

APPENDIX I : HANDOUTS

HANDOUT #1

TITLE PAGE

**British Columbia Foster Care
Education Program**

**CARING FOR CHILDREN:
WHEN CHILDREN
EXPERIENCE ABUSE AND
NEGLECT
(6 HOURS)**

Ministry of Children and Family Development

July 2002

HANDOUT #2**LEARNING OUTCOMES****SESSION I**

The caregiver can:

1. describe ways in which people, including themselves, may respond to and feel about child abuse and neglect.
2. identify self care strategies when working with children who have experienced abuse and neglect.
3. describe the types of abuse and neglect (physical, emotional, sexual), that a child- in-care may have experienced.
4. define physical, emotional, sexual child abuse and neglect.
5. describe factors that contribute to child abuse and neglect.
6. identify and describe observable signs and behavioral indicators of child abuse and neglect.

SESSION II

The caregiver can:

1. describe potential impacts of physical, emotional, and sexual abuse on the development and behavior of children and youth.
2. identify, describe, and demonstrate supportive responses while caring for the needs of children and youth who have experienced abuse or neglect.
3. identify, describe, and demonstrate how to support a child who is disclosing an abusive or neglectful experience.

HANDOUT #4 PARTICIPATION GUIDELINES

Honesty

Respect

Confidentiality

HANDOUT #5**HOW WE REACT TO CHILD ABUSE**

Violence against children, especially when deliberately carried out by parents, generates intense emotional reactions in most caring adults. These reactions may range from sympathy to hostility. Sometimes we may have conflicting emotions, such as feeling both angry and sorry for the abuser.

All of us who spend time caring for children are likely to have a variety of strong feelings about child abuse. This is quite normal. Caring, sensitive adults should have these emotions. If it were otherwise, our capacity to identify with and help children would be quite limited. Strong reactions to child abuse are in part a measure of our ability to nurture and value children.

However, it is important for those who care for abused children to identify and honestly accept the emotions and reactions that they have personally about child abuse, abused children, and parents who abuse children. Those who are unaware of, or who deny, these feelings in this area will limit their ability to help abused children. Our strong reactions to child abuse affect our understanding of the problem. Our relationship with abused children can also be affected by these reactions.

Recognizing and accepting our emotional reactions to child abuse is not sufficient by itself to make us effective helpers to abused children. We must also develop helpful ways to resolve or channel some of these strong reactions. If emotions are not constructively channeled or controlled, they are likely to affect our:

- objectivity
- sensitivity to the abused child
- perception of the child's family
 - reaction to the child's family.

From "How We React to Child Abuse" T.R.U.S.T. I - Instructor's Manual. Used with the permission of the author.

Common emotional reactions and their possible effects on abused children include the following:

REACTION

EFFECT

1. Anger

At offender for cruelty, obviously causing damage and pain.

Child may think you are angry with them.

At the other parent, for not doing something to stop the abuse problem or to help the child.

Child may feel responsible for the abuse.

At others, such as relatives, neighbors, Child may not see their parents as “bad” for not seeing or doing anything to help and may be hurt by your angry reaction.

At professionals, for not knowing or preventing, or for acting too slowly.

Child may be confused or overwhelmed by such strong reaction. Child may be fearful of your anger and wonder if you will hurt them. Too little reaction may suggest to the child that the abuse is not a big deal.

2. Revenge

People who do this should never be allowed to care for children again.

harm them.

The offender should be separated from the family and severely punished.

Child may be afraid you will harm members of their family.

Those who knew and did nothing to stop the abuse or report it should also be punished.

Child may be afraid to trust you.

3. Confusion

Should we help or punish abusers?

Child may be unsure if you like or blame them.

Maybe the child deserved it.

Child may be unsure if you will let them see or return to family.

Can people who do things like this be helped?

Child may be unsure if you will protect them.

How can the abused child still love his parents?

Child may be afraid you will punish or

4. Fear/Anxiety

I don't know how to help the child and undo the harm.

Child may feel more anxious and fearful about the situation.

Will the child's family be aggressive or violent towards me or my family?

Child may be unsure if you can help or if you will protect them.

What will happen if the child goes home or has contact with the offender or other family members?

Child will wonder if you will send them away.

Child may begin to spend time worrying about you, the adult.

5. Sympathy/Concern

Feeling sorry for what the child had to suffer.

Child may feel you understand and care about them.

Feeling sorry for the parents who could do this, or what will happen to them.

Child may feel you don't blame them or want to hurt their family.

Concern for the child's fears, confusion, and future safety.

Child may feel nurtured and safe.

6. Shock/Disgust How could

anyone do such a thing?

Child may feel bad or hopeless.

A feeling of revulsion, or being sick to your stomach.

Child may have difficulty discussing their feelings as above.

This is "sick."

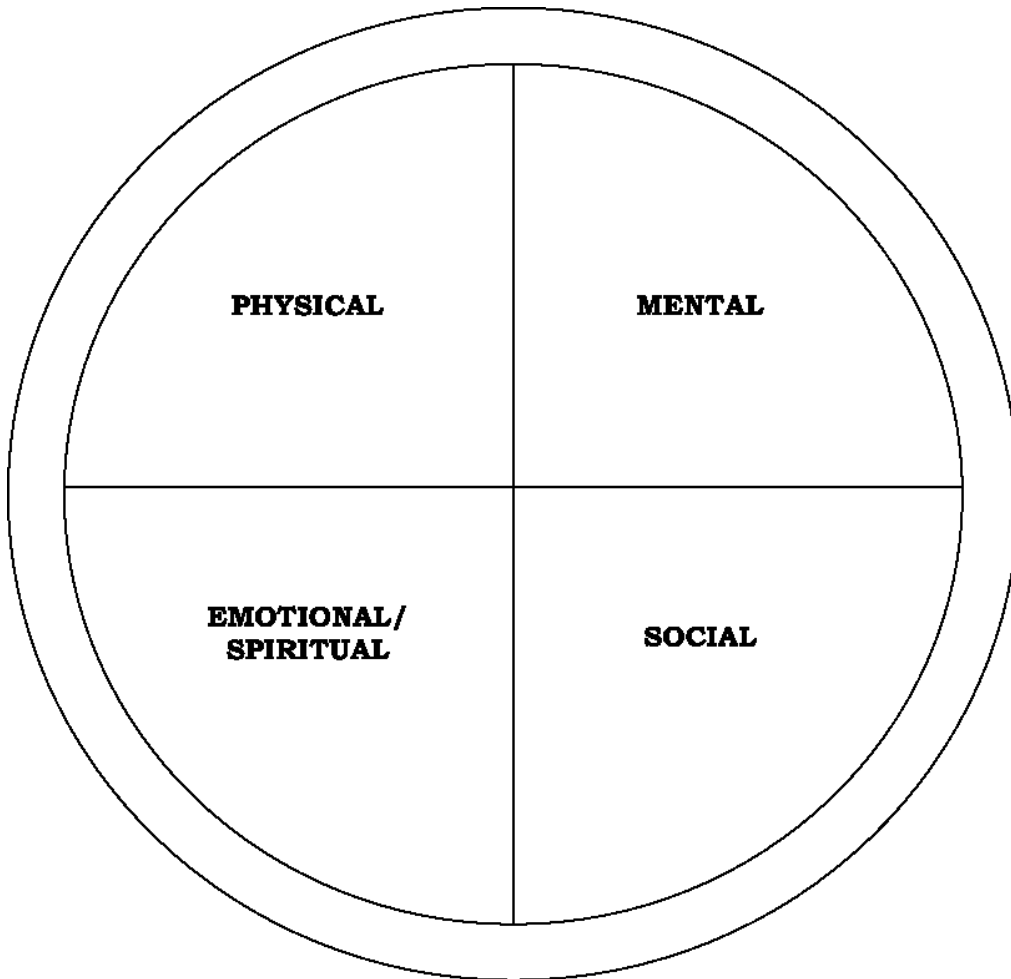
Increased shame, guilt, or responsibility.

So awful, I need to keep bringing it up and discussing it with whomever I meet.

Child may feel a need to help you with your shock.

HANDOUT #6

SELF CARE



OUT #7

DESCRIBING ABUSE AND NEGLECT

EXERCISE

Listed below are the terms used by professionals, academics, and practitioners to describe the four types of child abuse and neglect. Brainstorm behaviors or actions for each category that you consider to be abusive.

| | |
|------------------------|---------------------|
| Physical Abuse | Sexual Abuse |
| Emotional Abuse | Neglect |

~ 1998 New South Wales - Child Protection Council. Permission to use granted.

HANDOUT #8**THE HISTORY OF CHILD WELFARE**

The following presentation is the history of child welfare from a mainstream European perspective. It does not represent the history as may be seen by other cultures.

Child abuse has existed from earliest times. Evidence of “child welfare” can be found in ancient times in laws prohibiting incest and in an old Roman law that prohibited infanticide. In a number of cultures, infanticide had been used as a means of eliminating children who were the wrong gender or who had birth defects. Most cultures had rules that expected the family and/or the community to care for orphans.

Parents have always had the right to determine the quality of their children’s lives and, in some societies, to determine whether or not the child lived or died. In ancient Greece, unwanted babies were exposed to the elements, and left to die. Under Roman Law, a father had the power of life, and death over his children. By the 19th century, with the advent of the Industrial Revolution in England, large numbers of children of all ages had entered the work force, and worked long hours, sometimes shackled to their workbenches. Infant mortality rates were staggeringly high. Even within the 20th Century, harsh, and rigid discipline of children was sanctioned by society, and the Courts rarely intervened.

There were two fundamental assumptions upon which families and society based their view of children:

1. The child was the personal property of the parents.
2. Severe physical punishment was often seen as necessary to control, educate, and dispel evil spirits from the child.

Many parents today still believe in the old saying, “spare the rod and spoil the child,” and certainly the debate as to the “ownership” of children continues.

Until the mid 1880s, children were seen in European societies as little adults who were to be treated the same as adults. They were not seen as vulnerable and in need of nurturing. By age 7 they were considered adults for legal purposes. In respect to criminal law, they had no distinction from adults, would get the same sentences and might be confined to the same institutions. Parents were not expected to provide affection and nurturing and were allowed to use severe punishment without concern for state interference.

By the end of the 1880s, a concept of childhood began to appear. In this concept, children were seen as vulnerable creatures who should be cared for and assisted to grow into adulthood. This then meant parents were now responsible for the quality of their care, and limits were placed on the degree of abuse and

neglect the children could be exposed to. If the parents failed to do their duty, the state began to consider it had a role to intervene.

A key event in North America occurred in 1870 in New York City. A charity worker trying to protect a child from the severe abuse and neglect of her parents found there was no law to help intervene. She was forced to approach the American Society for the Prevention of Cruelty to Animals to remove the child, arguing the child was a member of the animal kingdom.

It wasn't until well into the 1900s that laws dealing with the abuse and neglect of children became relatively universal in North America.

By the late 1800s, orphanages and training schools were being developed by religious and charitable organizations to care for children who needed alternate care. Later, municipal governments became involved and took on some responsibility. Thus it slowly emerged that the state would intervene when parents would or could not care for their children.

The first child protection legislation in British Columbia came into being in 1901 when the Infant's Act was proclaimed. It allowed the police and the Children's Aid Societies to apprehend children and provide alternate care. This care was usually in an institutional setting. There were only two such Children's Aids originally - one in Vancouver and the other in Victoria. In 1905, the Catholic Children's Aid was formed in Vancouver to look after the particular needs of Catholic children in care. These were the only organizations providing child welfare services throughout the province until 1924.

In 1919, the position of Superintendent of Neglect (later to become Superintendent of Child Welfare) was established and the provincial government began to provide financial contributions for the care of children removed from their parents. The province also now began to accept responsibility for children outside the urban areas of Vancouver and Victoria.

In 1927, concern about the state of child welfare in the province was so great that Charlotte Whitten, a professional social worker who later became Mayor of Ottawa, was asked to conduct the Child Welfare Survey. Significant changes occurred as result of her report. Her recommendations included:

- the need for social agencies to work together.
- the need for work to be more focused on keeping children in their own homes rather than removing them to care.
- hiring trained social workers to staff child welfare positions.
- the concept that foster homes were far better resources for most children than institutions.

