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
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

Student Handout
Abuse Definitions

- Defined by state:
  - Based on Federal minimum standards.

- 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
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.
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.
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
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.

  Grimer & Smith, 2006
Impact of the Case Detection Process on Prevalence and Incidence Rates

Cases of abuse that actually occur in society

Cases labeled as abuse by victim or offender

Cases known and labeled by laypersons

Cases detected by professionals

Cases reported to authorities
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
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.
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.