

Chapter 14

Child Abuse and Neglect

Adapted from : Mash & Wolfe, *Abnormal Child Psychology*; Kerig & Werner, *Developmental Psychopathology*

Child Maltreatment

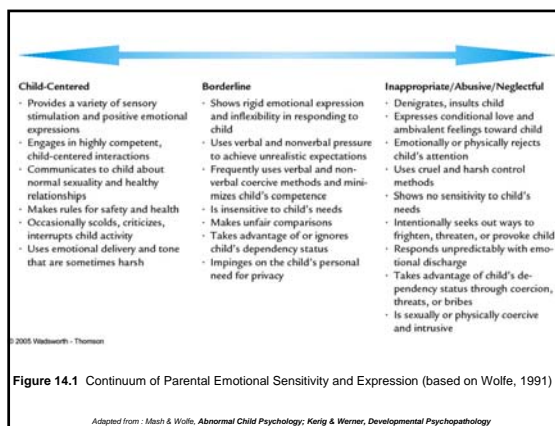
- Four primary categories that often co-occur:
 - Physical abuse
 - Neglect
 - Sexual abuse
 - Emotional abuse
- Non-accidental trauma: wide variety of effects of maltreatment on physical & emotional development
- Victimization: abuse or mistreatment of someone whose ability to protect him- or herself is limited

Adapted from : Mash & Wolfe, *Abnormal Child Psychology*; Kerig & Werner, *Developmental Psychopathology*

Child Maltreatment (cont.)

- Maltreatment often occurs within ongoing relationships that are supposed to be protective, supportive, and nurturing
- Children who are abused or neglected face dilemmas:
 - Child wants to stop the violence but also longs to belong to a family
 - Affection & attention may be confounded with violence & abuse
- Intensity of violence tends to increase over time
 - In some cases physical violence may decrease or even stop altogether

Adapted from : Mash & Wolfe, *Abnormal Child Psychology*; Kerig & Werner, *Developmental Psychopathology*



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Classification of Maltreatment

- Boundaries between appropriate and inappropriate child rearing are not always clear or well-established, and may vary according to cultural values, community standards, and personal experiences
- For DSM-IV, maltreatment could be noted on Axis I ("Other conditions that may be the focus of clinical attention") or Axis IV (psychosocial and environmental problems)

Adapted from : Mash & Wolfe, *Abnormal Child Psychology*; Kerig & Werner, *Developmental Psychopathology*

Types of Maltreatment

- **Physical abuse:** physically harmful acts including punching, beating, kicking, biting, burning, shaking; may result from overdiscipline or punishment
- **Neglect:** failure to provide for a child's basic physical, educational, or emotional needs
- **Sexual abuse:** acts ranging from sexual touching to exhibitionism, intercourse, and sexual exploitation
- **Emotional abuse:** acts or omissions that could cause serious behavioral, cognitive, emotional, or mental disorders; *exists to some degree in all forms of maltreatment*

Adapted from : Mash & Wolfe, *Abnormal Child Psychology*; Kerig & Werner, *Developmental Psychopathology*

Incidence of Maltreatment

- 3 million suspected cases of maltreatment in the U.S. each year; 1 million confirmed
- Neglect accounts for 60% of all documented incidents, 20% of cases involve physical abuse, 10% involve sexual abuse (25% involve > 1 type)
- Lifetime abuse prevalence estimates:

	Males	Females
Sexual	4.3%	12.8%
Physical	31.2%	21.1%

Adapted from : Mash & Wolfe, *Abnormal Child Psychology*; Kerig & Werner, *Developmental Psychopathology*

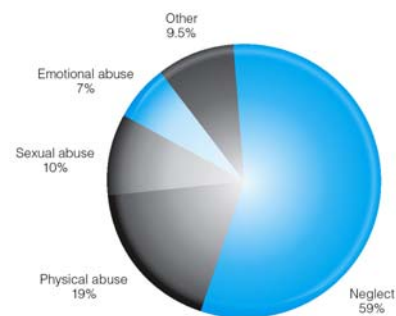


Figure 14.2 Percentages of types of maltreatment. Source: U.S. Department of Health and Human Services (USDHHS, 2001).

