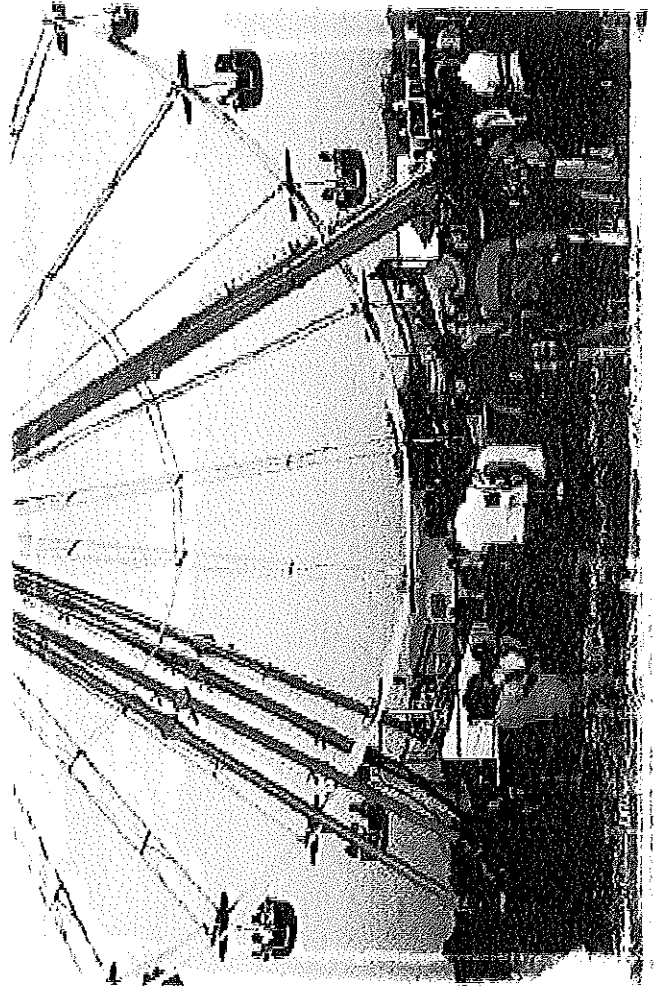


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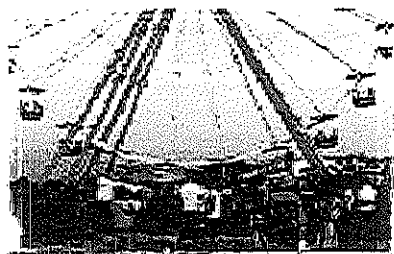
Chapter Eighteen

Managing Child Abuse



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Managing Child Abuse



What is child abuse?

Introduction

To many, child abuse is narrowly defined as having only physical implications. In reality, child abuse is any act of omission or commission that endangers or impairs a child's physical or emotional health and development. The term child abuse includes:

- Physical abuse and excessive punishment.
- Emotional abuse.
- Emotional deprivation.
- Physical neglect and/or inadequate supervision.
- Sexual abuse and exploitation.

These may be present singularly or in any combination.

Physical abuse

Physical abuse or non-accidental physical injury includes injuries to the skin, fractures, abdominal injuries, head injuries, burns, poisonings and drownings where no adequate or convincing explanation is provided.

Emotional abuse

Emotional abuse involves excessive or unreasonable parental demands that place expectations on children beyond their capabilities. Examples of emotional abuse include constant criticism, belittling and persistent teasing.

Emotional deprivation

Emotional deprivation involves failure to provide the psychological nurturing necessary for a child's physical and emotional growth and development.

Neglect

Neglect is the failure to provide a child with the basic necessities of life needed for optimal growth and development - food, clothing, shelter, emotional security, medical and dental care and adequate supervision.

Sexual abuse

Sexual abuse is the exploitation of a child by an older person or an adult for the sexual stimulation and gratification of that person. It

can take many forms, from fondling, voyeurism and exhibitionism, to involvement with sexual intercourse, incest, pornography and child prostitution.

Patterns of abuse

The forms of abuse described above may be present singularly or in any combination. Child abuse or neglect is usually not an isolated incident of non-accidental injury, emotional maltreatment, neglect of basic necessities or molestation. More often, it is a pattern of behaviour occurring over a period of time, the effects of which are cumulative.