Originally, the focus of the early child welfare agencies was the removal of children from dangerous homes and the criminal prosecution of parents. In BC, with the Whitten Report and the emergence of social casework and the social work profession, the focus changed toward making the child's home a place of

healthy emotional development. Consequently, the emphasis shifted to trying to keep children in their homes and assist the parents.

In 1939 the child welfare provisions of the Infant's Act were replaced by the Child Protection Act.

In 1942 the first provincial Child Welfare Branch was established. At this time, the principle of integrated family and children's services was established.

The foundations for modern child welfare in Canada had now been established in that:

- children were seen as vulnerable and entitled to state protection from abuse and neglect.
- the state had the authority and responsibility to intervene where there was sufficient abuse and neglect and remove children if necessary and/or help the family.
- the state had assumed financial responsibility for foster care.
- the preferred alternate care was a foster home.

In 1968 the Protection of Children Act established the concept of temporary care (up to two years in most cases) and permanent care. Until this time an order for care lasted until a child reached age 21 (the age of majority then).

Between 1973 and 1975, all three Children's Aids were integrated into the governmental services to ensure uniform standards throughout the province.

In 1980, the Protection of Children Act was replaced by the Family and Child Service Act. The Family and Child Service Act eliminated the archaic wording of the previous Act and established clearer reasons for apprehending a child and refined many issues around court proceedings.

In 1990 the government established the Community Panel to review child welfare in the province. This resulted in the Child, Family and Community Service Act which was proclaimed in January of 1996 and established principles to guide the practice of child welfare in the province.

The following quotes from the Child, Family and Community Service Act provide legal definitions about the types of abuse and neglect that require a child be protected.

Child, Family and Community Service Act (1996)

Paramount considerations of the Act are the safety and well-being of the child.

Guiding principles

2. The Act is to be administered and interpreted in accordance with the following principles:
 - a) children are entitled to be protected from abuse, neglect, and harm or threat of harm;
 - b) a family is the preferred environment for the care and upbringing of children and the responsibility for the protection of children rests primarily with the parents;
 - c) if, with available services, a family can provide a safe and nurturing environment for a child, support services should be provided;
 - d) the child's views should be taken into account when decisions relating to the child are made;
 - e) kinship ties and a child's attachment to the extended family should be preserved if possible;
 - f) the cultural identity of aboriginal children should be preserved;
 - g) decisions relating to children should be made and implemented in a timely manner.

Service delivery principles

3. The following principles apply to the provision of services under this Act:
 - a) families and children should be informed of the services available to them and encouraged to participate in the decisions that affect them;
 - b) aboriginal people should be involved in the planning and delivery of services to aboriginal families and their children;
 - c) services should be planned and provided in ways that are sensitive to the needs and the cultural, racial, and religious heritage of those receiving the services;
 - d) the community should be involved, if possible and appropriate, in the planning and delivery of services to families and children.

Best interests of child

4. (1) Where there is a reference in this Act to the best interest of a child, all relevant factors must be considered in determining the child's best interests, including for example:
 - a) the child's safety;
 - b) the child's physical and emotional needs and level of development;
 - c) the importance of continuity in the child's care;
 - d) the quality of the relationship the child has with a parent or other person and the effect of maintaining that relationship;
 - e) the child's cultural, racial, linguistic, and religious heritage;

- f) the child's views;
- g) the effect on the child if there is a delay in making a decision.

(2) If the child is an aboriginal child, the importance of preserving the child's cultural identity must be considered in determining the child's best interest.

Courts have resolved disputes when the parents and the state disagree (i.e., when the traditional rights of parents to the care and guardianship of their children are at odds with the rights of the state or society to protect children from maltreatment by their parents or guardians). More recently, a third set of rights has emerged - the rights of children to have input concerning where they are placed and to have some control over their own destinies and future. The idea that children have rights is only a recent phenomenon. The Child, Family and Community Service Act provides for the rights of children in care as follows:

Rights of children in care

70. (1) Children in care have the following rights:
- a) to be fed, clothed, and nurtured according to community standards and to be given the same quality of care as other children in the placement;
 - b) to be informed of their plans of care;
 - c) to be consulted and to express their views, according to their abilities, about significant decisions affecting them;
 - d) to reasonable privacy and to possession of their personal belongings;
 - e) to be free from corporal punishment;
 - f) to be informed of the standard of behaviour expected by their caregivers and of the consequences of not meeting their caregiver's expectations;
 - g) to receive medical and dental care when required;
 - h) to participate in social and recreational activities if available and appropriate and according to their abilities and interests;
 - i) to receive religious instruction and to participate in the religious activities of their choice;
 - j) to receive guidance and encouragement to maintain their cultural heritage;
 - k) to be provided with an interpreter if language or disability is a barrier to consulting with them on decisions affecting their custody or care;
 - l) to privacy during discussions with the members of their families, subject to subsection (2);
 - m) to privacy during discussions with a lawyer, the Child, Youth and Family Advocate;

- n) to be informed about and to be assisted in contacting the Child, Youth and Family Advocate*, the Ombudsman, a member of the Legislative Assembly or a member of Parliament;
- o) to be informed of their rights under this Act and the procedures available for enforcing their rights.

These rights are enforceable through the office of the Children's Commissioner (replaced by the Office for Children and Youth in 2002) and can be investigated by the Child, Youth and Family Advocate* (replaced by the Office for Children and Youth in 2002).

A final note on the history of child welfare:

The Child, Family and Community Service Act also stresses that the Ministry should first take the least intrusive measures required to support a family. Thus, children entering care are generally seen to be more likely to be dealing with the effects of fairly severe abuse and neglect and in need of more considered and supportive help than was historically true. Today there is more emphasis on family care homes as the primary resource for children in care as compared to institutional care. Caregivers need to become more skilled in assessing and supporting children. Often it is the caregiver who will discover the extent and intensity of the abuse and neglect the child has experienced. Often it is through the daily experience of living in a caring, nurturing family that the harm caused by abuse and neglect can be undone. Family care homes play an important role in supporting a child or youth to heal.

Consider how far we have come in 100 years. At the beginning of the century children had no special status, were not seen as vulnerable and were treated as adults. As we study abuse and neglect, it is important to understand where we have come from the grasp where we are heading.

HANDOUT #9**LEGISLATION CONCERNING CHILD ABUSE AND NEGLECT****Bill 46****CHILD, FAMILY AND COMMUNITY SERVICE ACT
Part 3
Child Protection Division 1 – Responding to Reports****When protection is needed**

- 13.** (1) A Child needs protection in the following circumstances;
- (a) if the child has been, or is likely to be, physically harmed by the child's parent;
 - (b) if the child has been, or is likely to be, sexually abused or exploited by the child's parent;
 - (c) if the child has been, or is likely to be, physically harmed, sexually abused or sexually exploited by another person and if the child's parent is unwilling or unable to protect the child;
 - (d) if the child has been, or is likely to be, physically harmed because of neglect by the child's parent;
 - (e) if the child is emotionally harmed by the parent's conduct;
 - (f) if the child is deprived of necessary health care;
 - (g) if the child's development is likely to be seriously impaired by a treatable condition and the child's parent refuses to provide or consent to treatment;
 - (h) if the child's parent is unable or unwilling to care for the child and has not made adequate provision for the child's care;
 - (i) if the child is or has been absent from home in circumstances that endanger the child's safety or well-being;
 - (j) if the child's parent is dead and adequate provision has not been made for the child's care'

- (k) if the child has been abandoned and adequate provision has not been made for the child's care';
 - (l) if the child is in the care of a director or another person by agreement and the child's parent is unwilling or unable to resume care when the agreement is no longer in force.
- (2) For the purpose of subsection (1) (e), a child is emotionally harmed if the child demonstrates severe
- (a) anxiety,
 - (b) depression
 - (c) withdrawal, or
 - (d)** self-destructive or aggressive behavior.

Duty to report need for protection

- 14.(1) A person who has reason to believe that a child needs protection must promptly report the matter to a director or a person designated by a director.
- (2) Subsection (1) applies even if the information on which the belief is based
- a) Is privileged, except as a result of a solicitor-client relationship, or
 - b) Is confidential and its disclosure is prohibited under another Act.
- (3) A person who contravenes subsection (1) commits an offence.

Source
: Province of British Columbia (1996) Bill 46: Child, Family and
Community Service Act, Victoria, BC: Queen's Printer

HANDOUT #10**DEFINITIONS OF ABUSE AND NEGLECT**

Understanding what child abuse and neglect are and knowing how to take appropriate action are critical in ensuring the safety and well-being of children.

Defining child abuse and neglect

The following definitions will help you respond to child abuse and neglect. Some are modifications of definitions given in a variety of sources. Every effort has been made to use plain language. While recognizing that one profession may use a particular term somewhat differently from another profession, the definitions below are intended to support the work of all service providers.

Child

A person under 19 years of age.

Physical abuse

A deliberate, non-accidental physical assault or action by an adult or significantly older or more powerful child that results or is likely to result in physical harm to a child. It includes the use of unreasonable force to discipline a child or to prevent a child from harming himself or others. The injuries sustained by the child may vary in severity and range from minor bruising, burns, welts or bite marks to major fractures of the bones or skull, and, in its most extreme form, the death of a child. Physical assault is a crime.

Sexual abuse

Sexual abuse generally means any sexual use of a child by an adult or a significantly older or more powerful child. There are many criminal offences related to sexual activity involving children. The Criminal Code prohibits:

- any sexual activity between an adult and a child under the age of 14. A child under 14 is incapable in law of consenting to sexual activity (s. 150.1 of the Criminal Code). The criminal law recognizes that consensual “peer sex” is not an offence in the following situation: if one child is between 12 and 14 years and the other is 12 years or more but under the age of 16, less than two years older and not in a position of trust or authority to the other.
- any sexual activity between an adult in a position of trust or authority towards a child between the ages of 14 and 18.
- any sexual activity without the consent of a child of any age. (Depending on the activity, non-consensual sexual activity may

constitute the criminal offence of sexual assault) .

- use of children in prostitution and pornography.

The Ministry of Children and Family Development states that sexual abuse is any behavior of a sexual nature toward a child, including one or more of the following:

- touching or invitation to touch for sexual purposes, or intercourse (vaginal or anal).
- menacing or threatening sexual acts, obscene gestures, obscene communications or stalking.
- sexual references to the child's body or behavior by words or gestures.
- requests that the child expose their body for sexual purposes.
- deliberate exposure of the child to sexual activity or material.

The Ministry of Children and Family Development states sexual exploitation includes permitting, encouraging, or requiring a child to engage in:

- conduct of a sexual nature for the stimulation, gratification, profit, or self-interest of another person who is in a position of trust or authority, or with whom the child is in a relationship of dependence.
- prostitution.
- production of material of a pornographic nature.

Sexual aspects of organized or ritual abuse should be considered a form of sexual exploitation.

Sexual activity between children or youth may constitute sexual abuse if the difference in age or power between the children is so significant that the older or more powerful child is clearly taking sexual advantage of the younger or less powerful child. This would exclude consensual, developmentally appropriate sexual activity between the children.

Emotional abuse

Emotional abuse is the most difficult type of abuse to define and recognize. It may range from habitual humiliation of the child to withholding life-sustaining nurturing. It can include acts or omissions by those responsible for the care of a child or others in contact with a child that are likely to have serious negative emotional impacts. Emotional abuse may occur separately from, or along with, other forms of abuse and neglect.

Em

otional abuse can include a pattern of

- scapegoating
 - rejection
 - verbal attacks on the child
 - threats
 - insults
 - humiliation.

Emotional harm

When emotional abuse is persistent and chronic, it can result in emotional damage to the child. A child is defined by the Child, Family and Community Service Act as emotionally harmed if the child demonstrates severe:

- anxiety
 - depression
 - withdrawal
 - self-destructive or aggressive behavior.

