

Handouts

Addressing the Needs of Crime Victims in Medical Practice

Child Victimization: Special Issues Related to Child Abuse and Neglect

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Handout 1

Child Victimization – Student Worksheet

Case Scenario #1

A 14-year-old girl is brought in by her parents for an evaluation. Through the course of the interview, it is revealed that the 14-year-old is having sexual contact with her 17-year-old boyfriend. Her parents are aware of the relationship and are okay with it.

1. Is this reportable?

2. What type of actions (if any) need to be taken?

Case Scenario #2

A 10-year-old female reported that she did not go to her friend's birthday party because her grandmother gave her a whooping that left a bruise on her arm over the weekend. The patient stated that the bruise was already gone.

1. Is this reportable?

2. What type of actions (if any) need to be taken?

Case Scenario #3

You have been working with a 9-year-old female, referred for inattention. Her parents have reported that they never fight in front of the children. Your patient tells you that she and her brother hear things breaking and her parents yelling and one time saw her mom with an injury the following day.

1. Is this reportable?

2. What type of actions (if any) need to be taken?

Handout 2

Dispelling Myths and Facts Related to Abuse

Myth: A child who has been abused would be frightened of any future contact with the person who abused them.

Facts:

- Offenders may be very nice to the child and present the abuse in a loving way.
- They “groom” the child with special attention.
- They may define the relationship as “special” and “our secret.”
- Parents who abuse their child may have been positive in other areas of the child's life.
- Some touching is pleasurable and may have felt good to the child.
- Some children respond positively to offenders to protect themselves.
- Children are most often abused by members of the family.
- When physical abuse is common within a family, the child may not know that it is wrong or is afraid of the physical consequence of telling.

Myth: Children seldom lie about something as important as abuse.

Facts:

- Young children tend to lie to protect themselves. Older children may lie to “survive” their family or the “system.”
- Lies are most often related to denying abuse or minimizing the abusive experience vs. falsely reporting abuse.
- It is very rare for a child to make a false report of abuse.

Myth: Children who have really been abused will present with significant emotion when disclosing their abuse.

Facts:

- There are many factors that may impact the emotion or lack of affect exhibited by child victims. Children who have had to repeat their report multiple times may present as if they have memorized the story.

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- Children who have dissociated themselves from the event in order to protect themselves emotionally may report as an observer.
- Children who are too young to understand that what has happened to them is abuse may report as if they are telling about an everyday event.

Myth: If the child does not resist the sexual advances of the offender, he/she shares responsibility for the sexual abuse.

Facts:

- Attributing any responsibility to the child is inappropriate. We teach our children to obey adults and to do what they are told. In sexual abuse cases, the child usually knows the offender and trusts him or her. Offenders easily convince children that the sexual abuse is okay. If the abuse begins at an early age, the child may not know that it is wrong.
- The closeness and special attention given to the child in some cases may be desirable.
- Adolescents may be flattered by the adult attention. It is the adult's responsibility to set the standards of behavior for their children.

Myth: When a child discloses abuse and then recants that disclosure, the original disclosure was a lie.

Facts:

- When disclosure results in the child being blamed, shamed, punished, or not believed, the child may recant in an effort to control the reaction to their disclosure.
- Child victims may also recant to take care of others or to try to undo any negative consequences of their telling (e.g., offender in jail; removal from home).

Myth: Children who have been abused will exhibit behavioral and/or emotional problems that will last a lifetime.

Facts:

- Not all children will exhibit significant long-term problems as a result of abuse.
- Children are resilient.
- With a supportive response, protection and treatment (if indicated), the child can do well.

Myth: It is better to not talk about the abuse and just let the child forget what happened.

Facts:

- Not talking about abuse may be more comfortable for the adults, but may leave children feeling ashamed or believing that they have to keep all of their feelings inside.
- As with any problem, it is helpful to talk about what happened. Talk is also the most important tool in helping the children understand what has happened and to feel okay about themselves. Talking also helps correct any maladaptive cognitions stemming from the abuse.

