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
Resources for Students

Campus resources to list typically include:

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

- 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
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
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.
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.
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