Neglect

Neglect involves as act of omission on the part of the parent or guardian that results, or is likely to result, in physical harm to the child. It generally refers to situations in which a child has been, or is likely to be, physically harmed through action or inaction by those responsible for her care. This may include failure to provide food, shelter, basic health care, or supervision and protection from risks, to the extent that the child's physical health, development or safety is harmed or is likely to be harmed. This also includes failure to thrive. Not always intentional, neglect may be a result of insufficient resources or other circumstances beyond a person's control.

The Child, Family and Community Service Act states that a child needs protection if the child has been, or is likely to be, physically harmed due to neglect by the child's parent.

Failing to provide the necessities, abandoning a child, and corrupting a child are crimes.

Source: Ministry for Children and Families (1998). [The BC Handbook for Action on](#)

Child Abuse and Neglect, Victoria, BC: Crown Publications.

HANDOUT #11**SHAKEN BABY SYNDROME BACKGROUND INFORMATION**

Ron Ensom, M.S.W., C.S.W., Children's Hospital of Eastern Ontario

Name: Shaken Baby Syndrome (or SBS) is the most commonly used name for specific injuries inflicted on a child. Many professionals also refer to these injuries as Shaking-Impact Syndrome.

Injuries: SBS is a serious neurological injury – damage to a child's brain – which is usually accompanied by bleeding behind the eyes and sometimes by other injuries. The damage to the brain is the result of a child's head being whiplashed back and forth by a violent shaking and sometimes by the head also being forcefully struck against something. Because a baby's head is large and heavy relative to its body and the neck still weak, whiplashing creates powerful forces inside the head. Violent shaking repeatedly squashes the brain against the skull causing bleeding from torn blood vessels, extensive damage of tissues, and life-threatening swelling of the brain.

Consequences: The degree of injury to the brain depends primarily on the forcefulness of the shaking and the child's size. If the initial injuries to the brain are severe, the child will very quickly develop alarming symptoms such as a seizure, stopping breathing, and losing consciousness. Even with prompt medical care, more than one in five victims will die. Most who survive severe brain injury will have permanent disabilities such as paralysis, blindness, profound developmental delay, and seizures. Some will live in a vegetative state. If the initial injuries to the brain are less severe, children are still likely to have permanent consequences such as movement and co-ordination problems, intellectual impairment, learning problems, and seizures. Experience to date suggests that all children who survive a severe shaking injury to their brain will require special care for life. Even those less severely injured will need special services as they grow into adulthood.

SBS is Child Abuse: Shaken Baby Syndrome is child abuse – it is the consequence of an assault. It is not the result of prudent play, clumsy handling, or a competent attempt to revive a baby who has stopped breathing. To inflict SBS, the shaking must be so forceful that any normal adult who happens to witness it would immediately recognize that the child will be hurt.

Prevalence: Fortunately, not all babies who are shaken are injured. No hard statistics are available yet on the number who are shaken compared to the number who sustain SBS injuries. Most professionals believe that many more children are shaken than are actually injured seriously enough to show symptoms for which parents and caregivers seek medical attention.

Victims: Because the likelihood of brain injury decreases with a child's size, it is not surprising that more infants than toddlers are victims of SBS. Over 50% of all victims are under six months of age. SBS injuries have been inflicted on

infants who are just days old and on children three and even four years old. For reasons which are not well understood, boys are at greater risk for being shaken and injured than are girls. Close to 60% of victims are boys.

Perpetrators: About three quarters of SBS victims are injured by males. Fathers account for between one-third and one-half and mothers' boyfriends for about 20%. Caregivers and babysitters injure between 10% and 20% of victims. Most perpetrators are under 25 years of age.

Why do people shake babies? There is no single answer to this crucial question, but we know two key things about violence and stress. (1) Violent reactions are usually triggered by stress. (2) Adults who injure people tend to have more violent reactions and poorer impulse controls. We know quite a bit about the stresses which trigger baby shaking. The most common "foreground" stress is a baby's persistent crying; the "background" stresses are usually an adult's exhaustion and frustration. Toileting and feeding problems are also common triggers. Less is known about the personalities of adults who shake babies. They seem to fall into two general groups: apparently normal people who are "pushed over the edge" by exhaustion and the frustration of coping with an inconsolable baby and those who already have violent reactions to situations and people.

Preventing Shaken Baby Syndrome

- **Never shake a baby for any reason!**
- If a baby appears to have stopped breathing, call 911 or an ambulance or police. Shaking won't restore breathing but it may injure the child. CPR must be given when a child (or adult) stops breathing. Courses on CPR are available in most communities.
- If a baby's crying, refusal to eat, or resistance to a diaper change is really frustrating you, ask someone reliable to quickly take over for you. If you can't find someone on the spur of the moment, make sure that nothing obvious is wrong with the baby. Put the child in a safe place such as a crib and walk away from the room for a while – you need a break.
- Before a baby's crying pushes you too far, check out the possibility that the crying is a sign of a particular problem like hunger, being too hot or cold, a fever, needing a diaper change, or being pinched by something.
- If you worry that you might hurt your baby, speak to a professional. Call a doctor, public or community health nurse, midwife, qualified counselor, children's services provider, or community crisis line.
- If your baby cries a lot, it may be due to a condition called "colic." Consult your doctor and organize a plan for coping with your child's demands. Set up a team of reliable family, friends, or neighbors who are willing to give you regular babysitting relief or come quickly if you call. If you don't have reliable

help available, or don't want to ask for it, ask a professional for advice.

- Caring for a baby is very demanding. Every parent and caregiver needs relief. Adequate sleep, a change of scene and activity, and the chance to share thoughts and feelings are necessary. Make sure that you are getting support from someone you can rely on.
 - Know your caregiver. Never leave a baby with someone you don't trust or whose references you haven't checked. Never leave a child with someone known to have violent reactions.
-

HANDOUT #12

FAILURE TO THRIVE

When a child does not grow as would be expected, the term "failure to thrive" is used. Doctors identify this failure when a child's weight gain does not keep pace with her height gain. This difference is noted on growth charts. In addition, the general health and energy level seen in infants and children may appear below what would be expected.

Failure to thrive can result from a number of causes:

- a) organic (physical) which includes most serious childhood diseases
 - cancer
 - inflammatory bowel disease
 - juvenile arthritis
 - cystic fibrosis
 - immune system deficiencies (eg. pediatric AIDS)
 - cleft palate
 - heart disease
 - kidney disease.
- b) non-organic (psychological) which include:
 - improper feeding techniques
 - economic deprivation/limited access to food
 - child neglect
 - child abuse
 - emotional deprivation.

Children who experience failure to thrive may appear:

- severely underweight
- emaciated
- under-developed
- dehydrated
- excessively inhibited ("just be there")
- very watchful
- resistant to comfort.

For caregivers, it is important to note that non-organic failure to thrive often involves the absence or breakdown of emotional interactions between mother and child.

Feeding may become an issue. A vicious cycle can occur: a parent tries to force the child to eat; the child refuses or avoids food; the parent tries harder. The interaction between the parent and child is damaged, resulting in delayed or poor growth and development of the child.

Many factors may contribute to non-organic failure to thrive: insecure attachment, the child's temperament, parental misconceptions about children's needs and development, and a lack of support systems for parents.

Caregivers need to work with the child's guardianship team to address non-organic failure to thrive. An important person to include in the team would be a pediatrician who could assist with monitoring calorie intake. Infant development workers can be valuable in assisting with ideas about supporting the child's development.

Providing nurturing care that emphasizes physical and emotional contact with the child is necessary. Singing to, rocking, and hugging infants during feeding is helpful. For older children, looking at and smiling at the child when playing and spending a lot of time interacting with the child is helpful.

Source; [http: / /www2 .ottawakiwanis.org](http://www2.ottawakiwanis.org)

HANDOUT #13

FACTORS CONTRIBUTING TO CHILD ABUSE AND NEGLECT

By Ross Dawson, B.A., M.S.W.

ATTITUDES AND STRESSES WHICH CONTRIBUTE TO CHILD ABUSE

Cultural Values and Attitudes

Each society develops and maintains values about how parents or other adults should think about and act towards children. In addition, each society maintains particular attitudes towards violence, problem solving, independence, and many other important matters. These values are communicated through laws, institutions, policies, programs, the media, and many other means. Sometimes the values are communicated explicitly. Sometimes they are made known indirectly. Whatever they are and however they are communicated, these values help to shape our thinking, our behavior, and our relationships.

Certain values and attitudes held in North American society appear to contribute to the problem of child abuse. The three areas in which our values are most likely to support abusive behavior are our values about children, our values about violence and our values about freedom.

Values About Children

Today's society holds strong values about children, some of which directly or indirectly sanction child abuse.

Children as Property

Vestiges of the old view of children as the exclusive property of their parents are still present in today's society. Children are still viewed as having only limited rights and as being under the rule of their parents. Unless parents are grossly neglectful or abusive, the child is theirs to do with as they please. Fortunately, most parents practice enlightened parenting. However, for those parents with the potential for abusive behavior, this value of child as property provides a strong justification for excessive discipline. It is interesting to note that in cultures where the child is considered a citizen, children are seldom assaulted.

Authoritarian Parenting

A strong belief continues to exist in our society that children should be parented in an authoritarian manner. This style of parenting is characterized by:

1. rigid and sometimes arbitrary rules.
2. blind obedience.

3. an expectation that children will not talk back and should not seek to negotiate rule changes, limited consideration of the child's needs and wishes - a belief that children should have little to say in their own affairs.
4. a belief that disobedience should be punished and a high dependence on corporal punishment.

Authoritarian parents have been found to engage in physical abuse of children more frequently than non-authoritarian parents. Children are less frequently abused in families where parenting is based on more democratic principles.

Perfect Children and Perfect Parents

Deep down, our society still tends to cling to an angelic view of parents and children. Advertising continues to promote an unrealistic view of children as always smiling, always content, without blemish, smell, or a will of their own. At the same time, images of perfect parents are projected in which they always smile, are never tired, and intuitively do all the right things. The suggestion that all families are perfect is unrealistic and false. It does not prepare parents to realize that parenting is a difficult, demanding, and sometimes messy task. It does not help parents to understand that children will exhibit behavior which is developmentally appropriate yet troublesome. Consequently, parents who fail to reach a state of "perfection" may feel frustrated. They may also view their child as different or disappointing and as requiring strong measures to make them perfect.

Values About Violence

Violence As Entertainment

A great deal of violent behavior is sanctioned as entertainment. Nightly, on most television channels, violent acts are depicted and glamorized. Both the good villain and the good hero are judged in part on how successful they are in carrying out violent behavior at the right time. Weekly, television portrays hundreds of killings and beatings. Many of today's films and videos contain graphic scenes of violence. The *Rambo* and *Rocky* series are just two examples of entertainment which projects a high value on violent behavior. Sports such as hockey and wrestling have much appeal in part because they offer the opportunity to witness and cheer violent behavior.

Problems Are Solved by Force

Our society models in many ways and through many mediums that problems are generally solved by force. News coverage and dramatic entertainment provide countless examples of confrontations where the strong succeed and the weak lose. Calm, rational problem-solving is not given the same level of coverage because it is not newsworthy or has little public appeal. It is not surprising that many parents seek to solve parent-child problems through violence rather than wise guidance.

A Certain Amount of Violence Against Children Is Acceptable

Any level of violence between adults is potentially illegal. Regardless of the degree of force used, whether or not an injury results, non-consensual shoving, hitting or striking of an adult is a criminal offence. Touching an adult in a way without their consent may also be a criminal offence. However, a certain amount of violence against children is both culturally and legally sanctioned. The use of corporal punishment by hand or implement is still widely accepted as reasonable discipline so long as significant injury does not occur. Redness, welts, and minor bruising from such corporal punishment is considered acceptable by many. Section 43 of the Criminal Code provides authority to parents, teachers, and others in positions of authority to use reasonable force to correct children. Within this context, parents who abuse their children may view their behavior as quite acceptable or, at worst, slightly excessive.

