Session 2 : Effects of Child Abuse

{This session has some more 'lecture' type presentations since there is some theory to share}

A. Learning Objectives

By the end of this session, participants should be able to:-

- State the risk factors contributing to child abuse.
- Describe the effects of child abuse.
- Identify physical and behavioural indicators of child abuse.

B. Materials

- Flipchart, markers, masking tape
- Handouts to distribute
- Case Study slips

C. Proposed Schedule

1. Greetings
2. Recap of Session 1
   a. Review of contract
   b. Review of learning objectives for Session 1
   c. Participant expectations and overall learning objectives for the session
   d. The role of the nurse in child protection
   e. The definition of child abuse and the forms of abuse
   f. Cultural factors which affect nurses' and health care workers' response to child abuse
   g. Personal factors which affect nurses' and health care workers' ability to intervene in child abuse
3. Learning objectives for Session 2
4. Risk factors contributing to child abuse
5. Identifying physical and behavioural indicators of abuse
   a. Physical abuse
   b. Emotional/psychological abuse
   c. Neglect
   d. Sexual abuse
6. Evaluation of Session 2

C.1 Greetings (5 minutes)

Facilitator Notes: Greetings are used to reintroduce participants to each other and to ground the participants so that they can focus on the session.

a) Suggestion for Introductions (If not done before): Ask each participant to introduce themselves, using an adjective which begins with the first letter of their name, e.g.: Pretty Paula, Romantic Ramesh.

b) Seek from the group any thoughts or reflections on incidents related to what they have learnt during Session 1. These could include any cases they have seen, or reactions to any stories in the news.

C.2 Recap of Session 1 (10 minutes)

Facilitator Notes: This recap can be done by the facilitator alone going through the materials, or by asking the participants to review what they have learnt. Other methods include asking specific groups of people to prepare the recap session and to use any creative ways of doing the recap for the next session (e.g. through song, skit, dance).

1 Review of contract

Facilitators Notes : Review the training contract with the participants and check to see if there is anything which should be added or removed. This is a good time to remind about putting the Cell Phones in vibrate mode.

2. Participant expectations and overall learning objectives for the session

Facilitator Notes: Review the objectives and the participant expectations for the course which were listed in Session 1

3. The content of Session 1

Facilitator Notes: Review these topics, referring to the handouts and the discussions from Session 1

- The role of nurses and health care workers in child protection
- The definition of child abuse and the forms of abuse
- Cultural factors which affect nurses and health care workers' response to child abuse
- Personal factors which affect nurses and healthc are workers' ability to intervene in child abuse

C.3. Learning Objectives for Session 2 (5 minutes)

Facilitator Notes: Reflect on the learning objectives for this session.

C.4. Risk factors contributing to child abuse (25 minutes)

Facilitator Notes: The purpose of this session is to draw attention of participants to the factors which contribute to child abuse. This session can be done as a brainstorming/discussion session. The facilitator should be able to draw on the briefing notes below.

Handout 1: Risk Factors

Briefing Notes: There are different factors which contribute to the abuse of children. Some of these factors may occur alone while more than one may be present at any given them. Recognition of these factors could assist with the prevention of abuse. Abuse can happen in institutional settings such as schools , orphanages and other child care facilities. All of the contributory factors are not known, but research and anecdotal evidence suggests the following:-

COMMUNITY FACTORS

There are some child-rearing practices which are abusive and public education is needed to change these. Other community factors include lack of access to social and other services and limited access to resources to support child protection education. Communities with high levels of violence and tolerance for violence are likely to provide an environment in which child abuse is not detected or identified as such. Some communities might have religious or other cultural practices which are abusive to children.

PARENT FACTORS

History of child abuse. Unfortunately, the patterns we learn in childhood are often what we use as parents. Without treatment and insight, sadly, the cycle of child abuse often continues. As a result, many parents abuse children thinking that this is the normal way to rear children

Poor parenting skills. Parenting can be a very time intensive, difficult job. Parents caring for children without support from family, friends or the community can be under a lot of stress. Teen parents often struggle with the maturity and patience needed to be a parent. Caring for a child with a disability, special needs or difficult behaviours is also a challenge. Caregivers who are under financial or relationship stress are at risk as well. Poor parent-child interaction, negative attitudes and attributions about a child's behaviour and inaccurate knowledge and expectations about child development are other contributing factors.

Alcohol or drug abuse. Alcohol and drug abuse lead to serious lapses in judgment. They can interfere with impulse control making emotional and physical abuse more likely. Due to impairment caused by being intoxicated, alcohol and drug abuse frequently lead to child neglect and other forms of abuse.

Domestic violence. Witnessing domestic violence in the home as well as the chaos and instability that is likely to result is emotional abuse to a child. Frequently, domestic violence will escalate to physical violence against the child as well.[1]

Poverty and neglect.

