INFORMATION PACKET:

Child Maltreatment

This ITP was put together by ACRF in March 2016, updated May 2023

ITP Topic: Child Abuse/Domestic Violence/Neglect

CREDITS:

Information distributed by the American Academy of Child & Adolescent Psychiatry.

- ***Child Abuse: The Hidden Bruises*** **(Facts for Families #5, Updated November 2017)**
  https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Child-Abuse-The-Hidden-Bruises-005.aspx
- ***Sexual Abuse*** **(Facts for Families # 9, Updated May 2020)**
  https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Child-Sexual-Abuse-009.aspx
- ***Responding to Child Sexual Abuse*** **(Facts for Families #28, updated May 2020)**
  https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Responding_To-Child-Sexual-Abuse-028.aspx
- ***Post-Traumatic Stress Disorder (PTSD)*** **(Facts for Families #70, Updated October 2017)**
  https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Posttraumatic-Stress-Disorder-PTSD-070.aspx

The following packet contains information on the above topic. If you wish to receive training credit for reading this packet, please fill out the "Information Packet Questionnaire" at the back of this packet. Return your completed questionnaire to the Alaska Center for Resource Families for 1.0 training credit. The articles are yours to keep for further reference.

For more information about this topic or other topics related to foster care and adoption, please contact:

Alaska Center for Resource Families
3429 Airport Way Suite 202A
Fairbanks, AK 99709

1-800-478-7307
290-7186 (Fairbanks/North Pole)/279-1799 (Anchorage)
www.acrf.org

ALASKA center for RESOURCE FAMILIES

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Child Abuse - The Hidden Bruises

Facts for Families No. 5; Updated November 2017

The statistics on physical child abuse are alarming. It is estimated hundreds of thousands of children are physically abused each year by a parent or close relative. Thousands actually die as a result of the abuse. For those who survive, the emotional trauma remains long after the external bruises have healed. Communities and the courts recognize that these emotional "hidden bruises" can be treated. Early recognition and treatment is important to minimize the long term effect of physical abuse. Whenever a child says he or she has been abused, it must be taken seriously and immediately evaluated.

Children who have been abused may display:

- a poor self image
- sexual acting out
- inability to trust or love others
- aggressive, disruptive, and sometimes illegal behavior
- anger and rage
- self destructive or self abusive behavior, suicidal thoughts
- suicidal thoughts
- passive, withdrawn or clingy behavior
- fear of entering into new relationships or activities
- anxiety and fears
- school problems or failure
- feelings of sadness or other symptoms of depression
- flashbacks, nightmares
- drug and alcohol abuse
- sleep problems

Often the severe emotional damage to abused children does not surface until adolescence or even later, when many abused children become abusing parents. An adult who was abused as a child often has trouble establishing lasting and stable personal relationships. These men and women may have trouble with physical closeness, touching, intimacy, and trust as adults. They are also at higher risk for anxiety, depression, substance abuse, medical illness, and problems at school or work.

Early identification and treatment is important to minimize the long-term consequences of abuse. Qualified mental health professionals should conduct a comprehensive evaluation and provide treatment for children who have been abused. Through treatment, the abused child begins to regain a sense of self-confidence and trust. The family can also be helped to learn new ways of support and communicating with one another. Parents may also benefit from support, parent training and anger management.

Physical abuse is not the only kind of child abuse. Many children are also victims of neglect, or sexual abuse, or emotional abuse. In all kinds of child abuse, the child and the family can benefit from evaluation and treatment from a qualified mental health professional.

Sexual Abuse

Facts for Families No. 9; Updated May 2020

Child sexual abuse is a major public health problem. About 1 in every 4 girls and 1 in every 13 boys in the US experience sexual abuse at some time in their childhood. The vast majority of sexual abuse is committed by someone that the child or their family knows. The long-term emotional and physical damage after sexual abuse can be devastating to the child. Children who experience sexual abuse and other "adverse childhood experiences" (ACEs) such as physical abuse or neglect, have a higher chance of developing depression, posttraumatic stress disorder, drug addiction, and suicidal behaviors later in life. They also have a higher chance of developing physical conditions such as heart disease later in life. This is why it is so important to identify it as soon as possible, seek help for these children, and focus on preventing it in the future.

Child sexual abuse often takes place within the family, by a parent, stepparent, sibling or other relative; or outside the home, for example, by a friend, neighbor, childcare person, teacher, or stranger. When sexual abuse has occurred, a child develops many distressing feelings, thoughts and behaviors. Children may be threatened by the abuser and be fearful to tell anyone else, especially if the abuser is someone they know well.

No child is prepared to cope with repeated pain and fear of sexual abuse. Even a two or three-year-old, who cannot understand the sexual activity, will suffer physically and emotionally.