Values About Freedom

The Primacy of Individual Rights

With the Charter of Rights and Freedoms, along with other legal trends, individual rights and freedoms have been strengthened. While this may be a positive development, it may have an indirect impact on the problem of child abuse. For example, some individuals may interpret these rights in an extreme fashion. This may result in attitudes which proclaim: "I have a right to raise and discipline my child as I see fit," or "I have the right to privacy about my personal affairs including my family and my child-rearing practices," or "I have a right to do it my way."

This is not to suggest that we should not have rights and freedoms. However, it does suggest that the more individual rights are emphasized, the more it is likely that some parents may use them to justify excessive discipline or abusive behavior.

The Myth of Self-Sufficiency

A related value still present in our society is the belief that an adequate individual or family is one characterized by self-sufficiency. There is still a sense that to ask for help or to need assistance is a mark of failure or incompetence. This value of self-sufficiency prevents us from asking for help when we are experiencing difficulties beyond our ability to solve. Yet in today's society, with its rapid changes and many stresses, all of us need advice and support. Trying to go it alone can create problems for many families.

The Price of Privacy

Privacy is a strong value in today's society. It is closely related to our beliefs about individual rights and self-sufficiency. The invasion of a person's privacy is considered to be a major breach of their rights. Again, while privacy is basically a good value, too strong an emphasis on personal privacy may contribute to child abuse. The price we pay for a strong belief in privacy is an increase in

isolation. People who hold very strong views on their right to privacy may say “Leave me alone or stay out of my life,” or “My home is my castle,” or “What goes on in my home is no one’s business.”

These attitudes may leave a family isolated in the community. Isolation is related to child abuse in that it cuts families or parents off from sources of support and feedback. Without access to social supports, it is difficult to ask for help when there are not enough resources within the family to cope with the problems they face. On the other hand, feedback can reinforce appropriate behavior and thinking or indicate actions are inappropriate and provide suggestions for change. Child abuse seldom occurs in families where there is a connection to the community and its resources.

Social and Economic Stresses

Research indicates that several social and economic stresses on the family play a major role in contributing to child abuse. These factors do not in themselves cause child abuse because many families who experience such stresses do not engage in abusive behavior towards their children. Nevertheless, social and economic problems do create stress and may precipitate child abuse. Too much stress can overwhelm our capacity to cope effectively. Too much stress and too many problems can decrease self control and may push vulnerable families into abusive behavior. Some of the major social and economic factors which place great stress on families and which may contribute to child abuse are (a) poverty or financial instability, (b) unemployment, (c) social deprivation, (d) isolation, (e) family change, or (f) too many changes.

Poverty or Financial Instability

Many researchers suggest that poverty is the principal threat to stable family life. While families in all income levels experience difficulties such as illness, marriage breakup or child management problems, poor families are exposed to more frequent and intense stresses. As the National Council of Welfare indicated in its report “In the Best Interests of the Child” (1979), the poor must cope with the stresses of life with:

The constant anxiety and pressure that result from struggling to raise a family on an inadequate and often uncertain income ... Life is a see-saw affair for poor parents and their children. Their income is already not sufficient to meet the most basic requirements of food, clothing and shelter. Anything that widens the gap between income and need -- the loss of a breadwinner’s wages because of unemployment or illness, escalating rent, sudden rises in fuel and grocery costs, any unexpected and unavoidable expense -- can plunge a poor family into crisis.

This is not to suggest that all who are considered poor cannot cope. Many people living below the poverty line manage their lives and families as well as those with higher incomes. What is clear is that poor families are at higher risk of experiencing stress and problems. As the old saying goes, “I’ve been rich, and I have been poor, and rich is better.”

Estimates by the National Council on Welfare (1979) suggest that a large number of children and families live below the Canadian Poverty Line. Here are some examples:

1. Two-thirds of all single parent mothers under age 35 live in poverty.
2. One million Canadian children live below the poverty line.
3. 17% of children in Ontario live below the poverty line.

The increased risk of stress and problems experienced by poor families is also reflected in child welfare statistics. By far the majority of children admitted to the care of child welfare agencies come from families living below the poverty line. In addition, the majority of clients seeking help from child welfare agencies are poor families.

Unemployment

High levels of unemployment appear to be related to the incidence of child abuse. In times of economic stress, high inflation, and high unemployment, the number of cases of child abuse rises noticeably. Unemployment causes emotional as well as financial difficulties. For example, the “breadwinner” may experience feelings of failure, inadequacy or powerlessness. These feelings may in turn reduce a parent’s tolerance to cope with raising children.

Social Deprivation

Lack of adequate and reliable income can lead to social deprivation. This occurs when:

1. poor families cannot access recreational or cultural events due to their cost or inaccessible location.
2. poor families can only locate housing which is inadequate in terms of size, physical condition or neighborhood; generally, poor families live in substandard or in low income housing which has little living space, is in poor repair and is located in a less than optimal setting.
3. poor families are crowded together in low income housing developments or neighborhoods which become subcultures outside of the main stream of society.

For many families, inadequate housing is a serious and primary problem which undermines their self-esteem and sense of stability.

Isolation

Isolation can develop from many causes, such as:

1. inadequate income
2. inadequate housing
3. urban living
4. frequent moves
5. lack of extended family
6. personal choice.

Whatever the reason, social isolation is considered to be a major contributing factor to the problem of child abuse. Isolation appears to be related to child abuse in at least two ways.

1. Isolated parents or families have few people to turn to when they are having difficulty coping with life stresses. Without a network of support, relatives or friends, isolated families find it difficult to know who to ask for help. In most cases, they try to cope on their own, sometimes with harmful consequences. In addition, it is not easy for isolated families to accept advice or assistance.
2. Isolated families have limited opportunity to receive corrective feedback regarding their problem-solving or child-management approaches. The normal social sanctions which the supportive network usually reinforces tend to be weak in isolated families. Without feedback, inappropriate child rearing values and practices may flourish or go unchecked.

Family Changes

There are several changes which are currently affecting the family and causing stress and fragility.

1. The rate of divorce. One in three marriages currently end in divorce. Divorce is often accompanied by emotional and financial problems as well as custody and access conflicts.
2. The high number of single parent and reconstituted families related to the high rate of divorce. A large number of children now experience living in a single parent family. Almost half of our children will, for some period of their lives, live in a single parent family. The majority of such families live under the poverty line. Many of these families move on to become reconstituted families, where one parent and their children joins with another parent who may or may not bring children into this new relationship.
3. More frequent moves. Economic conditions and career opportunities combine to make our society more mobile. Few families now spend a

lifetime in one community. It has been estimated that the average family now relocates every three to five years. This high rate of mobility results in less access to extended families, less roots, more anonymity and isolation, less opportunity to develop a support system.

4. Two incomes. Another change taking place, brought on largely by economic pressures, is the increase in the number of families in which both parents are working outside the home. It is estimated that approximately 60% of two-parent families have both parents working. More and more parental time and energy is being expended in the marketplace, leaving reduced resources to cope with family concerns.

Too Many Changes

Most people can cope well with changes or stresses so long as they do not occur too frequently. Unfortunately, families now live in the era of "future shock" where changes occur rapidly. For many there is simply not enough time to catch their breath, to mobilize their resources, to problem-solve before the next change or stress arrives. Under these conditions of constant and rapid change, many families are thrown off balance or become overloaded. They have difficulty coping. With few external supports or resources to help, it is not surprising that many problems or lives can fly out of control.

CHILD AND PARENT FACTORS WHICH CONTRIBUTE TO THE PHYSICAL ABUSE OF CHILDREN

This section deals with the major parent and child factors which contribute to child abuse. These factors have been identified through both clinical practice and research studies. It is important to stress that there is no single or simple profile of parents who abuse their children, or of children who are at risk of being the victims of abusive behavior. Similarly, no one characteristic of a parent or child accounts for abusive incidents. Rather, child abuse is a complex pattern of interactions between certain child behaviors or qualities and particular characteristics of parents. Nevertheless, some commonalties or common factors have been observed among children who are the targets of child abuse and parents who physically harm their children.

CHILD FACTORS

No one can like all children and all of their characteristics and behaviors all of the time. Children stimulate parental reactions. Some children, by their looks and behavior, trigger an immediate parental response which is positive, protective, and nurturing. Some children are difficult to relate to and like. Individual differences and temperamental behavior may produce stress in parents. Some parents may respond to this stress in aggressive or abusive ways. While some children may exhibit marked differences or difficulties which stimulate a negative parental response, it may also be the parents idiosyncratic perception of the child which triggers the abusive reaction. Some of the child factors which may contribute to child abuse are reviewed below.

Prenatal Factors

The child may be unwanted or unplanned. The child may be resented as a mistake or long term problem or burden. This may be especially so if the mother is young, unmarried or if the child is viewed as a drain on financial and human resources.

The pregnancy and/or delivery may have been physically or emotionally difficult, causing the child to be blamed for the pain and trouble. Again, this may be a greater possibility in cases of unwanted pregnancies.

Prenatal care may be problematic due to the age of the mother, maternal nutrition, substance abuse or infection. These difficulties may contribute to prenatal complications. Alternatively, they may result in a difficult delivery or a child who has a low birth weight, health problems, or exhibit fussy, demanding behaviors.

Prematurity

Several studies of abused children have identified that a significant number (19% - 33%) were premature or had very low birth weight. These children require more attention during the early months. They are physically more difficult to care for. In addition, premature children may be more restless, more hypersensitive to stimuli and more irritable than other infants. They may also be more prone to colic, infections, and have irregular sleep habits. Lastly, parents may have difficulty attaching to such children because the children need to spend time in an incubator.

Disruptions in Attachment

The bonding or attachment process, through which parents physically and psychologically claim their children, is important for the development of healthy parent-child relationships. This attachment can be disrupted causing a high risk parent-child relationship. Such disruptions may occur because of:

1. Prematurity
2. Sickly infants separated from parents at birth
3. Sickly mother separated from the child at birth
4. Physical appearance of the child is seen as abnormal, is abnormal or is associated with an unpleasant person (i.e., appearance reminds the parent of abusive spouse).

Physical Or Mental Handicaps

Giving birth to a child with physical or mental handicaps may create considerable stress for parents. Some parents may not be able to look at or cope with such children. Further, raising handicapped children can be frustrating and demanding.

Temperament and Behavior

Children have very different temperaments. Some children are “easy” children. They are easy to care for and adjust well to new situations. Some children are slow to warm up and respond. They take time and encouragement to adjust to new situations. Other children are “difficult.” Their responses are irregular. They tend to react negatively to new situations.

Children also behave differently. Some children may exhibit unrewarding or disturbing behaviors, such as being panicky, whiney, very demanding, fretful, fussy, difficult to diaper and manoeuvre physically, resistive to cuddling, non-compliant, verbally disruptive and demanding, or hyperactive.

Some children are non-responsive, which may cause parents to feel anxiety, frustration, or a sense of inadequacy and disappointment. These children exhibit behaviors such as listlessness, inactivity and do not smile.

Parent-Child Mismatch

Certain children may not be well matched to their parents or vice versa. Some parents expect or are best suited to care for children of a particular sex, temperament or behavior. Having to care for children with different characteristics may be difficult for parents, creating resentment and frustration in the parent-child relationship.

PARENT FACTORS

Parents who abuse their children do not have a single profile or share exactly the same characteristics. They need to be considered as individuals, with individual needs, strengths, and problems. Abusive parents are seldom mentally ill or suffering from severe psychopathology. However, many abusive parents do share some similarities in their attitudes towards parenting, in their childhood experiences and in their personalities. The following are the major parent factors which may contribute to child abuse.

What Parents Experienced In Childhood

Many parents were abused and neglected themselves. They lacked empathetic, sensitive understanding from their parents. Their needs were seldom fulfilled, and their feelings were seldom expressed or considered. Many experienced authoritarian, excessive or abusive discipline.

Without having been parented or nurtured in a consistent and empathetic manner, it is doubtful that they can provide appropriate nurturing and discipline to their own children. In fact, the emotional scars of their childhood seriously affect their parenting ability and make them vulnerable to abusing their children.