Poverty means the lack of access to resources and in many cases, parents and caregivers who live in poverty go to all lengths to ensure that their children's needs are met. When considering issues of neglect, we should consider whether the parents and caregivers have made any effort to access the resources to ensure that the child's needs are met.

Corporal punishment and discipline.

The beating of children as a form of discipline has been an accepted cultural practice in many families in Guyana. There have been some severe cases of injuries, both physically and emotionally to the children. Some points to remember about discipline are:-

DISCIPLINE helps a child learn a lesson that will carry over and positively affect future behaviour.
ABUSE affects the future in a negative way, leading to anger, hatred and more deviant behaviour.

DISCIPLINE enhances the child's sense of self worth, helping the child learn self-control and thus

1 Modified from http://www.helpguide.org/mental/child_abuse_physical_emotional_sexual_neglect.htm [does this refer to dv, up to dv or the whole section on parent factors?]

becoming comfortable within the family and in society. ABUSE robs the child of self-worth and causes him/her to feel like an outcast and resentful.

DISCIPLINE is not shame or guilt. ABUSE is shame or guilt which satisfies the needs of the parents at the moment and undermines the self-image of the child.

DISCIPLINE is taught by example. But so is abuse!

- Discipline is a learning process; the goal is to teach appropriate behaviour.
- Abuse is not a learning process; the goal is to stop behaviour through infliction of physical and/or psychological pain.
- Abuse teaches avoidance of pain rather than alternative, acceptable behaviours.
- Abuse teaches resolution of conflicts with violence rather than with reason.

FACTORS WHICH INCREASE CHILDREN'S VULNERABILITY TO ABUSE

Age of children

The rate of documented maltreatment is highest for children between birth and 3 years of age. It declines as age increases.

Infants and young children, due to their small physical size, early developmental status and need for constant care, can be particularly vulnerable to certain forms of maltreatment, such as Shaken Baby Syndrome and physical neglect.[2]

Children and adolescents with disabilities:

Children with physical, cognitive, and emotional disabilities are 1.7 times more likely to be maltreated than children without disabilities.

Children who are perceived by their parents as "different" or those with special needs, chronic illnesses, or difficult temperaments may be at greater risk of maltreatment. The demands of caring for these children may overwhelm their parents. Disruptions may occur in bonding or attachment processes, particularly if children are unresponsive to affection or separated from parents by frequent hospitalization.[3]

In addition to the common risk factors for all children and adolescents, the following apply to children and adolescents with disabilities:

- May have developmental or communication difficulties that make disclosure of abuse difficult or impossible.
- May lack correct information or education about abuse prevention, sexuality and self-protection strategies (e.g., the right to say "no").
- May not understand the difference between a hygienic touch, an affectionate touch or an abusive

2 Http://www.childwelfare.gov
3 Http://www.childwelfare.gov

touch.

- May have physical disabilities that prevent them from defending themselves or getting away.
- May depend on others to meet even their most basic needs (bathing, toileting, feeding) which creates an extreme imbalance of power.
- May have a desire to please or may have cognitive difficulties that make them overly trusting and easier to trick.[4]

C.5. Identifying Physical and Behavioural Indicators of Abuse (35 minutes)

Facilitator Notes: This session requires some discussions and brainstorming since there is a lot of theory to bring to the attention of the participants. This might be a good point in the discussion to do an energiser activity.

Activity: Divide the participants into four groups. Assign a different form of abuse – Physical abuse, Emotional abuse, Sexual abuse and Neglect – to each of the groups. Give each group a sheet of flipchart paper. Ask each group to draw a symbol representing a child in the middle of the paper (e.g., a stick drawing). Tell participants to write the signs of the relevant abuse on the paper.
In plenary, ask each group to mount its flipchart paper on the wall/board and the participants to walk around the room to see what the other groups have written. Then the facilitator can use the Briefing Notes to guide the discussion, summarizing key points and clarification groups responses, as necessary.

Handout 2: Signs of Physical Abuse
Handout 3: Shaken Baby Syndrome
Handout 4: Indicators of Emotional Abuse, Sexual Abuse and Neglect

Briefing Notes: Often we use the term "indicators" to refer to those specific behaviours, conditions or consequences that support suspicion of maltreatment. For example, certain types of bruises on a child might be an indicator of abuse. If a child is afraid to go home, or expresses fear of a parent, this might also be an indicator of abuse. However, remember that an indicator of abuse only indicates that abuse **may** have occurred.

