Childhood Physical Abuse
APSY 651

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Presentation Outline:

1) Short video
2) Overview of Physical Abuse
3) Effects and Diagnosis of PA
4) Controversial types of PA
5) Theories of PA
6) Conceptualization of PA
7) Major Issues
8) Recent Studies
9) Treatment/prevention
10) Top Ten
11) References
What is Physical Abuse?

How Does Physical Abuse Affect Children?

The Bomb in the Brain: An Introduction
Recent Statistics:

- 1 in 5,000, to 1 in 10,000 children under 5yrs die from physical abuse
- 826,000 maltreated children nationwide (21.3% physical abuse) + co-occurring (35.9%)
- Prevalence of physical abuse was highest in boys age 4-7 and 8-11, and in girls age 12-15.

World Health Organization (1999)
Overview of Child Maltreatment

- Childhood Maltreatment refers to at least one of these acts:
  - Neglect
  - Physical abuse *
  - Psychological/emotional abuse
  - Sexual abuse

Mash & Barkley, 2003
Definition of Physical Abuse:

“acts that result in actual or potential physical harm, stemming from an interaction (or lack of an interaction) that is reasonably within the control of a parent or person in a position of responsibility, power, or trust.”
Why Does Child Abuse Occur?

The ‘Abusive Pattern’
(a combination of factors):

Sociocultural Factors
External or Internal Stressors
The Individual Child
A ‘Trigger’
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Physical Signs of Child Abuse

-External (Head & Neck)-

Abrasions
Lacerations
Fractures of facial bones
Bruises
“Tin Ear Syndrome”
Ligature marks on neck
Physical Signs of Child Abuse

-External (Skin)-
  Bruises
  Bites
  Burns
  Pinch marks
  Ligature marks
Physical Signs of Child Abuse

-Internal-

Fractured ribs
Skull fractures
Lung damage
Ruptured spleen
Ruptured liver
Internal bleeding (head injury)
Effects of Physical Abuse

Cognitive Development

 Academic Performance

 Language Development

 Moral Reasoning
Effects of Physical Abuse

Behavioral Development

Aggression

Hostility

Conduct and Oppositional Defiant Disorders

Externalizing Behavior Problems

“Compulsive Compliance”
Effects of Physical Abuse

Socio-emotional Development

- Insecure Attachment
- Disorganized/Disoriented Attachment
- Poor Peer Relations
- Depression
- Anxiety
- PTSD
Diagnosing Physical Abuse

“Evaluating suspected child abuse is a challenging task, and an incorrect diagnosis of child abuse can be as devastating to a family as the impact of missing a diagnosis of abuse can be to a child” (Pressel, 2000, p. 6).
Diagnosing Physical Abuse

- Medical History
- Developmental History
- Family History
- Social History
- Physical Examination
Poll the Audience

Which of the following scenarios would raise a red flag?

A) A child is admitted to the hospital with an unexplained injury

B) A child is admitted to the hospital, but his or her injuries are several days old

C) In interviewing a child’s family, a physician discovers that there is a history of abuse

D) All of the Above
Types of Physical Abuse

- **Shaken Baby Syndrome**
  - Damage to internal and external structures
    - Cognitive delays

- **Munchausen By Proxy Syndrome (MBPS)**
  - Perpetrator fabricates, exaggerates, and/or induces illness
  - Psychological disorder
Types of Physical Abuse

- Female Genital Mutilation
  - Canada - violation of human rights
  - Africa - cultural tradition

- Corporal punishment of children
  - ONLY permitted by parents/legal guardians as long as force poses no risk of harm and is reasonable under the circumstances
  - Where do you draw the line?

- Substance Exposed Newborns
  - Is substance abuse during pregnancy physical abuse?
Theoretical Conceptualizations

- **Attachment Theory**
  - Stresses importance of a secure attachment between parent and child

- **Family Systems Theory**
  - Families are interconnected systems
  - Individuals cannot be understood in isolation

- **Social Learning Theory**
  - Emulation and positive reinforcement
  - Victim learns to become the perpetrator (cycle of violence)
Theoretical Conceptualizations

- Social Information Processing Theory
  - Pre-existing cognitive schemas within parent
  - Unrealistic beliefs about child’s development, discipline, and the situation

- Biopsychosocial approach
  - Bio: pre/post natal brain development
  - Psycho: cognition and emotions
  - Social: social and cultural environment
Major Issues

- Conceptualization
- Identification
Poll the Audience

Which decade do you think the Canadian and US governments made reporting child abuse mandatory?

- A: 1940s
- B: 1950s
- C: 1960s
- D: 1970s
Mandatory Reporting Laws Made in the...

- 1960s
Childhood Physical Abuse: Then and Now...

How do you think physical abuse was defined in the:
- early 1900’s?
- now?

What are the differences in time?
Early 1900’s

- Abuse of children has always happened
- Rarely a concern until mid-20th c.
- Viewed by society as a parent’s right
Mid-20th Century

- Progress made within the last 30 years in child protection
- Awareness rose with “battered-child syndrome” in the early 1960s
Awareness

- “battered-child syndrome” coined to describe clinical condition in which child exhibits evidence of possible trauma, neglect, or severe physical abuse

- Creation of mandatory child abuse reporting laws in US and Canada
Despite mandatory reporting laws, large numbers of psychologists fail to report suspected child abuse.