Myth: Children who have been sexually abused by an adult of the same sex are significantly at risk for homosexual behaviors.

Facts:

- Children who are sexually abused may act out what they have experienced, but such abuse does not automatically lead to a homosexual orientation.
- However, boys who are abused by older males are often more reluctant to tell as they may believe that such abuse means that they are homosexual. They may also be afraid that, if they tell, others will believe that they are homosexual.

Handout 3

Child Victimization

Abstract

This chapter will provide an overview of child victimization, its effects, and the need for services and program strategies critical to help the child and his or her family cope with the trauma of victimization. It addresses the broad scope of child victimization and its effects; emotional and communicative levels of children based upon age; and appropriate responses for general support services. In addition, this chapter focuses on providing support and services to child victims and witnesses if they are required to participate in the criminal justice process.

Learning Objectives

Upon completion of this chapter, students will understand the following concepts:

- Federal initiatives for crimes dealing with child victimization.
- The types of child abuse and neglect most commonly reported.
- The short- and long-term emotional consequences of children who witness or experience victimization.
- A multidisciplinary approach to administering victim services for child abuse.
- Child victims in the criminal justice process.
- Promising practices that improve services to child victims and witnesses and their families.

Statistical Overview

- In 2004, the U.S. Department of Health and Human Services estimates that 872,000 children were victims of abuse or neglect (DHHS, April 2006).
- In 2004, 1,490 children died, most of whom were under the age of four.
- Parents continue to be the main perpetrators of child maltreatment. In 2004, more than 80% of all reported victims were maltreated by one or both parents.
- Almost 50% of the children who die from maltreatment in the United States are already known to child protection (NRCCSA 1996).
- In 1998, there were an estimated 749,100 missing juveniles reported to the police and entered into the FBI's National Crime Information Center. The circumstances under which juveniles were missing follows:
 - ♦ 97,200 juveniles were missing in the company of another person under circumstances indicating that his or her safety was in danger (NCMEC 1999).

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- ♦ 28,745 juveniles were missing under circumstances indicating that the disappearance was not voluntary (NCIC 1999, 1).
- Since the National Center for Missing and Exploited Children began tracking newborn baby abductions from hospitals in 1983, 1999 marks the first year that not a single report of a newborn baby being kidnapped by a nonfamily member was made from a hospital nationwide (NCMEC March 2000).
- Based upon research released in 1999, 43 percent of male adolescents and 35 percent of female adolescents have witnessed violent crimes such as seeing someone shot with a gun, knifed, sexually assaulted, mugged, robbed, or threatened with a weapon. The study excluded the 30% of adolescents who had directly observed someone being beaten up or badly hurt which, had it been included, the prevalence of witnessing violence would have risen to 72% (Kilpatrick and Saunders 1999).

Introduction

So long as little children are allowed to suffer, there is no true love in the world.

~Isadora Duncan

Every day children in America are beaten, sexually abused, and murdered--frequently by members of their own family, family friends, or others known to the victims. Children not targeted for physical acts of victimization may have to endure emotional abuse and neglect or suffer the trauma that the experience of domestic violence inflicts on their lives. Forced to deal with pain, humiliation, anger, and fears that even adults would find hard to face, abused children are not only robbed of their childhood happiness, innocence, and trust in the good intentions of their kindred relations, but many also go forward in life as severely dysfunctional human beings. Devastating long-term effects of child abuse may wreak havoc in their adult lives, particularly in their abilities to maintain healthy relationships with others.

Convincing evidence has accumulated throughout the 1990s that many abused children, without therapeutic intervention, will grow up to be at great risk for revictimization. Surveys of battered women, sexual assault victims, and incarcerated felons all demonstrate surprisingly high rates of child abuse among the participants.

Critical to the eventual well-being of victimized children is not only the prompt identification of their abuse and appropriate measures taken to ensure their safety, but also sensitive assessments of their physical and mental health. It is further important that victimized children receive emotional and psychological support when and if they must negotiate the criminal justice system.