Adapted from : Mash & Wolfe, *Abnormal Child Psychology*; Kerig & Werner, *Developmental Psychopathology*

Characteristics of Victimized Children

- Effects of age:
 - younger children more at risk for physical neglect
 - toddlers, preschoolers, and young adolescents are more at risk for physical and emotional abuse
 - sexual abuse relatively constant after age 3
- Effects of gender for child sexual abuse:
 - 80% female victims; gender neutral early ages
 - Perpetrators
 - male non-family for boys
 - male family members for girls

Adapted from : Mash & Wolfe, *Abnormal Child Psychology*; Kerig & Werner, *Developmental Psychopathology*

Characteristics of Family & Perpetrator

- More common among the poor and disadvantaged
- Children from single-parent (especially father-only) homes and large families at risk
- Males are offenders in majority of sexual abuse (90%), while single-parent females under age 30 are the most common perpetrator overall
- Parents most often perpetrators *except in sexual abuse*

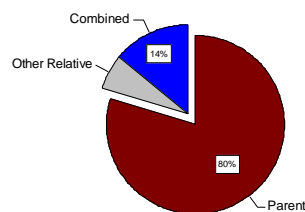
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Perpetrators: different in sexual abuse

- NOTE common error
 - “Child’s parent is perpetrator 85% of time, except in cases of sexual abuse (50% of time)”
- Actually approx 50% family members in CSA for females but not exclusively parent
- See charts that follow.

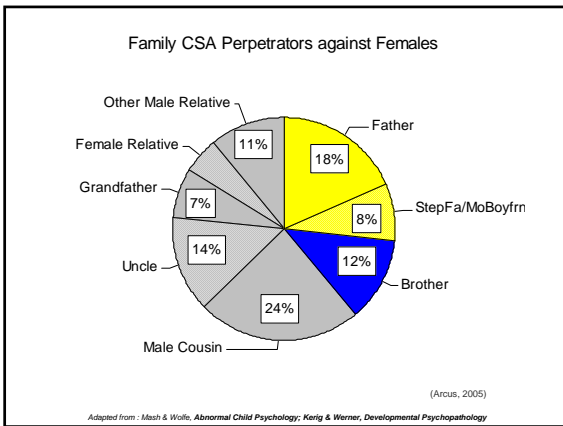
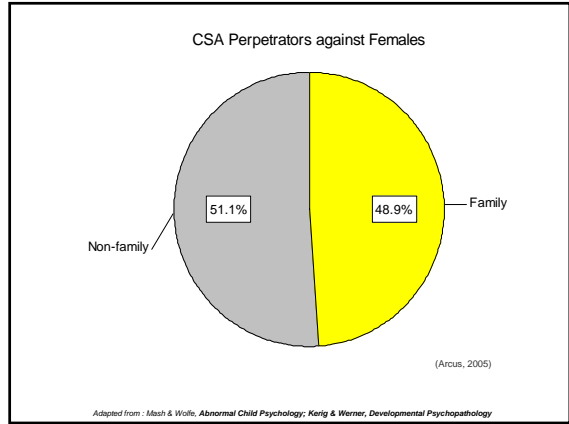
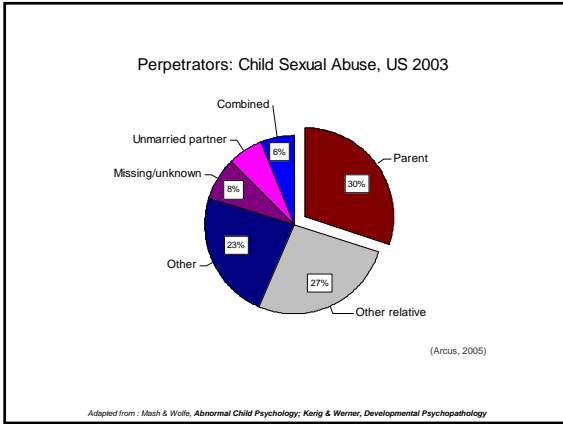
Adapted from : Mash & Wolfe, *Abnormal Child Psychology*; Kerig & Werner, *Developmental Psychopathology*

Perpetrators: All Maltreatment Types, US 2003



(Arcus, 2005)

Adapted from : Mash & Wolfe, *Abnormal Child Psychology*; Kerig & Werner, *Developmental Psychopathology*



Cross-cultural Comparisons

- Physical and sexual abuse are found in all societies
 - But not to the same extent
 - Corporal punishment policy
- Estimated that 40 million children under the age of 15 are victims of maltreatment each year worldwide

Adapted from : Mash & Wolfe, *Abnormal Child Psychology*; Kerig & Werner, *Developmental Psychopathology*

Effects of Maltreatment

- Maltreatment does not affect each child in a predictable or consistent way
- **Resilience** factors include
 - positive self-esteem and sense of self
 - a positive relationship with at least one important, consistent person who provides support & protection

Adapted from : Mash & Wolfe, *Abnormal Child Psychology*; Kerig & Werner, *Developmental Psychopathology*

Developmental Consequences

- **Attachment: Insecure-disorganized**
 - Mixture of approach and avoidance
 - Helplessness
 - Apprehension
 - General disorientation
- **Emotion Regulation**
 - Difficulty understanding, labeling, and regulating internal emotional states
 - Poor emotion regulation → internalizing and/or externalizing problems

Adapted from : Mash & Wolfe, *Abnormal Child Psychology*; Kerig & Werner, *Developmental Psychopathology*

Developmental Consequences (cont.)