Only 46% of psychologists would have reported situation in experimental vignette.
Poll the Audience

- What is the number one reason that psychologists fail to report child abuse?
  - A: unsure of the laws
  - B: don’t want to ruin relationship with clients
  - C: feel the law interferes with their right to professional judgment
  - D: lack of evidence
Although all options listed are reasons reported by psychologists for not reporting, D: lack of evidence, was the number one reason given by 39% of psychologists.
Clinical suspicion not enough to warrant a report for many professionals

When asked, the most important reason psychologists say they don’t report: not enough evidence

National study in US found psychologists did not report because:
1) lack of sufficient evidence
2) concerns that reporting would harm child and family
Issues with identification

- Child abuse may not always appear as bruises or broken bones. Could surface as:
  - Difficulty concentrating or completing tasks
  - Difficulty sleeping
  - Impulsive or self-destructive behaviour
  - Social withdrawal
  - Personality changes
  - Hostility
  - Increased arousal or anxiety
  - Etc.
Issues with identification

- Additional studies show decisions to report are influenced by possible effects reporting could have on therapy and the perception that reporting could be an intrusion into family life.
- Also, mandatory reporting laws seen as a limit on professional judgement.
Issues with identification

- Child Abuse Potential (CAP) Inventory: a physical child abuse scale used by psychologists
- Elevated CAP score = higher likelihood of concurrent and future abuse
Potential for error in assessing abuse should not deter psychologists from involvement.

More research into valid assessment of child abuse needs to be done.
Long-term Consequences of Childhood Physical Abuse:

- Study by Chartier, Walker & Naimark (2006)
- Ontario Health Survey
- Study variables
  - Childhood physical abuse questions
  - Adult physical health
  - Adult health care utilization
Prevalence of Health Problems With and Without Childhood Abuse

**Without abuse**

**With abuse**

- Multiple health problems
- Poor self-rated health
- Pain
- Disability
- High general practitioner use
- High emergency room use
- High professional use
Possible Explanations:

- Brain development
- Health risk behaviours

“Parents can inadvertently promote poor health habits and lack of autonomy in children by failing to teach important skills, communicating poor attitudes, and providing negative role models.” (Kuh et al.)
Biologic and physiologic systems:
› Affect brain development

Definitions:

- **Amygdala**
  - memory, emotion, fear

- **Hippocampus**
  - Learning and memory

Limbic system: “emotional brain”
Poll the audience:

Could early maltreatment stimulate the amygdala into a state of heightened electrical irritability or damage the developing hippocampus through excessive exposure to stress hormones?
Results: YES!

- Teicher (2002)
  - “there may be no going back”

- Glaser (2000)
  - Evidence for changes in the brain
  - Other contributing factors
Which family income is physical abuse the most apparent?

Family income of:
- A) less than 15,000 per year
- B) 15,000 to 30,000 per year
- C) more than 30,000 per year
Relationships of Physical Abuse, Income, and Single Parent Family Structure

Number of Children in Single Parent Families

- Less than $15,000 per year: 12,606,775
- $15,000 to $30,000 per year: 4,800,680
- More than $30,000 per year: 3,057,871

Incidence of Physical Abuse per 1,000 children
- Less than $15,000 per year: 11
- $15,000 to $30,000 per year: 5
- More than $30,000 per year: 0.7

Evidence for association between childhood abuse and adult health

Life-course approach

Effective child abuse prevention strategies to be developed

Promotes health and well being
Child Focused Treatment

- Hospitalization
  - Psychiatric treatment
- Foster care
  - Therapeutic day care
- Behavioural based programs
- Anxiety and anger management
- Treatment of children with PTSD
Parent Focused Treatment

- Psychiatric treatment
  - Personality disorder, substance abuse

- Modeling and behavioural rehearsal
  - Guide parents through interactions with child
  - Provide clear rationale and positive feedback

- Cognitive restructuring
  - Replacing irrational beliefs with rational beliefs

- Anger control

- Stress Reduction
  - Support networks
Prevention Efforts

- Home visitation services
- Parent education & anticipatory guidance
  - Age-appropriate discipline
  - General developmental issues
  - Home safety
  - Violence screening
- Awareness of “behaviour problems”
  - Life-long, primary care-based approach + anticipatory guidance based education = break cycle of physical abuse

Sirotnak, Grigsby & Krugman, 2004
Top ten things to know about physical abuse:
#10

Parents make 78.5% of the physical abuse perpetrators, and mothers under age of 30 are the largest group!
#9

There is a failure to report among psychologists, teachers, social workers, family members, etc.. due to lack of supporting evidence.
What constitutes as physical abuse is not always obvious, physical abuse may be distorted by moral reasoning, social disadvantages, cultural beliefs, and individualized cases.
The effects of child physical abuse can last a lifetime, taking the form of such disorders as PTSD, anxiety, and depression.
Many maltreating households have competing life crisis’ that may interfere with the participation and prognosis of treatment, and therefore, it is essential to provide maltreating families with support networks.
Physical Abuse can negatively affect a child’s physical, behavioral, cognitive, and socio-emotional development.
Childhood physical abuse can cause a stress response and make changes within the brain that may cause later problems (e.g. health problems & psychosis).
Physical abuse is the result of a combination of factors such as stress, socio-economic status of the family, the individual child’s personality, and a triggering event.
Diagnosing physical abuse is a complex process that requires a medical examination and an in-depth evaluation of a child’s family history.
CHILD ABUSE IS A MAN MADE PHENOMENA AND CAN BE PREVENTED!
References


  http://scholar.google.ca/scholar?q=child+abuse+reporting+in+british+columbia&hl=en&as_sdt=2001&as_sdtp=on


Thank you!

- Comments or questions?