Victim service professionals must arm themselves with a thorough understanding of the problem of child victimization; be knowledgeable about the "cutting-edge" programs and strategies that have been developed to assist child abuse victims; understand and utilize the resources that have been designed to meet the emerging needs of child victims and their families; and work in collaboration with allied professionals on child abuse prevention and intervention initiatives.

Types of Child Victimization

Child abuse has been classified into five categories. Frequently, although not necessarily always, types of abuse may occur in combination:

- Physical abuse.
- Emotional abuse.
- Sexual abuse.
- Neglect.
- Missing and exploited children.

Abuse of children can be characterized neither by race or religion nor by standard of living or level of education. Family members, community leaders, acquaintances, coaches, teachers, and total strangers commit child abuse in every kind of environment, urban, suburban, or rural. It is important to point out that the law defines physical abuse, neglect, and emotional maltreatment as acts committed by parents or other caregivers. A stranger or an acquaintance is not subject to charges of physical abuse or neglect of a child. However, sexual abuse can be committed by parents, caregivers, friends, and strangers--anyone who gains access to the child.

(Portions of the following five sections concerning forms of child abuse are excerpted from For Kids Sake: A Child Abuse Prevention and Reporting Kit, Oklahoma State Department of Health, Office of Child Abuse Prevention, Guidance Services.)

Physical Abuse

Most often classified as a nonaccidental injury to a child under the age of eighteen by a parent or caregiver, physical abuse occurs when a parent or caregiver willfully injures, causes injury, or allows a child to be injured, tortured, or maimed out of cruelty or excessive punishment.

Statutes in many states permit the prosecution of a parent who has knowledge of, but fails to protect his or her child from, physical abuse from others, such as grandparents, boyfriends, and spouses. Nonaccidental injuries may include beatings, shaking, burning, immersion in scathing water, broken bones, internal injuries, human bites, cuts, and bruising, or other injuries inflicted on children.

Rarely a singular incident, the abuse of a child is generally an action repeated over time that can result in permanent disability, scarring, or death. Some children who only know family interactions through violence or physical abuse may equate it with love from an adult role model. At the same time, an abusing parent will often cast blame for the abuse on the child who, in turn, may feel that he or she deserves it.

Emotional Abuse

Mental health professionals recognize emotional abuse and emotional neglect as two forms of child emotional maltreatment. The former consists of a chronic pattern of behavior in which the

child typically is belittled, denied love to promote specific behavior, marginalized from the siblings, or subjected to extreme and inappropriate punishments. The latter is characterized by the failure to provide a child with appropriate support, attention, and affection. Occurring alone and coupled with other forms of abuses, emotional maltreatment can impair the psychological growth and the emotional development of the child. Indicators for emotional abuse unfortunately mimic many medical and psychological conditions and complicate its diagnosis.

Sexual Abuse

Child sexual abuse is the exploitation of a child or adolescent for another person's sexual and control gratification. Family members, trusted friends, acquaintances, child-related community program personnel, day care workers, and other paid caregivers as well as strangers may be perpetrators. Child sexual abuse ranges from acts such as oral and genital stimulation and penetration to voyeurism and the involvement of a child in prostitution or the production of pornography. Children tend not to disclose abuse when it first happens and may allow it to continue, sometimes for many years before an incident or confrontation provokes them to reveal crimes of sexual abuse.

- **Fabrications of Sexual Abuse**

Fabricated reports of sexual abuse do occur and the highly publicized cases that have resulted in acquittals have raised doubts about the credibility of child reporting. It is estimated that knowingly false reports occur in less than ten percent of reported cases (Besharov 1988). Most children do not fabricate tales of sexual abuse, and the child protective service professional should not allow the possibility of a false allegation or false memory to prevent a thorough investigation of the report.