Even a young child who knows and cares for the abuser becomes trapped between affection or loyalty for the person, and the fear, pain and betrayal that goes along with the sexual abuse. If the child tries to break away from the sexual relationship, the abuser may threaten the child with violence or loss of love. When sexual abuse occurs within the family, the child may fear the anger, jealousy or shame of other family members, or be afraid the family will break up if the secret is told.

The longer the sexual abuse, the more negatively it impacts a child's emotional and physical growth and development. Child victims of long periods of sexual abuse often develop low self-esteem, a feeling of worthlessness and an abnormal view of sex. The child may become withdrawn and mistrustful of adults, depressed, intentionally harm themselves, and/or become suicidal.

Some children who have been sexually abused display sexualized behaviors which are not appropriate for their age and may try to pressure siblings or peers into sexual behavior. Some sexually abused children become child abusers themselves as adults, and others may turn to prostitution as teens.

Often there are no obvious external signs of child sexual abuse. Some signs can only be detected on physical exam by a physician.

Sexually abused children may also develop the following:

- Unusual interest in or avoidance of all things of a sexual nature
- Sleep problems or nightmares
- Depression or withdrawal from friends or family
- Seductiveness
- Statements that their bodies are dirty or damaged, or fear that there is something wrong with them in the genital area
- Refusal to go to school
- Poor focus and concentration at school
- Delinquency/conduct problems
- Secretiveness
- Aspects of sexual molestation in drawings, games, fantasies
- Unusual aggressiveness, or
- Self harm and/or suicidal behavior

Child sexual abusers often threaten to harm children if they tell anyone about it, so it is difficult for an abused child to speak freely about it. If a child tells a teacher, peer, parent orcaregiver that he or she has been abused, these individuals should try to remain calm and reassure the child that what happened was not his or her fault. Parents should seek a medical examination and psychiatric consultation.

Parents can prevent or lessen the chance of sexual abuse by:

- Teaching children that if someone tries to touch your body and do things that make you feel funny, say NO to that person and tell me right away
- Teaching children that respect does not mean blind obedience to adults and to authority. For example, don't tell children to 'always do everything the teacher or baby-sitter tells you to do'

Sexually abused children and their families need immediate professional evaluation and treatment. Child and adolescent psychiatrists can help abused children regain a sense of self-esteem, cope with feelings of guilt about the abuse, and begin the process of overcoming the trauma. Cognitive-behavioral therapies for children and parents can help them to deal with the consequences of sexual abuse. Such treatment can help reduce the immediate emotional aftermath of abuse on children and families, and reduce the severity of future problems.

Responding To Child Sexual Abuse

Facts for Families No. 28; Updated May 2020

When a child tells an adult that he or she has been sexually abused, the adult may feel uncomfortable and may not know what to say or do. The following guidelines can be used when responding to children who say they have been sexually abused:

What to Say to the child

If a child even hints in a vague way that sexual abuse has occurred, encourage him or her to talk freely. Don't make judgmental comments.

1. Show that you understand and take seriously what the child is saying. Child and adolescent psychiatrists have found that children who are listened to and understood share more and have less emotional problems than children who are dismissed or not believed. Responding without judgment to a child who is disclosing sexual abuse is very important to the their healing from the trauma of sexual abuse.
2. Assure the child that they did the right thing in telling. A child who is close to the abuser may feel guilty about revealing the secret. The child may feel frightened if the abuser has threatened to harm the child or other family members as punishment for telling the secret.
3. Tell the child that he or she is not to blame for the sexual abuse. Most children in attempting to make sense out of the abuse will believe that somehow they caused it or may even view it as a form of punishment for imagined or real wrongdoings.
4. Finally, offer the child protection, and promise that you will promptly take steps to see that the abuse stops.

What to Do

Report any suspicion of child abuse. If the abuse is within the family, report it to the local Child Protection Agency. If the abuse is outside of the family, report it to the police. Individuals reporting in good faith can't be prosecuted. The agency receiving the report will conduct an evaluation and will take action to protect the child.

Parents should talk with their pediatrician or family doctor, who may refer them to a physician who specializes in evaluating and treating sexual abuse. The examining doctor will evaluate the child's condition and treat any physical problem related to the abuse, gather evidence to help protect the child, and reassure the child that he or she is all right.

Children who have been sexually abused should have an evaluation by a child and adolescent psychiatrist or other qualified mental health professional to find out how the sexual abuse has affected them, and to determine whether ongoing professional help is necessary for the child to deal with the trauma of the abuse. The child and adolescent psychiatrist can also provide support to other family members who may be upset by the abuse.

While most allegations of sexual abuse made by children are true, some false accusations may arise in custody disputes and in other situations. Occasionally, the court will ask a child and

adolescent psychiatrist to help determine whether the child is telling the truth, or whether it will hurt the child to speak in court about the abuse.