- **Brain development**
 - Children and adults with a history of child abuse show long-term alterations in the HPA axis and norepinephrine systems → significant affect on responsiveness to stress
 - Acute and chronic forms of stress associated with maltreatment → changes in brain development and structure, particularly neuroendocrine system
 - Chronic abuse may lead to dissociative state and ease of entering altered states of consciousness even after abuse no longer occurs

Adapted from : Mash & Wolfe, *Abnormal Child Psychology*; Kerig & Werner, *Developmental Psychopathology*

Developmental Consequences (cont.)

- **Views of self and others**
 - Negative representational models
 - Feelings of betrayal and powerlessness → part of the child's self-identify
 - May attribute blame for maltreatment internally
 - Maltreated girls tend to show more internalizing signs of distress such as shame and self-blame
 - Maltreated boys show heightened levels of verbal and physical aggression

Adapted from : Mash & Wolfe, *Abnormal Child Psychology*; Kerig & Werner, *Developmental Psychopathology*

Developmental Consequences (cont.)

- **18-24 months Sense of Self & Standards**
 - Body integrity & standard
 - Right and wrong
 - Truth v. falsehood
- Schneider-Rosen & Cicchetti (1984)
 - "Rouge test"
 - Maltreated children failed in higher numbers
 - Failure to evidence emergent sense of self
 - Long term consequences?

Schneider-Rosen, K., & Cicchetti, D. (1984). The relationship between affect and cognition in maltreated infants: Quality of attachment and the development of visual self-recognition. *Child Development*, 55, 648-658.

Adapted from : Mash & Wolfe, *Abnormal Child Psychology*; Kerig & Werner, *Developmental Psychopathology*

Developmental Consequences (cont.)

- **Emotional and Behavioral Problems**
 - Easily distracted by aggressive stimuli
 - Tend to make hostile attributions for the actions of others
 - Poor ability to recognize distress in others; may respond to others' distress with fear, attack, or anger (PhysAb)
 - More physically and verbally aggressive with peers, and are more likely to be unpopular and rejected (esp PhAb)
 - Often withdraw from and avoid peer interaction (esp Neg)

Adapted from : Mash & Wolfe, *Abnormal Child Psychology*; Kerig & Werner, *Developmental Psychopathology*

Developmental Consequences (cont.)

- **Emotional and Behavioral Problems (cont.)**
 - Neglected children have the most severe and wide-ranging problems in school and interpersonal adjustment
 - Sexually abused children are described as more anxious, inattentive, and unpopular, and as having less autonomy and self-guidance in completing school work

Adapted from : Mash & Wolfe, *Abnormal Child Psychology*; Kerig & Werner, *Developmental Psychopathology*

Developmental Consequences (cont.)

- **5-7 year shift & "Memory" for early abuse**
- **Sense to verbal memory shift**
 - Sense: physical, perceptual, intense sensation, fragments
 - Verbal: Language based, contextual, narrative
- **Storage and retrieval strategies change**
- **Physical memories persist post-7**
 - The body remembers
- **Access to sense memories post-7 limited**
 - Triggered by experience
 - Not accessible for cognitive processing
 - Role of puberty and intimacy

Adapted from : Mash & Wolfe, *Abnormal Child Psychology*; Kerig & Werner, *Developmental Psychopathology*

Table 14.1
Range of Child Characteristics Associated with Physical Abuse, Neglect, and Sexual Abuse

DIMENSION OF DEVELOPMENT	PHYSICAL ABUSE	NEGLECT	SEXUAL ABUSE
Physical	Minor: bruises, lacerations, abrasions Major: Burns, brain damage, broken bones	Failure-to-thrive symptoms; Slowed growth, immature physical development	Physical symptoms: Headaches, stomachaches, appetite changes, vomiting; gynecological complaints
Cognitive	Mild delay in areas of cognitive and intellectual functioning; academic problems; difficulties in moral reasoning	Mild delay in areas of cognitive and intellectual functioning; academic problems; difficulties in moral reasoning	No evidence of cognitive impairment; self-blame; guilt
Behavioral	Aggression; peer problems; "compulsive compliance"	Passivity; "hyperactivity"	Fears, anxiety, PTSD-related symptoms; sleep problems
Socioemotional	Social incompetence; hostile intent attributions; difficulties in social sensitivity	Social incompetence; withdrawal, dependence; difficulties in social sensitivity	Symptoms of depression and low self-esteem; "sexualized" behavior; behaviors that accommodate to the abuse (e.g., passive compliance; no or delayed disclosure)