- **Intrafamilial Sexual Abuse**

Sexual abuse is committed most often by individuals known to the child. Whether the abuser is a blood relative who is part of the nuclear family or a surrogate parent such as a live-in companion, stepparent, or older sibling, family members are frequently responsible for child sexual abuse. The family will likely be dysfunctional in other areas. It may have been de-stabilized by alcohol and substance abuse or severe spousal discord with a history of physical violence.

Acquaintance Perpetrators

Acquaintance perpetrators such as family friends, neighbors, teachers, coaches, religious leaders, and peers normally will win the confidence of the child through his or her affiliation with the family or community. They tend to prey on children whom they know are experiencing home, school, or personal problems, children with low self-esteem, and children who are unsupervised. Perpetrators who command positions of respect due to positions in community affairs such as church, civic, and business affiliations are more likely to intimidate or threaten the child once sexual abuse has occurred. There has been a marked increase in the number of juvenile perpetrators committing sexual abuse.

Stranger Sexual Abuse

“Stranger” sexual abuse, frequently referred to as pedophilia (although the term describes any individual who has a sexual preference for children), is by far the most publicized form of child sexual abuse but comprises only 10 percent of all reported cases.

There is no evidence that perpetrators choose child victims based on race, but there is evidence indicating increased victimization of children of lower socioeconomic groups. Some pedophiles specifically marry women with children so that the risks of sex with children are minimized and protected under the veil of “normalcy.” (Tower 1993).

Online Sexual Predators

A new breed of child abuser is developing as a result of children's increased and often unsupervised recreational use of the Internet. Investigations of computer sex offenders have found that on-line sexual predators roam chat rooms and post sexually explicit material on the Internet to make contact with young children and teenagers.

Victimization may be indirect and limited to showing a child pornographic sites to initiating sexually overt conversations in a chat room, by e-mail or instant messages. More aggressive predators will spend time developing relationships with vulnerable children. Eventually, they may introduce them to photographs of children engaging in “normal” sex with adults, send them gifts, and contact them by telephone.

Typically they will try to gain their trust, alienate them from their family, and eventually try to set up a meeting. Some on-line sex offenders have gone so far as to send plane tickets to children to fly across the country to meet them.

Powerful concerns over access to potentially dangerous sites on the Internet have surfaced in response to the recent tragedy at Columbine High School in Littleton, Colorado, and prompted TIME/CNN to conduct a telephone poll of 409 American teenagers from ages 13 to 17 on April 27-29, 1999, to discuss their Internet experiences (Yankelvitch 1999). Answers to the following questions offer some indication as to the type of negative encounters they may have experienced on-line:

- Have you ever encountered people online whom you suspect are pretending to be someone they are not?
 - ♦ 72% of the girls replied yes.
 - ♦ 57% of the boys replied yes.
- Have you ever encountered people online who say offensive things?
 - ♦ 66% of the girls replied yes.
 - ♦ 54% of the boys replied yes.

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- Have you ever encountered people online who want personal information like your address or phone number?
 - ♦ 58 percent of the girls replied yes.
 - ♦ 39 percent of the boys replied yes.

Debate over the control of Internet pornography and on-line solicitations of sex continues in the high courts of the country. In June 1997 in the case of Janet Reno, Attorney

General of the United States et al. Appellant v. American Civil Liberties Union et al. on appeal from the United States District Court for the Eastern District of Pennsylvania, Justice Stevens delivered the most recent opinion of the Court:

At issue is the constitutionality of the two statutory provisions enacted to protect minors from "indecent" and "patently offensive" communications on the Internet. Notwithstanding the legitimacy and importance of the congressional goal of protecting children from harmful materials, we agree with the three judge District Court that the statutes abridge "the freedom of speech" protected by the First Amendment. [n. 1]

(Portions of the material in the preceding section have been excerpted from A Parent's Guide to Internet Safety, National Center for Missing and Exploited Children.)

Child Trauma Reactions to Sexual Abuse

Children who are hiding their sexual abuse inevitably have feelings of shame or guilt; they fear the loss of affection of family and friends; and they experience low self-esteem and frustration about the loss of control over their lives in not being able to stop the abuse.