1. Indicators of Physical Abuse

<u>Physical Indicators (physical injuries)</u>

Nurses and health care workers are likely to see the after-effects: injuries that suggest abusive parental/caregiver behaviour. Injuries that have the following characteristics may indicate abuse has occurred:

Questionable bruises and welts or other injuries which are:

* On the face, lips, mouth
* On the torso, back, buttocks, thighs

4 http://childabusemd.com/disabilities/risk-factors.shtml

* In various stages of healing
* Clustered
* Forming regular patterns
* Reflecting the shape of the object used to inflict the injury (electric cord, belt buckle)
* On several different body surface areas
* Regularly appearing after an absence, weekend, or vacation
* Consistent with human bite marks

Questionable burns

- Cigar or cigarette burns, especially on soles, palms, back or buttocks
- Immersion burns (sock-like or glove-like burns on feet or hands, or doughnut-shaped burns on buttocks or genitalia)
- Burns patterned like electric stove burner, iron, etc.
- Rope burns on arms, legs, neck or torso

Questionable fractures

* To the skull, nose, facial structure
* In various stages of healing
* Multiple or spiral (twisting) fractures

Questionable cuts and scrapes

* To the mouth, lips, gums, eyes
* To external genitalia

Remember, in all cases, consider the context. Look for a combination or pattern of indicators. Consider indicators along with the child's explanation of the injury, the child's developmental and physical capabilities and any behavioural changes you notice in the child.

All children get bumps and bruises. Recognizing when those bumps and bruises may be indicative of physical abuse is part of your task.

Inflicted physical injury most often represents severe corporal punishment. This usually happens when the parent is frustrated or angry and strikes, shakes or throws the child. Physical abuse may also be an intentional, deliberate assault, such as burning, biting, cutting, and the twisting of limbs.

Remember, in all cases, consider the context. Look for a combination or pattern of indicators. Consider indicators along with the child's explanation of the injury, the child's developmental and physical capabilities, and any behavioural changes you notice in the child.

<u>Behavioural Indicators</u>
(refer to the flipchart exercise)
Physical abuse is frequently accompanied by certain child behaviours. These may include:

* Being uncomfortable with physical contact.
* Being wary of adult contact.
* Being apprehensive when other children cry.
* Showing behavioural extremes—aggression or withdrawal.
* Being frightened of parents.
* Being afraid to go home.
* Arriving at school early or staying late, as if afraid to be at home.
* Reporting being hurt by a parent.
* Complaining of soreness or moving uncomfortably.
* Wearing clothing inappropriate to the weather to cover the body.
* Chronically running away from home (adolescents).

How do you tell the difference between abuse and accidental injury?

Abuse and accidental injury can look similar, but there are important differences:

* Cuts and bruises caused from accidents normally occur in bony areas of the body (elbows, knees, etc.). Accidental injuries to soft tissue areas (stomach, buttocks) are less likely.
* If an injury happens often, it is less likely to be an accident.
* If multiple injuries are present, especially if they are in different stages of healing, it is less likely to be an accident.

If a series of injuries appear in a pattern or resemble an object (electrical cord, wooden spoon, etc.) the injury may have been inflicted. If the child's or caregiver's explanation for the injury is inconsistent with the facts, the injury would be suspect.
Shaken Baby Syndrome : Refer to the handout

a. Indicators of Emotional/Psychological Abuse

Physical Indicators
Emotionally maltreated children often show:

- Non-organic failure to thrive (infants)
- Speech disorders
- Developmental delays

Behavioural Indicators

The range of possible behavioural indicators of emotional maltreatment include:

- Habit disorders (sucking, biting, rocking)
- Conduct disorders (antisocial, destructive)
- Neurotic traits (sleep disorders, inhibition of play)
- Behavioural extremes (compliant, passive, undemanding, aggressive, demanding, raging)
- Overly adaptive behaviour (inappropriately adult, inappropriately infantile and needy)
- Self-destructive behaviour and suicide attempts
- Cruelty; seemingly taking pleasure in hurting other people or animals

- Delinquent behaviour

3. Indicators of Neglect

Physical Indicators

- Looks undernourished and is usually hungry
- Is often lethargic, as if the child has not slept well
- Has untreated injuries or maladies, like a badly infected cut or a toothache
- Chronically has injuries that you can attribute to a lack of supervision, including being harmed by others

Behaviours often associated with neglect :-

* Begging for or stealing food because of persistent hunger
* Noticeably poor hygiene
* Inappropriate dress for the weather
* Accidents and injuries
* Risky adolescent behaviour
* Promiscuity, drugs, and delinquency
* Being shunned by peers
* Clinging behaviour
* Poor ability to relate to others

Emotional consequences of neglect :-

* Poor self-esteem
* Attachment difficulties
* Emotional neediness
* Social problems; reduced pro-social behaviors
* Difficulty setting personal boundaries
* Inability to say “no” to inappropriate requests (related to neediness for attention)
* Impaired initiative

3. Sexual Abuse

Physical Indicators

Most physical indicators of child sexual abuse would be found on physical exam by a medical practitioner. Other professionals rely more upon behavioural, emotional, and cognitive/academic indicators in determining whether to suspect sexual abuse.