Inappropriate Expectations Of Children

Many abusive parents have an incorrect understanding of the developmental competence of children. They do not know what cognitive, behavioral or emotional capacities children have at various stages of their development. Consequently, they seek and expect children to perform beyond their capacity. Failure to perform adequately may be perceived as willful, stubborn or disobedient behavior. In addition, such parents may demand that children perform tasks which are developmentally possible but inappropriate. These excessive expectations tend to skew the child's development and behavior, subsequently placing the child at risk of an abusive response.

Role Reversal

Role reversal is a distorted perception of childhood and of children's competence. Rather than viewing the child as dependent, requiring parental care and nurturance, many abusive parents expect their children to meet their needs. In such cases, children are expected to know or anticipate the feelings and needs of their parents. Many vulnerable parents expect their children to fulfill unmet needs, to make them feel good about themselves and their parenting abilities. Children who fail to fulfill this obligation are viewed as hateful, unloving or rejecting.

Personality

Abusive parents tend to be self-centered and immature. Because of their own lack of nurturing, they appear limited in their ability to be sensitive to the needs of others. They also tend to be impulsive and aggressive with poor self-control. Many abusive parents present as having a low tolerance to criticism or stress. Many demonstrate a rigid, authoritarian style of interaction with a high reliance on physical punishment for non-compliance.

Social Competence

Most abusive parents exhibit a marked impairment in their social competence. They tend to be isolated persons who have difficulty trusting others. Some avoid social contacts while most fail to develop social support systems. Many abusive parents find it extremely difficult to ask for help. It is not uncommon for abusive parents to demonstrate very little capacity to relate to others in ways which are rewarding for themselves and others. This may be seen as a difficulty in giving and receiving praise, affection, and love.

HANDOUT #14**RECOGNIZING INDICATORS OF POSSIBLE CHILD ABUSE OR NEGLECT**

Caregivers should watch for signs of possible abuse or neglect. While many indicators, particularly those of a behavioral nature, may be signs of other problems, a series or cluster of indicators observed over a period of time may be cause for concern regarding abuse or neglect. These signs or indicators often happen in combinations or as dramatic changes from normal behavior. They may be the child's reaction to abuse or neglect and can be a way of communicating that he or she has been, or is being, abused or neglected.

By themselves, these signs do not prove abuse or neglect, but they do tell us we need to know more about the child's circumstances.

Possible Indicators of Physical Abuse**Physical Indicators**

- injuries (bruises, welts, cuts, burns, bite marks, fractures, etc.) that are not consistent with the explanation offered (e.g. extensive bruising to one area)
- presence of several injuries (3+) that are in various stages of healing
- repeated injuries over a period of time
- injuries that form a shape or pattern that may look like the object used to make the injury (buckle, hand, iron, teeth, cigarette burns)
- facial injuries in infants and pre-school children (cuts, bruises, sores)
- injuries not consistent with the child's age and development
- bald patches on child's head where hair may have been torn out
- repeated poisoning and/or accidents

Behavioral Indicators

- runaway attempts and fear of going home
- stilted conversation, vacant stares or frozen watchfulness, no attempt to seek comfort when hurt
- describes self as bad and deserving to be punished
- cannot recall how injuries occurred, or offers an inconsistent explanation
- wary of adults or reluctant to go home
- often absent from school/child care
- may flinch if touched unexpectedly
- extremely aggressive or withdrawn
- displays indiscriminate affection-seeking behavior
- abusive behavior and language in play
- overly compliant and/or eager to please
- poor sleeping patterns, fear of the dark, frequent nightmares
- sad, cries frequently
- drug/alcohol misuse
- depression
- poor memory and concentration
- suicide attempts

Physical Indicators

- fatigue due to sleep disturbances
- sudden weight change
- cuts or sores made by the child on the arm (self-mutilation)
- recurring physical ailments
- difficulty walking or sitting
- unusual or excessive itching in the genital or anal area due to infection
- torn, stained or bloody underwear
- sexually transmitted disease
- pregnancy
- injuries to the mouth, genital, or anal areas (bruising, swelling, sores, infection)

Behavioral Indicators In a younger child

- sad, cries often, unduly anxious
- short attention span
- inserts objects into the vagina or rectum
- changes or loss of appetite
- sleep disturbances, nightmares
- excessively dependent
- fear of home or a specific place, excessive fear of men or women, lacks trust in others
- age-inappropriate sexual acts
- age-inappropriate, sexually explicit drawings and/or descriptions
- bizarre, sophisticated, or unusual sexual knowledge
- reverts to bedwetting/soiling
- dramatic behavioral changes, sudden non-participation in activities
- poor peer relationships, self-image
- overall poor self-care

In an older child

- sudden lack of interest in friends or activities
- fearful or startled response to touching
- overwhelming interest in sexual activities
- hostility toward authority figures
- fire setting
- need for constant companionship
- regressive communication patterns (e.g. speaking childishly)
- academic difficulties or performance suddenly deteriorates

Physical Indicators

Behavioral Indicators In an

older child

- truancy and/or running away from home
 - wears provocative clothing or wears layers of clothing to hide bruises (e.g. keeps jacket on in class)
 - recurrent physical complaints that are without physiological basis (abdominal pains, headaches, nausea)
 - lacks trust in others
 - unable to “have fun” with others
 - suicide attempts
 - drug/alcohol misuse
 - poor physical hygiene
 - promiscuity
 - sexual acting out in a variety of ways
-

Possible Indicators of Emotional Abuse

Physical Indicators

Behavioral Indicators

- bedwetting and/or diarrhea
- frequent psychosomatic complaints, headaches, nausea, abdominal pains
- mental or emotional development lags
- behaviors inappropriate for age
- fear of failure, overly high standards, reluctance to play
- fears consequences of actions, often leading to lying
- extreme withdrawal or aggressiveness, mood swings
- overly compliant, too well-mannered
- excessive neatness and cleanliness
- extreme attention-seeking behaviors
- poor peer relationships
- severe depression, may be suicidal
- runaway attempts
- violence is a subject for art or writing
- complaints of social isolation
- forbidden contact with other children

• Possible Indicators of Neglect

Physical Indicators

- abandonment
- lack of shelter
- unattended medical and dental needs
- consistent lack of supervision
- ingestion of cleaning fluids, medicines, etc.
- consistent hunger
- inappropriate dress for weather conditions
- poor hygiene
- persistent conditions (scabies, head lice, diaper rash or other skin disorders)
- developmental delays (language, weight)
- irregular or non-attendance at school or child care
- not registered in school
- not attending school

Behavioral Indicators

- depression
 - poor impulse control
 - demands constant attention and affection
 - lack of parental participation and interest
 - delinquency
 - misuse of alcohol/drugs
 - regularly displays fatigue or listlessness, falls asleep in class
 - steals food, or begs for food from classmates
 - reports that no caregiver is at home
 - frequently absent or tardy
 - self-destructive
 - drops out of school (adolescent)
 - takes over adult caring role (of parent)
 - lacks trust in others, unpredictable
 - plans only for the moment
-

• Possible Indicators of Failure to Thrive

Physical Indicators

- child appears pale, emaciated, has “sunken cheeks”
- child’s body fat ratio is extremely low (e.g. wrinkled buttocks)
- skin may feel like parchment paper as a result of dehydration
- prolonged vomiting and/or diarrhea
- child has not attained significant developmental milestones within their age range (e.g. cannot hold head up at six months of age, cannot walk at 18 months)

Behavioral Indicators

- appears lethargic and undemanding, cries very little
- uninterested in environment or surroundings
- displays little or no movement, lies in crib motionless
- is unresponsive to stimulation from strangers
- shows little anxiety to strangers

Source: Ministry for Children and Families (1998). BC Handbook for Action on Child Abuse and Neglect. Victoria, BC: Crown Publications

WHENCHILDRENEXPERIENCEABUSEANDNEGLECT

HANDOUT #16

A CHILD'S PICTURE

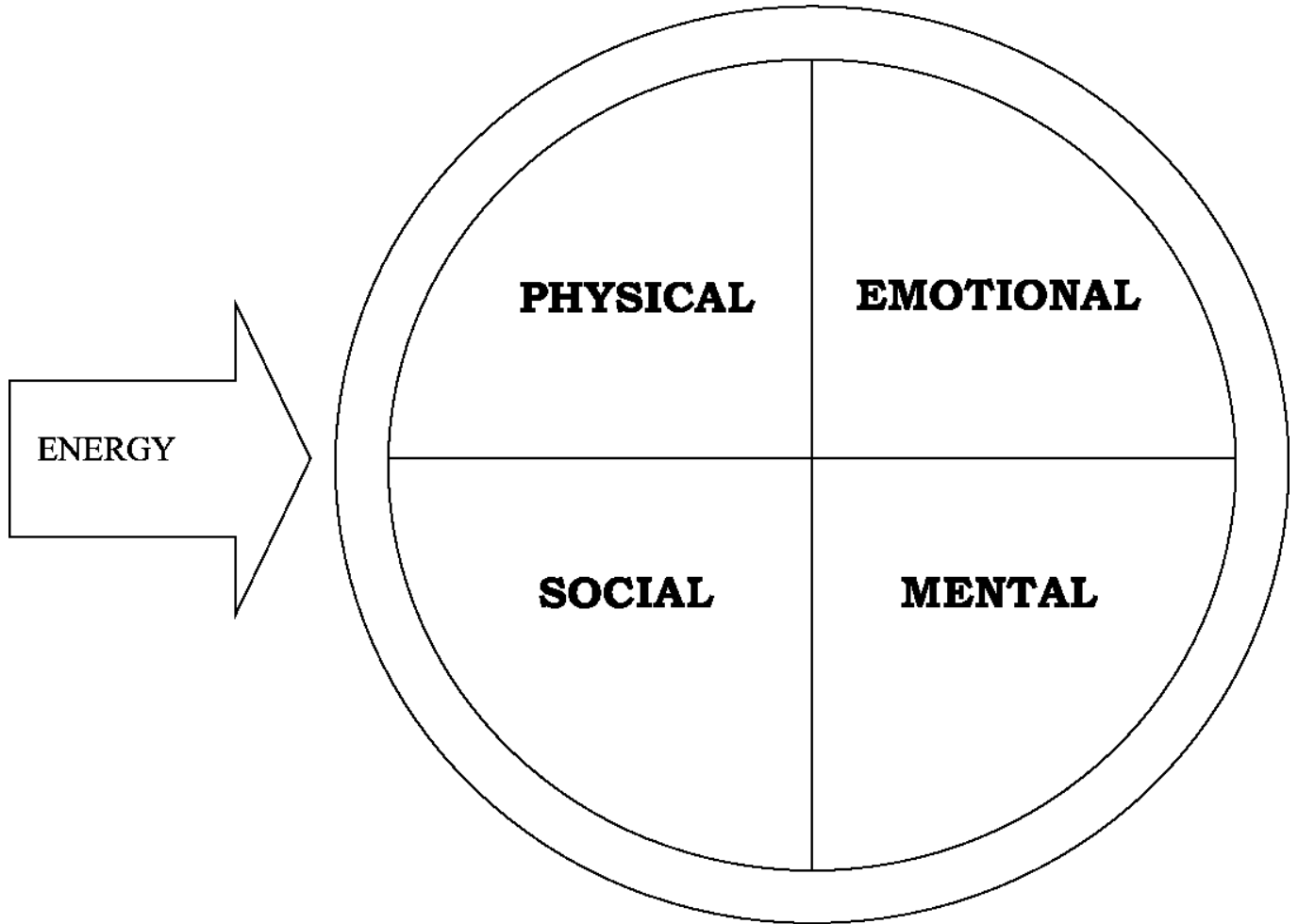
| | |
|----------------------------------|--------------------|
| S E L F | O T H E R S |
| R E L A T I O N S H I P S | W O R L D |