They also may fear that disclosure will harm other family members, often based upon real threats made by the perpetrator to harm the child's loved ones, or the child himself or herself.

Once a disclosure is made, children may retreat from family members and friends. Depending on how they process their anger, they may become deeply depressed and even consider suicide. Abused children may become angry with those whom they blame for failing to protect them. Older children may reenact sexual abuse by abusing other children, by becoming sexually precocious, and/or using vulgar language.

Child Neglect

Neglect is defined as the chronic failure of a parent or caretaker to provide a child under the age of eighteen with basic needs such as food, clothing, shelter, medical care, educational opportunity, protection, and supervision. The incidence of child neglect in the United States is estimated to be as much as five times greater than that of physical abuse. Reasons for neglect, in addition to the most obvious of a determined, willful act on the part of a parent or caregiver, can include poverty, lack of education, cultural beliefs and customs, mental or emotional illness, and/or a lack of socialization skills on the part of the parent.

Missing and Exploited Children

Each year thousands of children run away from home to escape physical or sexual abuse or neglect while others are forced out of the home by their parents. Unfortunately, many end up on the streets. Without legitimate means of support and a safe place to stay, they are often victimized again through pornography, sexual exploitation, and drugs (NCMEC 1992b).

Abduction by a parent is considered a crime against the child when he or she is kidnapped from custodial parents. Although some parents claim they are taking the child to protect him or her from further abuse, many abduct their children out of anger over a custodial arrangement ordered by the court. These children may be placed at great risk both physically and emotionally. Frequently, a lack of finances to support the child and a constant change in living conditions leave the child emotionally scarred. Abduction by strangers is less common, but when it occurs, the child's chance for survival is significantly lowered.

(Portions of the preceding section excerpted from a National Center for Victims of Crime grant project, funded by the Office for Juvenile Justice Delinquency and Prevention Programs, 1992-1994.)

In 1998, there were an estimated 749,100 missing juveniles reported to the police and entered into the FBI's National Crime Information Center (NCIC 1999, 1).

The link between missing and sexually exploited children is a strong one. For example, from July 1980 through February 1984, the police/social work team of the Louisville/Jefferson County Exploited and Missing Child Unit (EMCU) in Kentucky investigated approximately 1,400 cases of children suspected of being victims of sexual exploitation. A full 54 percent (756) of the children were found to be victims and an additional 31 percent (434) of the children were considered probable victims (NCMEC 1992a).

Sexual victimization of these homeless children occurs in every state. Outreach workers in New York City estimate that children as young as eight years old are forced to prostitute themselves for money, affection, and drugs. Some children are held in virtual bondage. They have multiple sex partners on a daily basis and are bought and sold by exploiters (NCMEC 1992b).

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Sexual exploitation has been defined in a number of ways, but in this chapter, the term means the use of a minor under the age of eighteen for sexual purposes by an older person in any or all of three ways:

- Child pornography.
- Child prostitution.
- Computer solicitation (EDC 1995).

Child sexual exploitation cases raise unique issues that are not anticipated in existing child sexual abuse protocols. These cases tend to feature the additional complexities of concurrent federal and state jurisdiction, and many (especially cases of child prostitution) involve a particularly challenging group of victims.

The investigation and prosecution of cases involving sexual exploitation of children and youth can raise complex problems for criminal justice agencies:

- These cases often require a coordinated, proactive investigation.
- They sometimes involve victims who are also offenders.
- They often cross-jurisdictional boundaries, potentially involving federal, state, and local authorities (Ibid. 1995).

Criminal justice agencies and victim service providers must recognize and attend to the needs of sexually exploited children and youth. These victims are subject to serious short- and long-term consequences that can impair their physical and mental health and inhibit them from cooperating in the investigation. Many exploited youth suffer from having been manipulated rather than explicitly coerced into these activities. As a result, they may feel responsible for, or at least complicit in, the sexual behaviors. Young victims of pornography have lost control over images of themselves in print, on film, or in computer memories. These images may surface to haunt them at any time in their lives (EDC 1995).