The longer the abuse goes on, the more serious the effects on the victims - the child, the family and the community. A parent or caretaker may begin by inflicting minor injuries and go on to cause more serious harm over a period of time. Therefore, early detection of small inflicted injuries followed by intervention with preventive action may save a child from future permanent injury or death.

If an injury has been inflicted, intervention is needed. The seriousness of the injury is not important. Physical injuries, physical neglect and malnutrition are more readily detectable than the subtle and intangible injuries which result from emotional maltreatment or deprivation. Indeed, emotional maltreatment or deprivation may be even more damaging to the child in the long-term. Therefore, they should be actively considered as a possibility in all cases of child abuse, even where physical injury is minor.

Incidence

Child abuse and neglect is found in all cultural and socio-economic groups. Children of any age may be victims of physical, emotional and sexual abuse or neglect. The ages of the children may vary according to the type of maltreatment, with mortality being greatest under three years of age.

Pastors need to be aware that the siblings of presenting abused children may also be being abused.

The growing awareness in the community of the prevalence and degree of child abuse is reflecting increasing concern that children must be protected from harm regardless of the origin of the harm.

The right of a child to enjoy a healthy, happy life and to feel safe should be granted at least equal status with parents' rights.

Recognising child abuse

Common causes

There is no one common cause. An above-average income or a good education is not a guarantee against abuse. Neither does it follow that disadvantaged families are more likely to abuse their children, although the socially disadvantaged are often under greater stress.

There are many causes, including the individual personality of the parents as well as their health, social, economic and environmental situation.

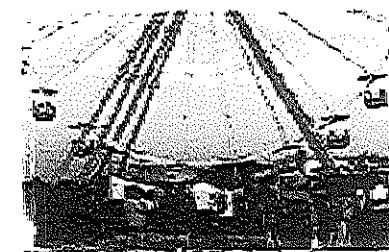
Inflicted injury usually happens in a moment of anger. It is very rarely a premeditated event. Often the anger is misdirected to the child from some other stress in the parent's life. Appearances can be deceptive and the parents may present as concerned people. If husband and wife are colluding, it may not be easy to determine that abuse has taken place except with a medical examination.

Identifying abuse

Physical abuse, neglect or emotional abuse should be considered in the following situations:

- **Fractures**
Any fracture in a child under nine months of age in the absence of a documented accident; two or more fractures at different stages of healing; or a fracture which appears inconsistent with the explanation given.
- **Skin injuries**
Multiple bruises or welts on the limbs or body indicating the use of a strap or hand; multiple bruises at different stages of healing; and bruises in unusual sites (e.g. ear lobe).

- **Head injuries**
Intracranial, retinal or subhyaloid haemorrhages associated with shaking or trauma of a non-accidental nature.
- **Burns**
Burns in a young child where explanation for the injury is inconsistent with the child's age and developmental level; or a burn or scald with a regular pattern.
- **Closed Abdominal Injuries.**
- **Poisoning including alcohol ingestion.**
- **Drownings**
Particularly in the bath tub and with young infants.
- **Nutrition and Development**
Failure to thrive in the absence of a recognised physical disorder; marked delay in language or motor development where a parent is unconcerned; unusual or marked emotional and behavioural disturbances, including children who display "frozen watchfulness".



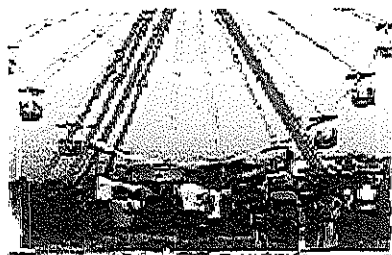
Sexual Abuse

Always suspect abuse in any of the following circumstances:

- Pregnancy.
- Venereal disease (including genital warts or herpes).
- Bruising, soreness or injury to the genital, anal or oral area.
- Perineal bleeding or discomfort.
- The child reports sexual abuse.

Child pornography

The exploitation of children through prostitution and/or pornography - is also sexual abuse and is regarded as abusive towards children whether or not the child consented to, or sought, the behaviour.



Families with high potential to abuse children

Pastors may find the following list of points useful in learning to understand child abuse patterns and their backgrounds. These points should be used with the following factors in mind:

- Pastors need to be sensitive to signs that a parent is not coping and that they may need additional support.
- Early diagnosis followed by intervention may prevent abuse or even the death of a child. Some children are at greater risk than others and health and educational professionals often have contact with these children.
- It should be stressed that the presence of one or more of the following points does not necessarily mean that children have been abused or that they will be abused. However, as the number of points increase, so do the risks.