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Table 14.1 Range of Child Characteristics Associated with Physical Abuse, Neglect, and Sexual Abuse
 Adapted from : Mash & Wolfe, *Abnormal Child Psychology*; Kerig & Werner, *Developmental Psychopathology*

Psychopathology and Adult Outcomes

- Physically abused children at risk for later interpersonal problems involving aggressive behavior ("cycle of violence")
- Symptoms of depression, emotional distress & suicidal ideation common with history of maltreatment
- History involving child sexual abuse: 25-50% meet criteria for post-traumatic stress disorder (PTSD)

Adapted from : Mash & Wolfe, *Abnormal Child Psychology*; Kerig & Werner, *Developmental Psychopathology*

Psychopathology and Adult Outcomes (cont.)

- Teens with a history of maltreatment are at much greater risk of substance abuse
- Sexual abuse can lead to traumatic sexualization—when a child's sexual knowledge and behavior are shaped in developmentally inappropriate ways
- Sexual abuse may also lead to weight problems, eating disorders, poor physical health care, physically destructive behavior, and in early adulthood promiscuity, prostitution, sexual aggression, and victimization of others

Adapted from : Mash & Wolfe, *Abnormal Child Psychology*; Kerig & Werner, *Developmental Psychopathology*

Psychopathology and Adult Outcomes (cont.)

- History of maltreatment and criminal behavior
 - Most abused children do **not** go on to commit crimes
 - Higher relative risk: maltreatment → subsequent arrests and sexual and physical violence
 - History of maltreatment is associated with an
 - earlier mean age at first offense
 - higher frequency of offenses
 - greater chronicity of offending

Adapted from : Mash & Wolfe, *Abnormal Child Psychology*; Kerig & Werner, *Developmental Psychopathology*

Causes of Maltreatment

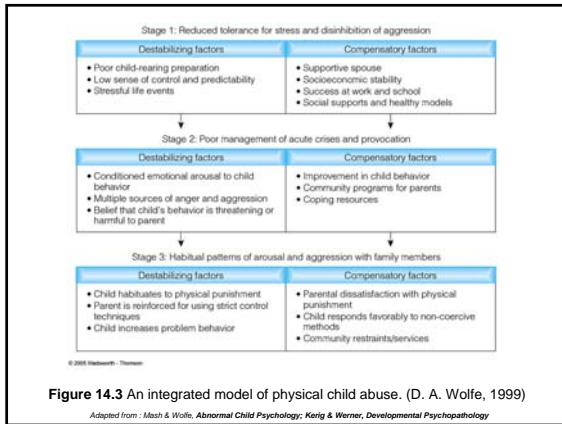
- Physical abuse and neglect
 - many abusive and neglectful parents have had little exposure to positive parental models and supports
 - often a greater degree of stress in the family environment
 - information-processing disturbances may cause maltreating parents to misperceive or mislabel their child's behavior, leading to inappropriate responses
 - often a lack of awareness or understanding of developmentally appropriate expectations

Adapted from : Mash & Wolfe, *Abnormal Child Psychology*; Kerig & Werner, *Developmental Psychopathology*

Causes of Maltreatment (cont.)

- Physical abuse and neglect (cont.)
 - neglectful parents have more striking personality disorders, inadequate knowledge of children's needs, and chronic social isolation than abusive parents
 - with abuse, may see a conditioning of negative arousal and emotions with certain events
 - family conflict and marital violence may be implicated
 - no child characteristic has been linked to the risk of maltreatment, once environmental and adult factors are controlled for (with the exception of gender for sexual abuse)

Adapted from : Mash & Wolfe, *Abnormal Child Psychology*; Kerig & Werner, *Developmental Psychopathology*



- ### Causes of Maltreatment (cont.)
- Sexual abuse
 - most offenders are males who meet the DSM-IV criteria for pedophilia
 - victims are gradually indoctrinated into sexual activity, force is seldom used
 - often a perpetrator has special status such as a teacher, religious figure, or scout leader; intentions are covered by a sense of entitlement and privilege
 - offenders often have their own histories of abuse
- Adapted from : Mash & Wolfe, *Abnormal Child Psychology*; Kerig & Werner, *Developmental Psychopathology*