WHEN CHILDREN EXPERIENCE ABUSE AND NEGLECT

17

A CHILD'S ENERGY

WHEN CHILDREN EXPERIENCE ABUSE AND NEGLECT



ABUSE/NEGLECT



SURVIVING

WHEN CHILDREN EXPERIENCE ABUSE AND NEGLECT

HANDOUT #18**BEHAVIOURS THAT MAY RESULT FROM ABUSE/NEGLECT**

| Intrapersonal Behaviors | Interpersonal Behaviors | Life Skills | Sexual Behaviours |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • self-mutilation • suicide attempts | <ul style="list-style-type: none"> • difficulty establishing boundaries with other people | <ul style="list-style-type: none"> • substance abuse | <ul style="list-style-type: none"> • overly preoccupied with sex |
| <ul style="list-style-type: none"> • eating difficulties | <ul style="list-style-type: none"> • difficulty forming attachments | <ul style="list-style-type: none"> • difficulty learning in school | <ul style="list-style-type: none"> • sexually playing with toys |
| <ul style="list-style-type: none"> • sleeping difficulties | <ul style="list-style-type: none"> • tendency to care for younger children | <ul style="list-style-type: none"> • language delays | <ul style="list-style-type: none"> • increased or excessive masturbation |
| <ul style="list-style-type: none"> • impulsive behaviors • hyperactivity | <ul style="list-style-type: none"> • taking on parenting role | <ul style="list-style-type: none"> • social immaturity • isolates self | <ul style="list-style-type: none"> • intense interest in the genitals of others or in sexual matters |
| <ul style="list-style-type: none"> • denying certain feelings | <ul style="list-style-type: none"> • aggressive towards others | <ul style="list-style-type: none"> • delays in motor development | <ul style="list-style-type: none"> • sexual exploration or play with animals |
| <ul style="list-style-type: none"> • lack of ability to interpret the feelings of others | <ul style="list-style-type: none"> • initiates few interactions with others | | <ul style="list-style-type: none"> • sexual knowledge beyond what would be expected for child's age |
| <ul style="list-style-type: none"> • wetting and soiling problems | <ul style="list-style-type: none"> • running away | | <ul style="list-style-type: none"> • sexual behavior beyond what would be expected for child's age |
| <ul style="list-style-type: none"> • flashbacks | <ul style="list-style-type: none"> • overly vigilant | | <ul style="list-style-type: none"> • acting in seductive manner |
| <ul style="list-style-type: none"> • nightmares | <ul style="list-style-type: none"> • clinging | | |
| <ul style="list-style-type: none"> • sees self as "damaged goods" | <ul style="list-style-type: none"> • tantrums | | |
| <ul style="list-style-type: none"> • difficulty in identifying and expressing own feelings | <ul style="list-style-type: none"> • cowering when an adult moves quickly or speaks in a loud voice | | |
| <ul style="list-style-type: none"> • low self-esteem • depression | | | |

HANDOUT #19**EXERCISE: IMPACTS OF ABUSE/NEGLECT ON CHILDREN AND YOUTH**

| EMOTIONAL ABUSE | | | |
|------------------------------------|---------------------------------------------|-------------------------------------------|---------------------------|
| Abusive Action or Situation | Child's Belief from Action/Situation | Possible Effects | Possible Behaviors |
| "You are stupid." | "I am stupid." | Little self-confidence, poor self-esteem. | Isolates self. |
| POSITIVE MESSAGES | | POSITIVE ACTIONS OR INTERVENTIONS | |
| | | | |

| PHYSICAL ABUSE | | | |
|------------------------------------|---------------------------------------------|------------------------------------------|---------------------------|
| Abusive Action or Situation | Child's Belief from Action/Situation | Possible Effects | Possible Behaviors |
| "I hate you" as child is hit. | "I'm unlovable." | Low self-worth, poor self-image, fear. | Self-mutilation. |
| POSITIVE MESSAGES | | POSITIVE ACTIONS OR INTERVENTIONS | |
| | | | |

| SEXUAL ABUSE | | | |
|------------------------------------|---------------------------------------------|------------------------------------------|----------------------------------------------|
| Abusive Action or Situation | Child's Belief from Action/Situation | Possible Effects | Possible Behaviors |
| "It's your fault." | "I'm responsible." | Self-hate, guilt, self-blame. | Difficulty with appropriate sexual activity. |
| POSITIVE MESSAGES | | POSITIVE ACTIONS OR INTERVENTIONS | |
| | | | |

| NEGLECT | | | |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------|---------------------------------|
| Abusive Action or Situation | Child's Belief from Action/Situation | Possible Effects | Possible Behaviors |
| There's food in the fridge. We will be home from work around 8:00 pm," (said to a 9-year-old at least three times a week). | "I'm not worth caring for." | Low self-worth, poor self-esteem, anxiety about safety. | Difficulty forming attachments. |
| POSITIVE MESSAGES | | POSITIVE ACTIONS OR INTERVENTIONS | |
| | | | |

Adapted from New South Wales Child Protection Council ~ (1998). Permission granted.

HANDOUT #20

POSSIBLE EFFECTS OF ABUSE/NEGLECT ON CHILDREN AND YOUTH

Psychological and emotional impacts of abuse/neglect on children/youth include:

- fear
- anxiety
- a sense of helplessness
- a sense of hopelessness
- shame
- guilty feelings
- overly responsible
- worthlessness
- poor self-esteem
- passivity
- withdrawal
- isolation
- depression
- self hatred
- distorted ideas about love, care, and nurturing
- distorted ideas about social and intimate relationships.

Source: New South Wales Child Protection Council (1998). Permission granted.

DOUT #21**DEGREE OF IMPACT OF ABUSE/NEGLECT ON A CHILD OR YOUTH**

- How old was the child when he was first abused? Can he recall a time when he was not being abused? Is being abused a recent frightening experience?
- How many times was the child abused? Was she abused once or many times over a number of years?
- How much violence or threat of violence was used on the child? Is his mother a victim of domestic violence?
- How closely related was the perpetrator to the child? Was there a violation of the child's trust in the parent, relative, or caregiver?
- Was there any adult close to the child who tried to protect her from the abuse? Was the child supported or rejected by adults close to her? Were there any adults whom the child felt close to and loved by?
- Were there any areas in the child's life where he experienced success and reward?
- How secret was the abuse and how much force or threat of force was used to keep the secret?
- Was the child believed if and when she attempted to tell?

Source: New South Wales Child Protection Council (1998). Permission granted.

HANDOUT #22**ABUSE-RELATED ACCOMMODATION**

Several authors (Briere, 1992, Wieland, 1997, and Kemp, 1998) have described a process in which youngsters who experience abuse and neglect try to make sense of what has happened to them. They suggest that instead of emphasizing the behavioral symptoms of the abuse, we need to look at how the child views herself and the world. If we can get a sense of the lens through which the child sees the world, then we can find ways of guiding her. How does the child complete the following statements?

“I am....”

“The world is....”

“Other people are....”

Those statements can give us clues about how the child has taken the experience of abuse and expressed it inside of herself.

Briere (1992) coined the term “abuse-related accommodation.” The term describes the process by which a youngster tries to adapt or adjust to her experiences. That adjustment may result in the development of behaviors that are the youngster’s attempts to cope with the abuse or neglect. If we can look at behaviors as serving a purpose rather than as being dysfunctional, then we can often assess what is happening and see the youngster in a more positive light.

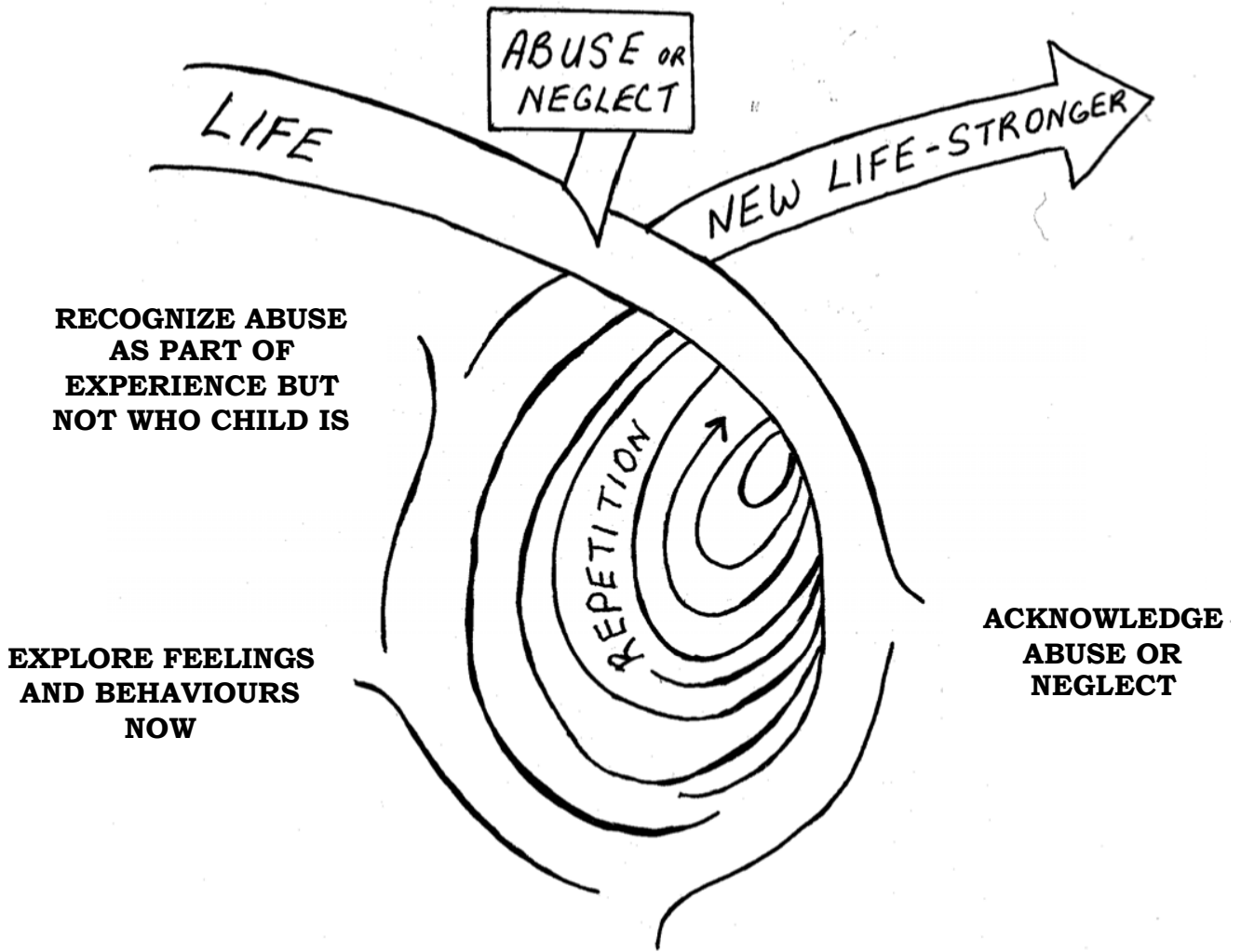
Kemp (1998) explained that the behaviors we see are often attempts to solve problems and to make sense of what happened. Since the behavior has often helped the youngster to cope, it may be hard for her to change or to give it up.

For example, a youngster may disassociate or go somewhere else in her head when she is under stress. This may have helped her cope with hearing and seeing her mother being beaten, however, when she is feeling stress writing a test at school, blanking out is not helpful.

By understanding that the behavior may be hard to give up, caregivers can be more patient with the time that it may take for youngsters to move forward in healing.

Source: Welin, L. (1999).

Presentation notes for Child and Youth Care 360A. Nanaimo, BC: Malaspina University-College.



HANDOUT #23

HEALING PROCESS

**EXPLORE FEELINGS
AND BEHAVIOURS
DURING ABUSE**

Adapted from Carrell (1997, p. 105)

HANDOUT #24**THE ROLE OF THE CAREGIVER**

The caregiver is crucial to the healing process of children and youth who have experienced abuse or neglect. The role falls into three categories (Croll, p. 221):

- building relationships
- creating routines that support healing
- guiding behaviors in ways that teach.

Another very important role for caregivers is to support the child in overcoming the effects of abuse and neglect.