Mother in pre-natal period

- Denies pregnancy or attempts to abort.
- Makes no preparation for the baby.
- Neglects her own health, often with increased alcohol or nicotine consumption or use of drugs.
- Is a teenager and has no planned adult support.

Parents

- Were abuse victims themselves when young.
- Abuse alcohol or drugs.
- Are subject to a number of stresses (e.g. financial, marital, isolation or chronic illness).
- Live in poor environmental conditions (e.g. overcrowding, and move frequently).
- Express negative attitudes regarding the expected stress a new child will bring to an already tense financial or marital situation.
- "Shop Around" with a child to different hospitals, surgeries or clinics so that previous injuries remain undetected.
- Show unusually high vulnerability to criticism or frustration.
- Frequently present obviously healthy children for treatment. This is often a parental attempt to seek help.
- Explain repeated "accidents" in a bizarre or vague way.

- Show evidence of unreasonable demands or expectations regarding a child's behaviour and performance (e.g. inappropriate discipline for child's age).
- Seem unconcerned about the emotional/physical state of the child.
- See the child as difficult, naughty, obstructive or unloving.
- During medical examination are vague about important information they might be expected to know.
- Do not show appropriate concern or do not visit the child in hospital.

Abuse by Sibling

- The child fears being left with a sibling.
- The sibling's behaviour is like that of a boyfriend or girlfriend.
- The child is tormented by the sibling, but does not retaliate.

Conditions which could be mistaken for physical abuse

- **Accidental Injury**
Becoming mobile is inevitably associated with accidental falls and therefore bruising. The most common decision to be made in suspected child abuse is whether the injuries are compatible with the history given. It is of utmost importance to relate the stage of development to the injury and to note carefully the position of bruises. Accidental bruises are common in exposed areas, particularly where there is little subcutaneous tissue covering hard bony surfaces (e.g. forehead, chin, knees and shins, elbows and forearms). Protected and padded areas, such as the cheeks and the inner parts of the upper arms and legs, are rarely injured accidentally, and bruising of these areas must be regarded as suspicious.
- **Bleeding Disorders**
Infants with bleeding disorders bruise easily with normal handling or trivial injury. The bruising is often associated with local soft tissue swelling and occasionally with pinpoint haemorrhages (petechiae). Swelling and pain in the joints, particularly the knee and ankle, is a frequent presenting feature of haemophilia (boys only). Full blood coagulation

studies should be part of the routine investigation of suspected child abuse where bruising or skin injuries are observed.

- **Mongolian Blue Spot**

This is a form of birthmark usually confined to the lower part of the back, but also found occasionally on the arms and legs in non-Caucasian races (Asian, Mediterranean, Islanders and Negroes). The area affected may look like a bruise, but remains unaltered during the first year of life and then fades slowly, usually disappearing by adolescence. If in doubt, re-examine the child again after a few days.

- **Birth Injuries**

Cephalhaematoma is a soft, blood-filled swelling on a baby's head caused by bruising during delivery. Healing may take up to six weeks and can leave a rim of bony tissue mimicking a depressed fracture of the skull. Callus formation may also be noted during the first few weeks of life caused by bone fractures during birth. The clavicle (collarbone) is the most common site, but occasionally long bone fractures of the arm (humerus) or leg (femur) may go undetected in the newborn period.

Diagnosis/identification

It is important to identify child abuse and neglect. Physical abuse under the age of three is potentially fatal. Neglect may result in chronic injury or illness, while sexual and emotional abuse often lead to long-term emotional problems.

Child physical abuse is a pattern of behaviour which implies physical discipline without restraint, or discipline which is out of control. The most difficult diagnostic question is: When does physical discipline become physical abuse? Abusive punishment may or may not lead to bruising, but the existence of bruising will often imply hitting without restraint. Children rarely bruise easily.

Confirmation of child abuse and neglect is a multidisciplinary task and there are a number of experts who need to be involved.

Principles for managing child abuse

Early identification

Early identification of families under stress and at risk of inadequate parenting is often possible and always highly desirable. Early identification and notification of cases of child abuse and neglect often result in families receiving the help and support they need to prevent serious harm or injury to the child and to minimise the related symptoms of family breakdown.

