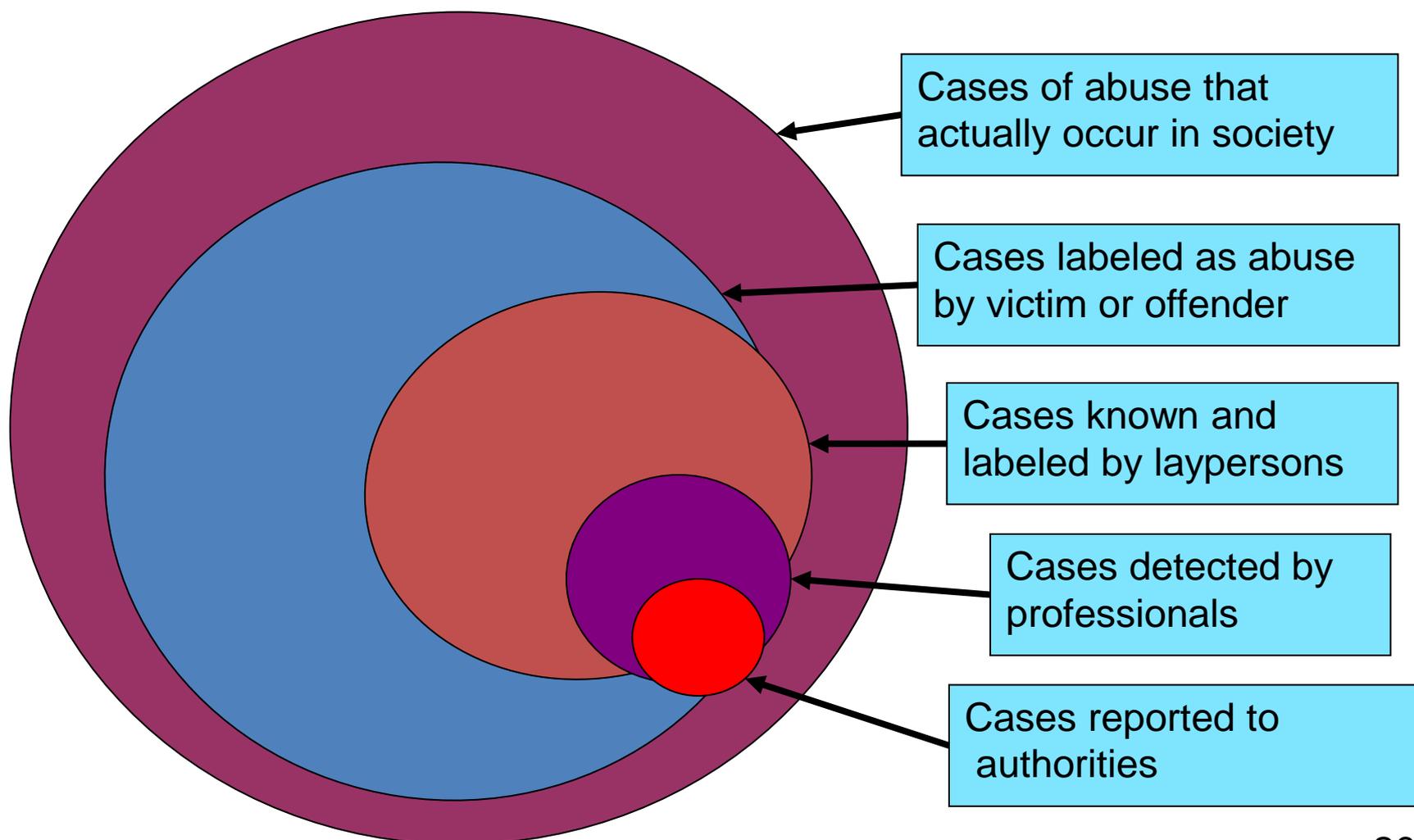
# Cultural Competence

- Essential to understand family's values related to religion, ethnicity, and culture.
- There is some research and clinical evidence to suggest differences in prevalence, expression, and service utilization.
- Previous treatment outcome studies show successful treatment for diverse ethnic and racial populations.

Cohen & Mannarino; Deblinger et al.

- Cultural modifications can enhance interventions.

# Impact of the Case Detection Process on Prevalence and Incidence Rates



# Mandated Reporting: Who is a Mandated Reporter?

Individuals typically designated as mandated reporters include:

- Physicians, nurses, hospital personnel, dentists.
- Coroners.
- Medical examiners.
- Mental health professionals.
- Social workers.
- School personnel.
- Law enforcement officers.
- Child care providers.
- Film processors/computer technicians.

# Mandated Reporting: To Whom?

- If reporter believes that act or commission was committed by parent, guardian or other person responsible for child's welfare, report must be made to child protection (Department of Social Services)
- If reporter believes that act or commission was committed by person OTHER than parent, guardian or other person responsible for child's welfare, reporter must be made to appropriate law enforcement agency.

[www.childwelfare.gov/systemwide/laws\\_policies/state/index.cfm?event=stateStatutes.processSearch](http://www.childwelfare.gov/systemwide/laws_policies/state/index.cfm?event=stateStatutes.processSearch)

# Making the Report

- Make the report as soon as possible after receiving the information which causes you to suspect abuse or neglect.
- Do not wait for proof. The law requires you to report when you have “reason to believe.”
- Do not investigate yourself. Leave that up to CPS caseworker or law enforcement.
- Follow district procedures regarding notification of supervisors; remember you are required by law to report and agency policy cannot disallow this.

## Making the Report, continued

When reporting, be prepared to give the following information regarding the child:

- Name, age, date of birth, home address.
- Nature and extent of injury.
- Behavioral observations, school performance and attendance record (if known/applicable).
- Any information regarding the child's siblings and parents will also aid the investigation.

# Making the Report, continued

- You can request to be notified as to the outcome of the report.
- Maintain the confidentiality of the report.

# Abuse Facts/Myths

Prevalence?

- It's not rare.

Who are the victims?

- It's not just the poor/minorities.

Who are the perpetrators?

- It's not strangers.

How often do victims become perpetrators?

- Vast majority of victims do not become abusers.