

# Addressing the Needs of Crime Victims in Medical Practice

Child Victimization:  
Special Issues Related to Child  
Abuse And Neglect

Residents



# 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

# Myth or Fact?

- A child who has been abused would be frightened of any future contact with the person who abused them.
- Children seldom lie about something as important as abuse
- When a child discloses abuse and then recants that disclosure, the original disclosure was a lie.
- Children who have *really* been abused will present with significant emotion when disclosing their abuse.

## Myth or Fact? continued

- If the child does not *resist* the sexual advances of the offender, he/she shares responsibility for the sexual abuse.
- Children who have been abused will exhibit behavioral and/or emotional problems that will last a lifetime.
- It is better to not talk about the abuse and just let the child forget what happened.

# 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.

## 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.

# Other Types of Trauma

- Natural disasters.
- Serious accidents.
- Discrimination.
- War/Terrorism.
- Immigration trauma.
- Any other situation in which there was fear that one might be killed or seriously injured.

# 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

# Posttraumatic Stress Disorder (DSM-IV)

## A. Exposure to a traumatic event.

- Experienced, witnessed, or confronted with actual or threatened death or injury to self or others.
- Response involved intense fear, helplessness or horror.

## B. Re-experiencing (=> 1).

## C. Avoidance of stimuli associated with trauma (=>3).

# Posttraumatic Stress Disorder (DSM-IV), continued

## D. Persistent increased arousal (=> 2).

- Duration of symptoms is more than 1 month and causes clinically significant distress or impairment
- <20% with history of exposure have a psychiatric disorder.
- Resiliency is normative.

# Traumatic Stress in Young Children

- Research suggests that traumatic experiences affect brain, minds, behavior of very young children.
  - ◆ Can cause similar reactions as those seen in older children.
- More likely to become passive, quiet, easily alarmed, less secure.
- More generally fearful, particularly around separations from a caregiver or in new situations.
- May regress (e.g., start wetting the bed; sucking their thumb).



# Traumatic Stress in School-Age Children

- Wider range of intrusive images and thoughts.
- May engage in traumatic play.
- Respond to concrete reminders.
- Wonder what they could have done to stop the trauma or make things turn out differently.
- May develop intense specific fears tied to the original trauma.
- May vacillate between shy/withdrawn and extremely aggressive behaviors.
- Sleep disturbances (restless sleep; waking up tired).



# Traumatic Stress in Adolescents

- May fear they're "going crazy" or that they are weak/different from everyone else.
- Feel isolated – no-one understands what they went through.
- May overly focus or seem fascinated by "dark" topics.
- May engage in extreme reckless/dangerous behaviors OR become extremely avoidant.
  - ◆ Examples: alcohol/drug use; cutting.
- May have thoughts of revenge because of belief that others failed to protect them or to prevent what happened.



# Effects of Child Maltreatment

- Posttraumatic stress disorder
- Major depressive disorder
- Attention deficit hyperactivity disorder
- Panic disorder
- Behavior problems
- Cognitive difficulties
- Social difficulties
- Juvenile delinquency
- Alcohol and other drug abuse
- Poor physical health