Child protection as first priority

The first consideration and the highest management priority, is the child's protection. Where there is any doubt, the issue should be resolved in favour of the child.

Management plan

In some cases, a pastor may need to arrange an alternative placement for the child at risk (e.g. hospitalisation or a place of safety) as an initial step. A management plan for the family can then be established. This may include providing counselling, practical and financial assistance, parent aides and homemakers. The child usually requires further assessment of health and behaviour.

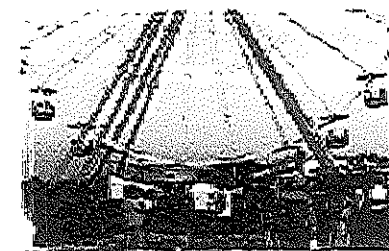
Reporting suspected abuse

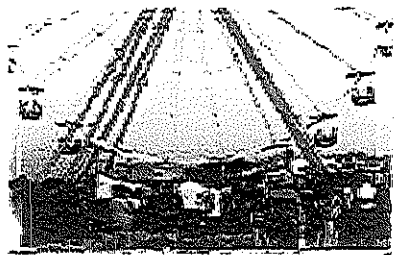
The reporting of suspected child abuse cases is the first step towards investigation, management, follow-up and the proper use of the courts, where necessary. It is important to remember that all pastors should notify appropriate authorities (e.g. a doctor or the State Government Department) if they suspect child abuse or neglect.

It is not necessary to wait for confirmation or proof of the existence of abuse before issuing a report. If cases are not brought to the attention of child protection services, help cannot be given to the family and the abuse of the child will probably continue.

Appropriate response to maltreated children

If children disclose or allege abuse, the initial reaction is very important. While each situation is different and requires an





individual approach, the following are guidelines for an appropriate response:

- Whatever feelings the listener may have about the disclosure, it is important to stay calm.
- Accept the children's allegations as true until proven otherwise and tell them that the statement is believed.
- Stress that what happened is not the children's fault.
- Reassure them that something will be done to stop the abuse.
- If the child has not made specific allegations, but have disclosed information or exhibit behaviour which suggests abuse, it may be appropriate to discuss the situation with a professional experienced in child protection.

Long-term consequences of abuse

It is important to realise that, in addition to the more immediate consequences of abuse and neglect, children may be emotionally traumatised and experience psychological and developmental problems later in life. They may suffer from poor self-esteem and fail to cope well as adults or as parents themselves. These considerations emphasise the importance of early detection and appropriate case management.

Points to remember

Reporting suspected abuse is the first step in helping the abused child and the person who is not coping. The main aim of the investigation and follow-up with the family is to help rather than to blame. The decision to report, or not to report may, in fact, be the choice between child protection and child abuse.

Procedures for making a notification

Pastors and other members of the community

A pastor is not duty-bound to report cases of suspected child abuse - unlike a doctor. Therefore, pastors can (and often do) refer a matter to a doctor to ensure a report is made which removes the pastor from current or potential personal conflict.

Pastors, teachers, other professionals or any members of the public who have concerns about children can also contact the local branch office of the Department of Families, Youth and Community Care or the Juvenile Aid Bureau. It is appropriate to contact these agencies simply to discuss a situation where there is concern about a child and doubt about the appropriateness of notification.

When notifying these departments, the following information is useful. However, notification should be made with whatever information is available at the time, regardless of whether or not it is complete:

- Name, date of birth (or if unavailable, age in years) and address of the child.
- Reasons for suspicion.
- Any available information about the family (e.g. parents and siblings names, marital status, employment).
- Names of other agencies known to be involved with the family.
- An opinion of the immediate action required.
- Whether the family has been advised that the notification is being made (if so, this fact should be recorded).

REMEMBER: Try never to confront the parent/s. To force a confession is generally unhelpful and may make future counselling extremely difficult.

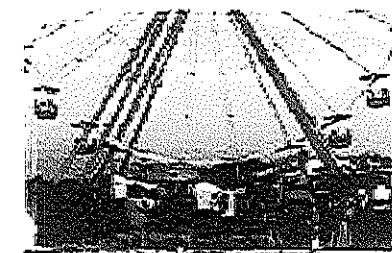
Procedures for making a notification: doctors

The following are guidelines used by medical practitioners and may also be helpful to pastors:

When child abuse is suspected

The overall management when child abuse is suspected follows general medical principles:

- Take a careful history from the parent or caregiver and the child. Some children respond more favourably to a private interview.
- Perform a thorough physical examination (the child should be fully undressed).