Behavioural Indicators

The range of behavioural indicators of child sexual abuse include:

* Expressions of age-inappropriate knowledge of sex and sexually “pseudo-mature” behaviours
* Sexually explicit drawings
* Highly sexualized play
* Expressions of unexplained fear of a person or place
* Avoiding or attempting to avoid a familiar adult
* Signs of post-traumatic stress disorder
* Nightmares
* Sleep interruptions
* Withdrawal
* A child’s statement

One of the strongest indicators of sexual abuse is a child’s report. When a child says that he/ she has been sexually abused, take the statement seriously. Resolve doubt in favour of the child and err on the side of protection.

Emotional Indicators

Sexual abuse is often a devastating breach of trust for a child. Furthermore, the adult usually tries to manipulate the child into collusion or silence (“this is our little secret”) with real or implied threats. This manipulation is far beyond the child’s ability to understand. Not surprisingly, the child may experience a range of emotional responses, including:

* Self-image problems
* Low self-confidence
* Guilt (“my fault”)
* Shame
* Depression
* Anxiety
* Mood swings

Other Effects of Child Abuse

Different children have different levels of resilience and ability to recover from traumatic events such as abuse. Other children may find coping mechanisms. Adult survivors of child abuse sometimes have flashbacks and some health related and psychological complications in adulthood.

Facilitator Notes: Activity Case Study Analysis (25minutes)
Divide the participants into groups. Share out the case studies for discussion – 10 minutes per group. Some notes for the discussion are included here.

1. Susan

Susan is a 5-year old child who presents with bruises on her cheek, her upper arm and on her torso. Her mother said she fell down on the stairs, that she is a tomboy and she is always falling down. What do

you think?

Discussion: Research has shown that children who fall down stairs rarely have these kinds of injuries, and are likely to show these if they are carried by an adult who might trip. The location of the bruises on the soft parts of the body and the frequency indicate that some abusive behaviour is happening.

2. Craig

Craig has arrived at the clinic with bruises on his elbows and a bad scrape on his knee. When you ask what happened, he tells you that he was riding his bike on a busy street where his father had told him not to, he swerved to avoid a car, and he fell off. When you ask how he got hurt, he says it was in the fall. What do you think?

Discussion: The bruises are consistent with the explanation of a fall from the bike. They are on the bony parts of this body and not the soft parts.

3. Annie

Annie is a 5-year old child and is always dirty. She seems otherwise healthy and is happy around her parents. Is this neglect?

Discussion : Some children as part of play will get dirty quickly. If it is a problem of hygiene and an obvious lack of care, the parents of the child should be counselled on how to improve care and hygiene.

4. Josie

Josie's mother has brought her in after she fell down the steps. Josie's mother says cannot afford the spectacles for her child. Is this neglect?

Discussion: Neglect refers to situations when parents and caregivers do not use available resources to provide the health care for their children. It is likely that the parent may be unaware of places where she can get spectacles for her child.

5. Baby

One of your patients, Baby, is an alcoholic and you know that she has two children aged 8 and 9 years. They are not going to school, but seem otherwise healthy and well cared for and concerned about their mother. Is this neglect?

Discussion: Children of parents who are substance abusers are endangered since there could be periods of care. There are many reasons in Guyana why children do not go to school. An intervention could be done with the parent to ensure that the children are registered for school. While the parent might not intend to endanger the children, the caregivers can be concerned if the children are not cared for properly.

6. John

You observe some nursery-aged school children playing. One of them, John pulls down his pants to show his privates. He then asks the others to show their parts. When they say no, John insists and starts

fighting with them. What do you think? What questions should you ask? Why?

Discussion: Young children will be curious about their body parts. However, the play is a cause of concern if the child is forcing other children to participate.

7. Nicky

A 15-year-old girl drinks poison and is She tells you that she does not want to live with her mother. What do you think? What questions should you ask? Why?

Discussion: The attempt at suicide and the revelation are signs that the relationship between the child and her mother are not going well. An intervention can be made to improve the parent-child relationship.

8. Mama

There is a mother with two children in your maternity clinic. The children are playing and the mother keeps shouting at them to stop. She also tells the children that they are no good and she is fed up with them. The children continue playing and laughing. What do you think? What would you do? What questions would you ask to find out?

Discussion: Some children are resilient and have coped with all sorts of abusive language from their parents. If the children are not obviously affected by their mother's words, then it would be important to counsel the mother on her parenting skills.

C.6 Evaluation and Closing of Session 2 (10 minutes)

Facilitator Notes: Conduct an oral evaluation of the session. Share out the evaluation form and ask the participants to complete them. Remind participants that their names should not be written on the forms.

Inform the participants of the time of and venue for Session 3. Share the objectives for Session 3.