- ### Causes of Maltreatment (cont.)
- Sexual abuse (cont.)
 - Incestuous families protect the “family secret” and maintain control and domination by the abuser by
 - social isolation
 - restrictive personal autonomy
 - deference to strict morality and religiosity
 - Offenders exploit certain situational factors that increase vulnerability to being sexually abused
 - having family problems
 - being unsupervised or with a lot of time alone
 - being unsure of themselves
- Adapted from : Mash & Wolfe, *Abnormal Child Psychology*; Kerig & Werner, *Developmental Psychopathology*

- ### Causes of Maltreatment (cont.)
- Social and Cultural Dimensions
 - our society condones and glorifies violence
 - media and entertainment stereotypically portray females as powerless and passive and males as powerful, with women deferring to the powerful men and men challenging assertive women
 - racism and inequality are the major sociocultural factors contributing to abuse and neglect
 - poverty is associated with severe restrictions in the child's expectable environment, adults below the poverty level suffer more individual and family problems such as substance abuse
- Adapted from : Mash & Wolfe, *Abnormal Child Psychology*; Kerig & Werner, *Developmental Psychopathology*

- ### Causes of Maltreatment (cont.)
- Social and Cultural Dimensions (cont.)
 - social and cultural disadvantage may result in an extra burden of stress and confusion, and limited alternatives
 - maltreatment is often associated with limited opportunities to learn appropriate child-rearing and to receive needed supports
 - the erotic portrayal of children in pornography and mainstream advertising may blur boundaries and send inappropriate messages
- Adapted from : Mash & Wolfe, *Abnormal Child Psychology*; Kerig & Werner, *Developmental Psychopathology*

- ### Prevention and Treatment
- Individual, Biological, Cultural Contexts
 - Complications of legal constraint
 - Physical abuse and neglect
 - enhancing positive experiences early in the development of the parent-child relationship may help prevention
 - treatment for physical abuse aims to change how parents teach, discipline, and attend to their children
 - cognitive-behavioral methods target anger patterns and distorted beliefs
 - treatment for neglect focuses on parenting skills and expectations, and may include training in social competence and management of daily demands
- Adapted from : Mash & Wolfe, *Abnormal Child Psychology*; Kerig & Werner, *Developmental Psychopathology*

Prevention and Treatment (cont.)

- Sexual abuse
 - children's treatment programs are few and difficult to devise as sexual abuse affects each child differently
 - treatments try to restore child's sense of trust, safety, guiltlessness through educational and cognitive-behavioral methods, as well as group therapy
 - child needs to express feelings about the abuse, and may need specialized treatment if suffering from PTSD

Adapted from : Mash & Wolfe, *Abnormal Child Psychology*; Keig & Werner, *Developmental Psychopathology*

Treatment: Judith Herman

- Safety
 - Re-establish control
- Remembrance
 - Reconstructing the story
 - Transforming traumatic memory
- Mourning
 - Mourning the traumatic loss
- Reconnection
 - Learning to fight
 - Reconnecting with self
 - Reconnecting with others

Herman, J. (1997). *Trauma and Recovery*. NY: BasicBooks

Adapted from : Mash & Wolfe, *Abnormal Child Psychology*; Keig & Werner, *Developmental Psychopathology*

Treatment: Family Intervention

- Foster Care & Adoption
- When families are not able to reunite
- Challenges and advantages
 - Catch-up or compensatory growth
 - Safety
 - Training and support for receiving family
 - Open v. closed dynamics
 - Space for continuing attachments to birth family
 - Beliefs about children in foster care
 - Naïve or experienced viewpoint
 - Arcus, Milewski, Brown, & Merrill (2002)

Adapted from : Mash & Wolfe, *Abnormal Child Psychology*; Keig & Werner, *Developmental Psychopathology*

Treatment for child-adolescent PTSD

- Mind-body connection
 - Body as betrayal
 - Self injury, substance abuse, eating disorders
- Yoga
 - Studies demonstrate benefit
- Eye-Movement Desensitization and Reprocessing
 - Triggering integration of LR hemispheres in recall
 - Desensitize to be able to tolerate without reliving
 - Reprocess events while safe
 - EMDR requires specialized training
 - Not a panacea

Adapted from : Mash & Wolfe, *Abnormal Child Psychology*; Keig & Werner, *Developmental Psychopathology*

Prevention

- Public Awareness
 - Difficulty of tracking data
 - Non-uniform reporting practices
- Cultural shift
 - Violence as acceptable response
 - School corporal punishment
 - Change policy create cognitive dissonance
 - behavior→attitude
 - Children as people, not objects
- End Poverty

Adapted from : Mash & Wolfe, *Abnormal Child Psychology*; Keig & Werner, *Developmental Psychopathology*