Building relationships means establishing yourself as someone who the child sees as being trustworthy and who:

- is warm
- is accepting of the child for the person she is
- is supportive of the child
- follows through with what she says
- is willing to share herself
- is able to focus on the needs of the child
- is respectful
- is non-judgmental

Children who have experienced abuse or neglect have been betrayed, usually by someone they loved and trusted. Consequently, it is important that as a caregiver, you offer a choice to the child about trusting you. Indicate that the child has the power to decide and that you will respect her decision.

Routines that support healing are those that give a child a sense of safety and security. By being consistent and predictable, a caregiver can support the healing process of a child.

Routines that focus on a child's strengths and provide opportunities for caregivers to connect with the child are key to a child's growth and development.

Routines that support include (Croll, p. 133-234):

- regularly providing food, sleep, shelter, and clothing
- creating opportunities to feel a sense of belonging and being cared for
 - bedtimes, special activities, time to talk and share feelings, favorite meals
 - showing verbal and physical affection
 - celebrating birthdays and other special occasions
 - opportunities for success and doing chores, playing non-competitive games, pursuing interests, helping other people.

The daily routines of getting up, getting dressed, mealtimes and bedtimes are often difficult times for children who have experienced abuse or neglect. By considering what a child's experiences of those times have been, and by aiming for safety and security, a caregiver can support a child's healing.

Guiding behaviors in ways that teach can help children and youth learn (Croll, p. 240)

- how to assess and respond to dangerous situations
- how to express and meet their needs
- about behavior that is acceptable inside and outside the family unit.

Behavior has a purpose. Curiosity about why a child is behaving in a certain way may help a caregiver to decide how to respond to the behavior.

Children who have experienced abuse or neglect may have been taught to do as they are told. Using this approach with children is not okay. Finding ways to enhance self-esteem and to positively guide behavior is an effective way to relate to children.

WHEN CHILDREN SEXUALLY ACT OUT

Some children who you care for may act out sexually. Not all children who engage in sexual acting out have been sexually abused.

It is important for caregivers to know the difference between sexual acting out and normal sexual development. As children develop sexually, they are involved in a number of activities and curiosity about body parts

- touching genitals
- mimicking adult behaviors
- exploration.

Sexual acting out refers to activities that result from trauma, anxiety, or abuse.

The following list may help caregivers differentiate between normal sexual behaviors, behaviors that are cause for concern and behaviors that require interventions. As you review the list, keep in mind that some behaviors may be appropriate at certain ages and developmental stages. For example, a teen might engage in intercourse, however, a preschooler would not.

Behaviors that are considered to be developmentally appropriate:

- Playing house or doctor
- Occasional masturbation, no penetration
- Imitating adult behaviors such as flirting and kissing
- Dirty words or jokes within cultural or peer group norm
- Mutual showing of body parts by peers
- Conversations with peers about reproduction and genitals.

Behaviours that are cause for concern or possible intervention:

- Preoccupation with sexual themes (especially sexual aggression)
- Sexually explicit conversations with peers
- Sexual innuendo, teasing, harassment, embarrassment of others
- Attempting to expose other's genitals (e.g. pulling up skirts, pulling down pants)
- Sexually graffiti (especially chronic and impacting on others)
- Precocious sexual knowledge and/or activity
- Single occurrences of peeping, exposing, obscenities, pornographic interest
- Preoccupation with masturbation
- Mutual masturbation, group masturbation
- Simulating foreplay with dolls (petting, French kissing).

Behaviours that require adult supervision, confrontation and possible therapeutic intervention:

- Touching of genitals of others
- Using force to expose others' genitals or body parts
- Sexually explicit conversations with significant age difference, chronic obscenities
- Inducing fear or threats of force to coerce sexual activity
- Sexually explicit proposals or threats including written notes
- Repeated or chronic peeing, exposing, or pornographic interest
- Compulsive masturbation or interrupting tasks to masturbate
- Masturbation by girls that includes penetration
- Simulating intercourse with dolls, peers, animals
- Oral, vaginal, anal penetration of children, adults, animals, dolls
- Force touching of genitals, genital injury, or bleeding without accidental cause
- Simulating intercourse with peers with clothing off.

When sexual behaviour meets one of the following categories, caregivers should be concerned:

- A child appears preoccupied with sexual themes for extended periods, often with confused or anxious affect or if the child appears secretive, anxious, or confused about sexual behaviours
- A child is angry, violent, or forceful in his sexual behaviour towards others, is using objects, or is inserting objects or fingers into other children
- A child compulsively engages in sexual behaviours, does not seem to enjoy the activity but keeps doing it or seems unable to stop
- A child is engaged in inappropriate age related sexual activity or if sexual activity includes intercourse or oral sex between young children, or if a child attempts sex with animals
- A child is involved in sexual activity with a child of a large age difference.

Caregivers MUST report any of the above behaviours and get help from the child's guardianship team.

Source: Ryan G., and Lane, S. (1997). Juvenile Sexual Offending: Causes, Consequences and Corrections, San Francisco, CA: Jossey-Bass

McGinnis (1999) suggested three roles for caregivers when caring for children who act out sexually:

- Set up the environment to reduce anxiety and focus on family safety.
- Intervene when a child is sexually acting out or is behaving inappropriately.
- Promote healing and correction through therapy and education (p.10).

Set Up the Environment: Reduce Anxiety and Focus on Family Safety

Establish rules that apply to everyone in the house. If a child is singled out, her anxiety level might increase adding to a negative view of herself and possibly increasing acting out behaviours.

Rules that caregivers may want to implement include:

- Privacy in bedrooms and bathrooms. Permission should be asked to enter such rooms.
- No public nudity or walking around in underwear. Everyone in the house should wear bathrobes or sweatsuits.
- Play wrestling. Children who sexually act out might be stimulated by such behaviours. Substitute other physical activities
- Sexual talk, videos, magazines, television shows. These may stimulate a child. Discuss your concerns with the child and set boundaries around these activities.
- Supervision. If a child does act out sexually, you must be sure he is not left unsupervised with other children.
- Touching. All children need a nurturing, caring touch. Establishing boundaries is important.

Intervene When a Child is Sexually Acting Out or Behaving Inappropriately

Guiding children's behaviour means being able to separate the child from the behaviour. Caregivers need to teach appropriate behaviours rather than punish the child.

McInnis (1999) suggests caregivers use the following strategy developed by Ryan (1997) to guide a child's sexual acting out behaviour:

1. Stop the behaviour by changing the situation, distracting, or redirecting the child.
2. Clearly describe what the child is doing and state that it is not okay. For example:
"Rubbing against my breasts while we are reading a story is not okay."
3. State the house rule directly but don't lecture. For example: "The rule is to sit next to me and hold still while we are reading."
4. Enforce the consequence or redirect the child. Do not hurt or humiliate the child (p.13- 14).

Promote Healing and Correction Through Therapy and Education

Children who act out sexually experience "...issues of victimization, betrayal, and violation" (McInnis, p.18). Therapy may be required to help a child gain ".a sense of self-mastery, control, ability to attach and compassion for other" (McInnis, p.18).

Caregivers can support therapy by being part of a caregiving team with the child and therapist, while at the same time recognizing that her role is to nurture and guide the child.

Children who act out sexually may not have accurate information about sexuality within the context of positive relationships. Teaching them about their bodies, what healthy touching is, the changes in their bodies and positive sexuality are important.

HANDOUT #25**CASE STUDIES: CARING FOR CHILDREN AND YOUTH WHO HAVE EXPERIENCED ABUSE AND NEGLECT*****Sexual Abuse***

Cathy is 14 years old. After being in a number of placements she has been with your family for two months.

Cathy's parents were divorced when she was four years old. Her mother was married again soon after the divorce. Cathy's new father, Henry, began sexually abusing Cathy when she was five. He would have baths with her and encourage Cathy to play with his penis. He would wash Cathy all over, paying special attention to her vagina. When Cathy was six years old, Henry had intercourse with her. He told her it was their little secret and she was never to tell anyone. Cathy's mother, Faye, was mentally challenged. She sometimes felt a little funny about the way Henry acted with Cathy in front of her, but she never suspected he was having intercourse with her.

When Cathy started school, her teacher soon suspected something was wrong and contacted the child protection worker. After an investigation, Cathy was removed from the home. Faye refused to believe that Henry was having intercourse with her daughter.

This morning you (male caregiver) are making breakfast. While you are standing at the counter, Cathy comes up behind you and hugs you. She holds you tightly and presses her breasts into your back.

Physical Abuse

Doug is nine years old. Before coming to you one year ago, he was in three other placements.

Doug was less than one year old when the abuse started. His father was extremely angry with Doug's constant crying. He shook him violently. Doug's mother would also get frustrated and angry with Doug's crying and tried to stop it by holding a pillow over his face. Doug lost consciousness but "came to" a few moments later. Doug was slapped, shoved, and punched many times by his parents before he turned five. An uncle of Doug's was babysitting one evening and noticed bruises and scars on Doug's body. He called the Children's Help Line the next day. Doug was removed and placed in care.

On numerous occasions, you are called to Doug's school because he has punched other children. Today, the vice-principal tells you that Doug threw rocks at other children on the playground, cutting one of them on the forehead. When you ask Doug what happened, he tells you that the other kids won't play with him.

Emotional Abuse

Nick is seven years old and has been with you for three weeks. He is very quiet and rarely smiles. You notice that he does not play with any of the toys in your home, but sits in a chair where he sucks his thumb and rocks back and forth.

The first day of school can be quite an ordeal for any child, but for Nick it was terrifying. He got off the bus not quite sure where to go. A teacher noticed him standing on the sidewalk. He was sucking his thumb. Nick seemed quite withdrawn, and he took Nick by the hand and led him to his class and introduced him to his kindergarten teacher, Miss Owen. Nick chose to sit in a chair off to the side where he sucked his thumb and rocked himself back and forth as though he were in a rocking chair.

Miss Owen was concerned and monitored Nick closely. When she initiated a meeting with his parents, they refused to meet with her.

One day after school, his teacher watched as his parents picked him up. They swore at him and admonished him for being so slow and stupid. Miss Owen could not understand why they made him ride in the back of the truck when there appeared to be enough room in the cab.

Miss Owen discussed these incidents with her colleagues and discovered one of the other teachers knew a little more about the family. Nick's parents had both served time in prison for drug-related offences. On every occasion when they were observed together, they were constantly swearing at Nick and belittling him. All agreed Nick appeared to be severely withdrawn and depressed.

Miss Owen called the child protection worker with her concerns. The worker ordered an assessment. The psychologist reported that Nick's social development was drastically delayed and that he was clinically depressed. His parents refused to acknowledge any problems or take any remedial action.

Nick was removed from his family and placed in care.

Physical Neglect

Todd is eleven years old. He and two of his siblings have been with you for three months.

Todd has four brothers and one sister. Their mother, Theresa, has been a single parent most of the time. She has had a difficult time raising six young children and has often resorted to alcohol and drugs. Theresa looked after the children quite well when she was there. She would often leave the children unattended as she ventured out for the evening. Todd was seven and Theresa thought he could manage, even though she had been warned by a protection worker that Todd was considered much too young to babysit. Theresa did not come home one evening

after passing out at a friend's house. The next day a neighbor called the child protection worker. The children were placed in care when mother could not be found.

Todd helps you clean up the house and offers to watch the other children. He does not want to leave his siblings in order to play outside with neighborhood children.

Emotional Neglect

Alvira is two years old. She has been in your care for one month.

Wanda was often depressed as a child and in her teen years. She gave birth to Alvira in her early twenties. She became a single parent and her depression became worse. She was depressed almost all the time and the depression became even more severe. Wanda was taking medication for her depression, but she would change doctors constantly, as she was frustrated with their lack of being able to "cure" her.

The only time Wanda held Alvira in her arms was when she was moving her from her crib to her high chair, or to her walker. Wanda never played with Alvira, never read to her, or sang to her, or held her on her lap. She would change Alvira's diapers when it was necessary and feed her, wash her, and dress her. That was the sum total of their interaction.