Each state and the federal government criminalize some aspect of child prostitution. The federal government's primary law criminalizing child prostitution is the "Mann Act," which proscribes the transportation of individuals under the age of eighteen in interstate or foreign commerce with the intent that the individual engage in prostitution or any sexual activity for which any person can be charged with a criminal offense. State laws are generally broader and focus on persons who advance, promote, or induce prostitution. They rarely penalize patrons of child prostitutes. It may, however, be possible to prosecute patrons of child prostitutes under child sexual abuse or statutory rape laws (EDC 1995).

It is important to remember that these laws apply equally to situations involving very young children and to cases involving older teenagers. They are, for example, just as relevant to a parent who offers a seven-year-old for sexual activities as they are to a pimp who controls several teenaged girls (EDC 1995).

The Effects of Abuse

Longitudinal research has identified a significant link between childhood abuse and both future delinquency and adult criminal behavior:

- In one of the most detailed studies of the issue to date, research sponsored by the National Institute of Justice found that childhood abuse increased the odds of future delinquency and adult criminality overall by 40 percent. Being abused or neglected as a child increased the likelihood of arrest as a juvenile by 53 percent, as an adult by 38 percent, and for a violent crime by 38 percent (Widom 1992).
- People who were sexually victimized during childhood are at higher risk of arrest for committing crimes as adults, including sex crimes, than are people who did not suffer sexual or physical abuse or neglect during childhood. However, the risk of arrest for childhood sexual abuse victims is no higher than for victims of other types of childhood abuse and neglect (Widom 1995).
- The vast majority of childhood sexual abuse victims are not arrested for sex crimes or any other crimes as adults (Ibid.).
- Compared to victims of childhood physical abuse and neglect, victims of childhood sexual abuse are at greater risk of being arrested for one type of sex crime: prostitution. (Ibid).
- For the specific crimes of rape and sodomy, victims of physical abuse tended to be at greater risk for committing those crimes than were sexual abuse victims and people who had not been victimized. (Ibid).

In April 1997, the National Institute of Justice released a summary of research, "Prevalence and Consequences of Child Victimization," conducted by Dean Kilpatrick and Benjamin Saunders of the Crime Victims Research and Treatment Center at the Medical University of South Carolina. The report's preliminary findings on the mental health impact of child victimization are highlighted below:

- A significant number of the youthful population have been victims of sexual and physical abuse and have personally witnessed incidents of violence.
- Of the nation's 22.3 million adolescents ages 12 to 17, approximately 1.8 million have been victims of a serious sexual assault, 3.9 million have been victims of a serious physical assault, and almost 9 million have witnessed serious violence. Nearly 2 million appear to have suffered (and more than 1 million still suffer) from posttraumatic stress disorder (PTSD) a long-term mental health condition often characterized by depression, anxiety, flashbacks, nightmares, and other behavioral and physiological symptoms. About 3.4 million adolescents have been drug or alcohol abusers as well.
- Among adolescents who have been physically assaulted, 23.4% developed PTSD and 14.8% still suffer from it, compared to 10.8% and 4.5% respectively, among nonvictims.

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- More female than male adolescents had been sexually assaulted: 13% of females versus 3.4% of males. Sexual assault was defined in the study as “unwanted but actual sexual contact.” The researchers noted that this did not include unsuccessful attempts at contact or noncontact victimization such as exhibition.
- Respondents indicated that young males had significantly higher rates of being physically assaulted than females: 21.3% v. 13.4%. Behavior that the study considered to be a physical assault included being attacked or threatened with a weapon; being badly hurt from a beating; or being attacked without a weapon but with the intent to kill or seriously injured.

The researchers note that the confirmation of the study's hypothesis that there is a correlation between victimization experiences, PTSD, and delinquency awaits completion of data analysis. However, preliminary findings indicate the significance of child victimization as a risk factor for adolescents to develop major mental health problems and to abuse alcohol as a means of coping with PTSD. These problems are often a precursor of delinquent behavior (OVC 1998).