# Cultural Competence

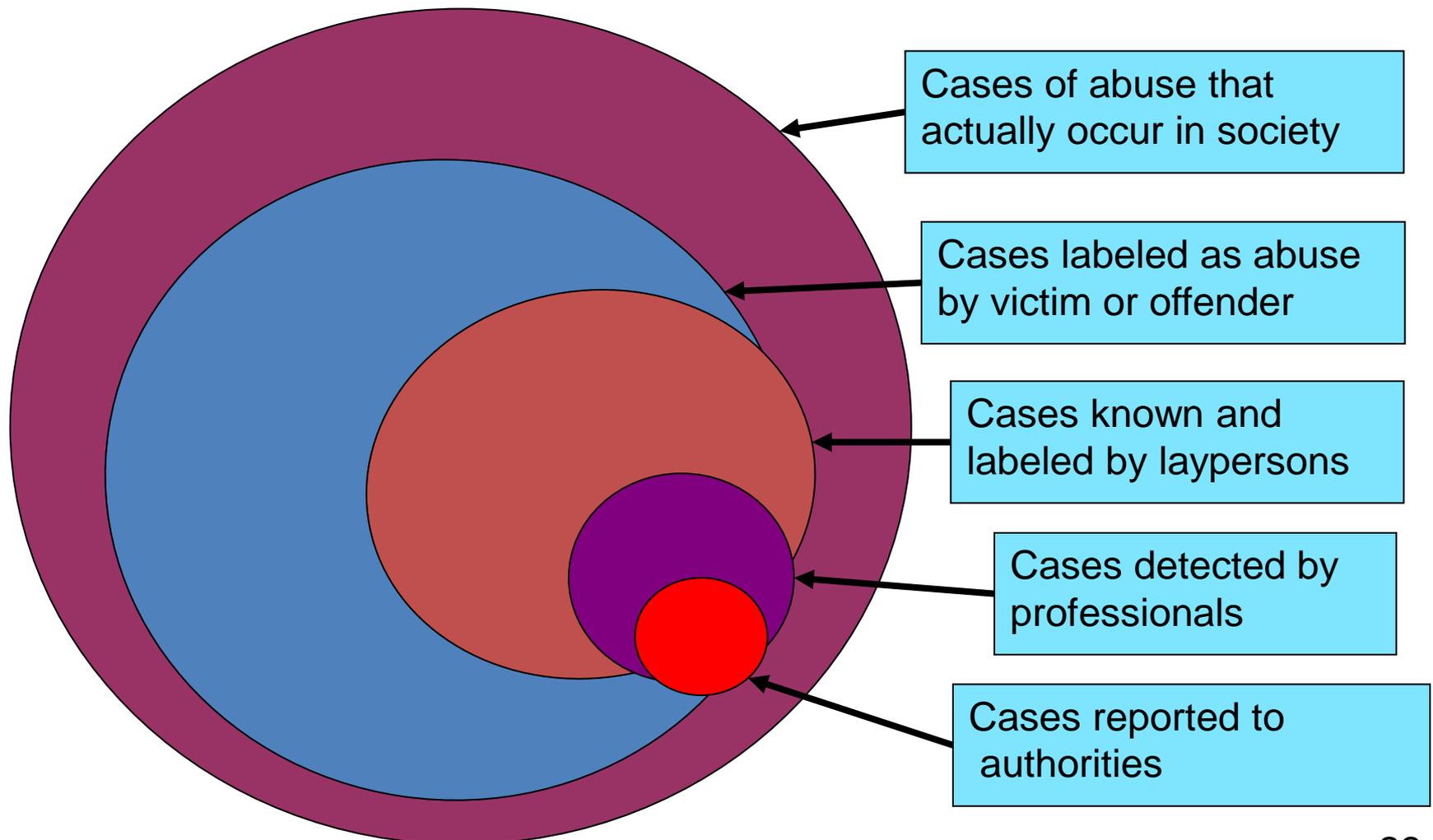
- Essential to understand family's values related to religion, ethnicity, and culture.
- There is some research and clinical evidence to suggest differences in prevalence, expression, and service utilization.
- Previous treatment outcome studies show successful treatment for diverse ethnic and racial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



# Reporting Requirements for Child Abuse and Neglect

- To whom report should be made.
- Under what conditions a mandated reporter must report.
- Time period for investigation.
- Type of action for failure to report.
- Type of immunity provided to mandatory reporters who make a report.

# 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)

# Mandated Reporting: Cross Reporting

When DSS refers a report to law enforcement for criminal investigation, DSS must inform law enforcement of the identity of the person who reported the child abuse or neglect.

- Identity of the reporter must only be used to further the criminal investigation.
- Agency must not disclose reporter's identify to anyone other than an employee of the agency involved in the criminal investigation.
- If the reporter testifies in a criminal proceeding resulting from the report, it must not be disclosed that the reporter made the report.

# Responding to Child's Report

- Do not probe for details, particularly concerning sexual abuse. You may jeopardize a legal investigation if questions are leading.
- Listen attentively while the child is talking to you and use age appropriate language.
- Do not indicate doubt or disbelief. Provide emotional support to the child and express belief that the child is telling the truth.
- Do not express shock or anger at the possible perpetrator. Children often love the person who mistreats them.

# Responding to Child's Report, continued

- Support the child for disclosing.
  - ◆ Children need to hear from an adult that they did the right thing by telling about the abuse.
- Do not give the child false assurances.
  - ◆ Explain your responsibility to tell about the abuse to help protect the child and keep him/her safe.
- Do not make judgmental statements or place blame for the abuse on the child.
- Conduct the discussion in private and reassure the child that the disclosure enables adults to begin helping and protecting the child.

# 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.

# Why Children May Not Report Sexual Victimization

- Age and development skills
- Lack of knowledge about reporting
- Fear of retaliation
- Fear of not being believed
- Unaware situation is not “normal”
- Feels shame or blame for abuse
- Feels “love” for the offender
- Fear of breaking up family
- Feel responsible for the abuse