- Keep careful records including accurate and objective descriptions of the injury and surrounding events. Verbatim records should be made of the child's statement.
- The Department of Families, Youth and Community Care or the Juvenile Aid Bureau may be required to provide assistance.

Indications for hospital admission include the following

- To undertake further investigations, including the exclusion of organic disease (this can be a helpful explanation for the parents).
- To provide consultative opinions regarding the child's injury, illness, nutrition, development and behaviour.
- To provide an immediate place of safety. The hospital may elect to invoke a 96-hour detention order to protect the child in certain circumstances.
- To provide family assessment and support.

When sexual abuse is suspected

If a child presents with suspected sexual abuse, then they need to be assessed by a medical practitioner who is both experienced and competent in this area.

Community-based medical practitioners should limit the genital and anal examination to careful observation only, to exclude acute injury or illness. A more complete examination, possibly requiring general anaesthesia and including pathology testing, is usually best performed by the medical practitioner attached to a SCAN team.

Urgent referral to, or consultation with, a paediatrician may be necessary for expert advice and discussion on the course of action to be taken. This should occur before allowing the child to leave the surgery and return to a situation where there may be further abuse, or pressure to withdraw the complaint.

Legal Aspects

The medical practitioner is required to notify the Director-General of Health of cases of suspected child abuse and neglect. In addition, they should ensure that a SCAN team member in the area is informed and, if possible, attend the local case conference involving the child.

Following notification

Following notification, the department receiving the complaint will take responsibility for appropriate action. This action will vary according to the particular circumstances of the complaint.

Referral

Following notification, a referral may be taken to a SCAN team. Pastors having knowledge of the case may be invited to attend a SCAN meeting. The SCAN process ensures co-ordination of services and provides for the on-going review of referred cases.

Protection

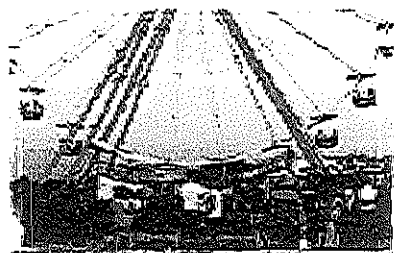
Protection of the child is the ultimate aim. Every effort will be made to give whatever support or assistance is necessary to enable the family to provide a safe physical and emotional environment for the child. Removal of the child from the family will only occur as a last resort.

Confidentiality

Agencies legally required to take action to protect children operate under strict laws of confidentiality. They do not reveal the identity of the person making the complaint. Likewise, the amount of information which can be given to the complainant is limited by these laws.

Other agencies

Other agencies regularly in contact with the child (e.g. schools, Sunday schools, or the church) may play a crucial part in the follow-up child protection process. Any information which is necessary will then be shared with workers in these agencies.



School Interviews

In some situations where physical or sexual abuse is suspected, officers of the Department of Families, Youth and Community Care or the Queensland Police Service may wish to interview the child at school during school hours. In such circumstances, a request must be made to the school principal for permission to conduct the interview.

In instances where it is appropriate, the parents' permission will be sought. On other occasions, the parents or guardians may be suspected offenders and the request would then be to conduct an interview without the knowledge of parents or guardians.

Points to remember

People reporting the incident are not required to prove the case, they need only notify the authorities of their suspicion.

Any person making a report in good faith is protected from any legal action being taken against them. Child protection is like a jigsaw. A report from a professional or member of the community may appear insignificant in isolation, but can be of crucial significance in the ultimate protection of the child.

Prevention

A forward-thinking church will concern itself with preventing child abuse and neglect, as well as detecting and managing cases. Indeed, prevention is a shared responsibility of parents and the community.

Preventing child abuse and neglect starts when concerned people in the community recognise its existence and are both prepared and know how to notify instances of suspected maltreatment.

What eventually happens to an abused or neglected child depends largely on the timing of help for the child and family. Clearly, the earlier the notification of a suspected case, the greater is the likelihood of successfully intervening and introducing appropriate systems.

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