A 1997 survey, recently published by the Bureau of Justice Statistics that specifically investigated child abuse histories among prison and jail inmates, determined that a high percentage of inmates had experienced physical or sexual abuse before their incarceration and that much of the abuse occurred while they were children (BJS 1998, as reported by Walsh in *The Washington Post*).

Long-term mental health problems as the result of child victimization are difficult to gauge. A study conducted at the University of South Alabama and published in the January 1999 *Journal of Interpersonal Violence* suggests that adult women with previous histories of child abuse and who have experienced recent sexual assaults, demonstrate poor coping strategies and a greater vulnerability to revictimization. Out of 119 undergraduate women who identified themselves as having experienced a recent sexual victimization, 42 percent also reported a history of child sexual abuse.

Those who suffered child abuse revealed predominately negative coping strategies that included self and societal blame: blaming themselves for being a “victim” type, for being a bad person, for not being able to take care of themselves; and blaming society for being dangerous, for its failure to protect women, and for the emotionally disturbed people who commit sexual assault.

Their coping strategy, furthermore, tended to be reinforced by avoidance behavior, overeating, and taking prescription drugs (Arata 1999).

Results of the survey furthermore suggested that the coping strategies used to deal with their adult victimization were likely similar to those they had used to deal with original childhood abuse. The author of the report highlighted the need for additional research on the links between childhood victimization and adult revictimization, and stressed the importance of identifying rape victims who have suffered child sexual abuse and are at increased risk of ongoing trauma-related symptoms (Ibid.).

Significant Research

Child Victims and Posttraumatic Stress Disorder (PTSD)

Child victims/witnesses of unexpected violent crime resulting in the possible injury of one person by another are likely to suffer PTSD. Current research suggests that the psychological traumatic disability that can result from an actual or possible criminal assault can be seriously debilitating and may entitle the child victim to compensation and personal injury claims (Miller 1999).

Child victims are particularly vulnerable to PTSD. One recent study analyzed startle reflexes in school-age children suffering from PTSD after witnessing a shooting, and found that their physiological startle patterns regressed such that the responses of a ten-year-old child resembled those of a five-year-old. The affected children overreacted to environmental cues as if their “danger-detection system” were permanently engaged.

Preliminary experimental data suggests that childhood traumatization impairs “normal neuron-to-neuron synaptic development in the cerebral cortex of the brain's frontal lobe leading to deficits in attention, planning, reasoning, and behavior control” (Ibid.).

New Violence Prevention Guidelines in Routine Pediatric Practice

Following a two-year study of violence and children, the American Academy of Pediatrics (AAP) has recommended that pediatricians integrate violence prevention guidelines into routine clinical practice. AAP proposes that pediatricians take a role in preventing and managing violence in four areas:

- **Clinical Practice.** Identify risk factors within the family such as substance abuse, history of mental illness, and stresses that lead to violence and make appropriate referrals. Screening should begin during prenatal visits and continue through young adulthood.
- **Advocacy.** Become advocates for children by offering quality affordable childcare, counseling against corporal punishment, and collaborating with other child advocacy disciplines to maximize efforts.
- **Education.** Call upon medical schools and pediatric residency programs to enhance their own knowledge and skills in the area of violence prevention and to develop and institute appropriate curricula on prevention and management of youth violence.
- **Research.** Contribute to research on youth violence prevention by participating in violence-related, practice-based research projects (AAP January 1999).

Reporting Requirement for Child Abuse and Neglect

Physical abuse, neglect, and emotional maltreatment are all defined by law to be acts committed by parents or caregivers. A stranger or acquaintance is not subject to charges of physical abuse or neglect of a child. Sexual abuse and exploitation, however, can be committed by parents, caregivers, friends, strangers—anyone who gains access to the child.