Wanda's mother became concerned when Alvira seemed a little strange to her. She seemed to be not gaining any weight and she would sit in her walker and stare at nothing for long periods of time. She asked if she could take Alvira to the Child Development Centre. Wanda agreed.

Alvira was assessed as being severely developmentally delayed and the staff at the Child Development Centre were deeply concerned. After lengthy discussions with Wanda and her mother, Alvira was temporarily placed in care with Wanda's consent.

Alvira rarely cries. Even when she falls and hurts herself, she does not make any sounds.

HANDOUT #26**SKILL PRACTICE DIRECTIONS**

Caregiver: After reading the scenario, decide what you would say to the child that is a positive message and what action or intervention you would make in order to guide the behaviour in a positive way.

HANDOUT #27**HOW CHILDREN TELL US****Disclosure of Abuse**

A “disclosure” occurs when a child tells you or lets you know in some other way that he has been, or is being abused. Sometimes children will tell you directly that they are being abused. Often they use indirect ways to let you know, for example, drawing pictures about hitting or inappropriate touching, writing about abuse in journal stories, or play-acting frightening scenes. These indirect ways may be a child’s way of hinting about abuse.

Children may disclose abuse which is ongoing, or abuse which happened weeks, months or years ago, abuse which took place in another location (community or province), or abuse that is happening to someone else. You need to report all disclosures of abuse, no matter where or when they happened.

Sample Responses to Disclosures of Child Abuse**a. Direct Disclosure - “I am being abused.”**

| Circumstances | Child’s Direct Disclosure | Leading Response (wrong) | Non-Leading Response (right) |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Teacher wants young child to remove his gloves in school. | “I don’t want to. My hands hurt because someone burned me with cigarettes last night. He said I took some money from him.” | “This is terrible. Did your dad do this? Has he done this before?” | “May I look at your hands to see if they need taking care of? After we do that, I’ll call the social worker to let them know what happened to you. They’ll want to talk to you about what happened so that they can try to <u>help you.</u> ” |

b. Indirect Disclosure - “He bothers me.”

Child's Indirect Leading Response**Non-Leading**

| | Disclosure | (wrong) | Response (right) |
|------------------|---------------------------------------------------------|---------------------------|----------------------------------------------------------------------------|
| Example 1 | "I don't like the way that _____ bugs me all the time." | "Is someone abusing you?" | "What do you mean by bugging you? Do you want to tell me more about that?" |

| | | | |
|------------------|-------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------|
| Example 2 | “_____ doesn’t let me sleep at night.” | “Does _____ come into your room and touch you or do things like that?” | “How does _____ disturb your sleep?” |
| Example 3 | “I don’t like it when _____ does those things to me.” | “Are you talking about being sexually or physically abused?” | “What kinds of things don’t you like?” |

In the above examples, the child might or might not have been talking about abuse. They could have been talking about a brother who plays loud music or plays jokes on them. The leading responses above suggest that abuse has taken place and is not the correct way to respond.

Because there is a possibility that the child is hinting about abuse, the best responses should be open or non-leading. Then the child knows you are listening and has the chance to share more if he wants to.

c. Disclosure with Conditions - “You must promise not to tell anyone.”

Children will sometimes want to talk about something that is happening to them or to someone else only if certain promises or conditions are met. The child might want you to promise that no one will be told about the secret, that the police or the social worker will not be involved, that the family will not be broken up, and that no one will get into trouble. Don’t make these promises. Try to convince the child that the problem cannot be taken care of unless people are allowed to help. If something is happening to the child that is harmful in any way, it’s a secret that cannot be kept. You can reassure the child that the social worker and police will do their best to try to keep him or her safe and to prevent the abuse from happening again.

Child’s Disclosure with Conditions

| Child’s Disclosure with Conditions | Leading Response (wrong) | Non-Leading Response (right) |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| “I want to tell you something, but you have to promise not to tell anyone else or I’ll get into big trouble.” | “Is someone in your family abusing you? If so, I’ll have to tell the social worker.” | “There are some secrets that shouldn’t be kept. If I do have to tell someone else, it will be someone <u>who will try to help you.</u> ” |

The child may not be ready to talk about the problem without conditions. For example, they may not want to tell you anything unless you promise not to call the child protection social worker. Let the child know that you are concerned for her safety and will be available if she would like to come back and talk another time. Make a written note of the comments that the child has made up to this point.

If older children have difficulty talking about the problem, suggest that they try writing it down first. Then you could talk together about ways to get help.

d. Disguised Disclosure - Child Pretending that the Abuse is Happening to Someone Else

“I’m not ready to tell you it’s me.”

| Child’s Disguised Disclosure | Leading Response (wrong) | Non-Leading Response (right) |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| “I have a friend who says that her grandfather hurts her all the time. He gets mad and hits her a lot. She doesn’t know what to do.” | “Are you trying to tell me that this is really happening to you? Does your grandfather beat you?” | “It’s important for your friend to talk to someone who will try to help. Tell her that I’ll be available if she wants to come and talk to me. It would be difficult for her to deal with these things by herself. There are other children who have gone through the same thing as your friend and talking to someone is the first step in trying to get some help.” |

e. Third Party Disclosure - Child telling about Abuse that is Happening to Someone Else

“I know someone who is being abused.”

| Child’s Third Party Disclosure | Leading Response (wrong) | Non-Leading Response (right) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| “My friend and I were at a sleep-over and we were telling secrets. He told me that his uncle has been abusing him since he was four. He says that it has stopped now.” | “Is this your friend Jimmy who lives with his uncle Fred?” | “So you want to tell me your friend’s name and anything that he said about this? Your friend trusts you and so he has told you about this. I’m glad that you trust me as well.” |

If possible, get the name of the child involved and report to a child protection worker immediately. Don't try to get more details about what happened or to talk to the child who was named.

Source: Ministry for Children and Families (1998). BC Handbook for Action on Child Abuse and Neglect (p. E3-E9)

HANDOUT #28**STEPS TO TAKE WHEN A CHILD DISCLOSES ABUSE OR NEGLECT****Step 1. Talk to the child or youth privately.**

Take the child to a place where the two of you can be alone and have some privacy. A car or private room in the house may be appropriate. Try to use a location where the child feels comfortable.

Step 2. Listen to the child or youth.

Use your reflective listening skills. Accept what the child says and do not push for more than he wants to share. Tell the child you are glad he told you.

Step 3. Stay calm.

An abused or neglected child needs to know that you are calm and available to them. You may feel strong emotions rising inside you. You will need someone to help you deal with emotions and feelings. Reactions of shock, anger, or fear are not likely to help the child and may prevent them from sharing their own feelings. A calm response not only allows the child to tell the story, it also provides the reassurance that what has happened is not so bad that it cannot be talked about and worked through calmly.

Step 4. Go slowly.

It is normal to feel inadequate or unsure about what to do or say when a child tells you about abuse. As a result there is a tendency to rush things. Frequently, too much is asked too quickly. Proceed slowly. Gentle questions such as, "Can you tell me more about what happened?" are helpful. Avoid questions that begin with "Why?"

Step 5. Reassure the child they have done nothing wrong.

Disclosing abuse is often very stressful and the child may be distraught. Comfort the child and let the child know that you will be there for her. Avoid any questions that may suggest the child has done something wrong. Children in this situation are often afraid they will "get into trouble," so it is best to avoid questions that start with "why" (e.g. "Why did he hit you?"). This suggests indirectly that the child may have done something wrong and increases the child's reluctance to discuss the matter.

Step 6. Be supportive.

Children need support and reassurance when discussing abuse or neglect. It is helpful to let the child know that:

- they are not in trouble
- they are safe with you

- you are glad they have chosen to tell you about this
- you are sorry that they have been hurt and that this has happened to them
- they have done the right thing by talking to you
- you know others who can be trusted to help solve the problem
- you will do everything you can to make sure they are not hurt again.

Step 7. Get only the essential facts.

If this is the first time the child has disclosed abuse or neglect, a full investigation will be necessary. The child will be interviewed in depth by a child protection worker and possibly by the police. To avoid the child having to endure multiple interviews, limit your discussion to letting the child tell you generally what took place. Avoid asking the child leading questions that suggest an answer. Once you have enough information to believe that abuse or neglect occurred, gently stop gathering facts and be supportive of the child.

Step 8. Tell the child what will happen next.

Children who disclose their abuse feel anxious and vulnerable about what people think of them and what will happen next. It is important, however, to avoid making promises to the child about what may or may not happen next. For example, avoid promises that the alleged perpetrator won't get into trouble. Provide only reassurance that it is realistic and achievable. Discuss with the child what you think will happen next and who will be involved.

Step 9. Report the child abuse.

If you have reason to believe the child has been or is likely to be abused or neglected, you must report the matter immediately to the child's worker or to a child protection worker. You have a legal responsibility to report under the Child, Family and Community Service Act. If it is after hours and you cannot reach your resource worker or the child's worker, call the Child Abuse Help Line: **310-1234**.

Step 10 Make notes.

Make notes of all the comments made by the child about abuse and neglect using the child's exact words where possible. Save all drawings and artwork. This information needs to be shared with the child's worker, the child protection worker, the police, and Crown Counsel if appropriate.

Step 11. Advocate for the child.

Follow up with the child's worker when appropriate to ensure the child receives the appropriate support and services.

HANDOUT #29

CASE STUDIES: WHEN A CHILD DISCLOSES ABUSE

CASE STUDY #1*

Luke is 12 years old. He has a history of running away from home, and his teachers reported him as being very violent and angry towards other children and school staff. His mother, Angie, called her MCF office and told an intake worker to “take this fucking kid out of here before I kill him.” As the situation is evaluated, Luke is placed with you.

Luke is worried about his younger sister, Jane (10 years old.) He discloses to you that his father would sometimes go into Jane’s bedroom. Luke would sometimes hear her crying “Please don’t.” Luke tells you he has not told anyone about this, and he doesn’t think Jane has told anyone.

CASE STUDY #2*

Jennifer is five years old. Jennifer’s mother has a history of substance abuse. Four weeks ago, Jennifer’s teacher noticed that Jennifer seemed very tired. Jennifer told the teacher that her little brother woke her up in the middle of the night. She couldn’t find her mom, so she gave Benny (her 11 month old brother) a bottle and tried to go back to sleep but was scared. She went on to tell her teacher that her mom came back when Jennifer was eating breakfast. Jennifer said that this had happened a lot. The teacher contacted Ministry of Children and Family Development, and the children were taken into care. The initial investigation indicates that this was a new disclosure and that the family, although receiving assistance, has not been involved with child protection.

The children were taken into care and placed with you. Today, as Jennifer is sitting at the kitchen table drawing, she remarks to you, “There’s sure a lot of food here, and it’s nice and warm at night.” This statement fits with what Jennifer disclosed to her teacher.

CASE STUDY #3

Alicia is almost 10 years old. You have provided respite care for her and her brother, Dougie (seven years old) for the past two months. This evening after Alicia’s mother dropped the children off you notice a bruising that looks like fingerprints on her upper arm. When you ask Alicia about it, she tells you “Mommy was really mad at me.”

* These case studies are based on real life events. The names, and some of the details, have been altered to protect the identity of those involved.

HANDOUT #31**SUGGESTED RESOURCES**

1. **Child, Family and Community Service Act (1996)**
Printed by the Queen's Printer for BC

2. **Feeling Yes, Feeling No**
Video
Available for rental from: National Film Board
Purchase (4 video set): \$145.95

3. **The Emotionally Abused and Neglected Child**
by Dorota Iwaniec
John Wiley and Sons
Toronto
1995

4. **Handbook of Clinical Intervention in Child Sexual Abuse**
by Suzanne M. Sgroi
Lexington, MA: DC Health and Co.
1982

5. **The Least Detrimental Alternative**
by Paul D. Steinhauer
University of Toronto Press
Toronto
1993

6. **No More Secrets**
by Caren Adams and Jennifer Fay
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7. **What to do if a Child Tells You of Sexual Abuse**
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K1A 0H8
Phone 613-957-4222 for free copies

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 15. **Good Things Can Still Happen
Good Things Too**
Two Videos

Available for rental from the National Film Board