When a child is asked as to testify, special considerations--such as videotaping, frequent breaks, exclusion of spectators, and the option not to look at the accused--make the experience much less stressful.

Adults are always the ones to blame when they abuse children. The abused children should never be blamed, even if the abuser reports that the child agreed or consented. In situations where a teen under 18-years has told the abuser that he or she consents, this does not make the abuse any less of a crime or any less damaging to the child.

When a child tells someone about sexual abuse, a supportive, caring response is the first step in getting help for the child and reestablishing their trust in adults.

For additional information:

- Sexual Abuse- National Child Traumatic Stress Network (NCTSN)
- Child Sexual Abuse - Centers for Disease Control (CDC)

Posttraumatic Stress Disorder (PTSD)

Facts for Families No. 70; Updated October 2017

All children and adolescents experience stressful events which can affect them both emotionally and physically. Their reactions to stress are usually brief, and they recover without further problems. A child or adolescent who experiences a catastrophic event may develop ongoing difficulties known as posttraumatic stress disorder (PTSD). The stressful or traumatic event involves a situation where someone's life has been threatened or severe injury has occurred (ex. they may be the victim or a witness of physical abuse, sexual abuse, violence in the home or in the community, automobile accidents, natural disasters (such as flood, fire, earthquakes), and being diagnosed with a life threatening illness). A child's risk of developing PTSD is related to the seriousness of the trauma, whether the trauma is repeated, the child's proximity to the trauma, and his/her relationship to the victim(s).

Following the trauma, children may initially show agitated or confused behavior. They also may show intense fear, helplessness, anger, sadness, horror or denial. Children who experience repeated trauma may develop a kind of emotional numbing to deaden or block the pain and trauma. This is called *dissociation*. Children with PTSD avoid situations or places that remind them of the trauma. They may also become less responsive emotionally, depressed, withdrawn, and more detached from their feelings.

A child with PTSD may also re-experience the traumatic event by:

- having frequent memories of the event, or in young children, play in which some or all of the trauma is repeated over and over
- having upsetting and frightening dreams
- acting or feeling like the experience is happening again
- developing repeated physical or emotional symptoms when the child is reminded of the event

Children with PTSD may also show the following symptoms:

- worry about dying at an early age
- losing interest in activities
- having physical symptoms such as headaches and stomachaches
- showing more sudden and extreme emotional reactions
- having problems falling or staying asleep
- showing irritability or angry outbursts
- having problems concentrating
- acting younger than their age (for example, clingy or whiny behavior, thumbsucking)
- showing increased alertness to the environment
- repeating behavior that reminds them of the trauma

The symptoms of PTSD may last from several months to many years. The best approach is prevention of the trauma. Once the trauma has occurred, however, early intervention is essential. Support from parents, school, and peers is important. Emphasis needs to be placed upon establishing a feeling of safety. Psychotherapy (individual, group, or family) which allows the child to speak, draw, play, or write about the event is helpful. Behavior modification techniques and cognitive therapy may help reduce fears and worries. Medication may also be useful to deal with agitation, anxiety, or depression.

Child and adolescent psychiatrists can be very helpful in diagnosing and treating children with PTSD. With the sensitivity and support of families and professionals, youngsters with PTSD can learn to cope with the memories of the trauma and go on to lead healthy and productive lives.

INFORMATION PACKET QUESTIONNAIRE

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Only one person per questionnaire. Feel free to make additional copies if needed.

ADDRESS: _____
Street or Post Office *City/State* *Zip*

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❍ **YES! I would like to receive ACRF email.** *(Includes Training Tracks Newsletter, training reminders and community events or training of interest for Resource Families)*

Are you a foster parent? ❍ YES ❍ NO If YES, what is your Foster Home License #: _____

If NO, please check one: ❍ Pending Foster Parent ❍ OCS ❍ Birth Parent ❍ Adoptive Parent

❍ Residential Treatment Facility (License #: _____) ❍ Agency:_____

❍ Other (*please specify*): _____

Please read the information packet. Then fill out this questionnaire and RETURN TO: ACRF, 3429 Airport Way Suite 202A, Fairbanks, AK 99709. Or email to acrf@nwresource.org or fax it to: 907-290-8765. You will be credited with 1.0 Credit for completion of this questionnaire.

1. This booklet presents concepts and ideas that may be useful to your foster parenting experience. Please list two (2) specific ideas or concepts that you learned or reaffirmed from reading this booklet. Write a short sentence or two describing how you can use them in your family.

   a)

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INFORMATION PACKET QUESTIONNAIRE

2. List each title in this packet. In a few sentences, summarize the main purpose or key points for each section in this booklet:

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