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Most states and the federal government have enacted laws and specified professionals who are mandated to report child abuse and neglect. These mandated reporters are individuals who, in their professional relationship with the child and family, may encounter child maltreatment. Some states are more specific in delineating those mandated to report abuse, but most states do include physicians, other medical professionals, counselors, social workers, and school personnel. In addition to delineating who must report, most states provide language that addresses the following:

- To whom the report should be made: Departments of social services, child welfare, family service or agencies of public welfare are usually designated to receive such reports. Some states indicate a report to a law enforcement agency is necessary as well.
- Under what conditions a mandated reporter must report: States normally mandate the reporting of child abuse or neglect when there is a suspicion of, reasonable cause to believe, or reasonable cause to suspect abuse or neglect.
- Time period in which the report must be investigated by social services or another designated agency: States vary in their time requirements to investigate suspected cases, but time periods normally range from two hours to thirty days.
- Type of action to be taken if mandated reporters fail to report: All states, with the exception of one, penalize the nonreporting of suspected cases of child abuse or neglect. Such disciplinary actions may include a fine and/or imprisonment or the reporter can be charged with a misdemeanor. These penalties do not include agency or licensing sanctions, which are determined on a state-by-state basis.
- Type of immunity provided mandated reporters who make a report: All states allow for immunity from civil or criminal actions for good faith efforts.

Not all cases of abuse or neglect are detected by those mandated to report them. In fact, the largest numbers of reporting come from private citizens who witness, hear, or suspect abuse or neglect. These interested parties may include other family members, neighbors, parents of childhood friends, and other concerned citizens. However, several factors may curtail the reporting of abuse or neglect by private citizens:

- Lack of knowledge of whom to call.
- Lack of knowledge of confidentiality laws that protect anonymous reporters.
- A desire to not become involved in the “personal matters” of others.

Accepting an anonymous report of abuse entails risks. The report may be false, and implicit in anonymity is the refusal to serve as a witness if the case is proven to be criminal in nature. Consequently, the lack of full disclosure might put the alleged abused child at greater risk. Although most agencies take such reports seriously and investigate them, many agencies and most states do not have specific mandates or policies regarding the investigation of child abuse/neglect reports through an anonymous tip (Tower 1993, 234).

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In working with child victims, either as victims or witnesses, it is important to remember the following:

- Children experience emotional reactions just the same as adults do and can experience posttraumatic stress disorder.
- Children are often more traumatized than adults when a casual acquaintance is victimized.
- Trauma in children can take years to manifest.
- Children's traumatic reactions cannot be prevented but can be minimized when assistance is provided as soon as possible.

Delay should not occur because the caregiver, service provider, or support person feels the child is “too young” to understand.

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Handout 4

Resources for Professionals Working With Child Victims

Note to Instructor: The following section is an example of local state information. As previously noted, the instructor will need to tailor materials to the state in which the class is being conducted (or the variety of states the students represent).

Identify the South Carolina (your state) definitions of child sexual abuse, child physical abuse, and child neglect. What is known about the national prevalence of these conditions? What are some consequences of child maltreatment?

- Go to http://www.childwelfare.gov/systemwide/laws_policies/
- Click on the State Statutes Index and Search resource
- On the search form, select South Carolina (your state) and “Definitions of Child Abuse and Neglect” and submit
- Go to www.acf.hhs.gov/programs/cb/pubs/cm07/chapter3.htm
- Review statistics through “Recurrence”
- Locate and review the following article on the consequences of maltreatment:

www.ncmedicaljournal.com/wp-content/uploads/2010/11/Hagele.pdf

Understand the legal responsibility in South Carolina (your state) to report suspected cases of child maltreatment to appropriate authorities.

- Go to http://www.childwelfare.gov/systemwide/laws_policies/
- Click on the State Statutes Index and Search resource
- On the search form, select South Carolina (your state) and “Making and Screening Reports of Child Abuse and Neglect” and “Mandatory Reporters of Child Abuse and Neglect” and submit.

For additional information on child victimization and links to resources for professionals, please visit The National Child Traumatic Stress Network

www.ncctsnet.org/nccts/nav.do?pid=hom_main