Child Abuse
Outline

• What is child abuse?
• Children of parents with mental illness
• Reporting and responding to child abuse
• Academic resilience in abused children
• What happens next?
Identifying Child Abuse

• More than just broken bones...

• Neglect and emotional abuse falls under the definition of child abuse
  o leaving a child unsupervised
  o making a child fell worthless

• The result of all child abuse is serious emotional harm
Risk factors

- Domestic violence
  - witnessing violence can be just as harmful as experiencing it
- Alcohol and drug abuse of caregivers
- Untreated mental illness
- Lack of parenting skills
- Stress and lack of support
The Facts

Types of Child Abuse

- Neglect: 59.0%
- Physical Abuse: 17.4%
- Sexual Abuse: 7.6%
- Psychological Maltreatment: 4.2%
- Medical Neglect: 10.8%
- Other²: 0.9%
The Facts (cont.)

Number of Child Deaths Per Day Due to Child Abuse and Neglect

- 1995: 3.33
- 1996: 3.25
- 1997: 3.36
- 1998: 3.13
- 1999: 3.82
- 2000: 3.72
- 2001: 3.56
- 2002: 3.84
- 2003: 4.11
- 2004: 4.08
- 2005: 4.0
- 2006: 4.19
- 2007: 4.82
Children of Parents with Mental Illness
Outline

• Who are parents with mental illness?
• General Background Information
• The research: how are children impacted by a parent with a mental illness?
• Factors that affect the impact on children
• What can be done? Problems, interventions and resources
Who are Parents with Mental Illness?

Parents with:

- Affective disorders, anxiety disorders, personality disorders, psychotic disorders, substance abuse problems, and mental retardation
- Will be focusing on:
  - Depression
  - Substance Abuse
  - Mental Retardation
General Background Information

- More than 5 million children have a parent with a mental illness (Nicholson et al., 2004)
- Sherman (2007)
  - The child’s experience at home
  - Family environment → scary, unpredictable
  - Feelings of anger, shame, sadness, fear, helplessness
  - Parent may be detached, unavailable → child feels uncared for, unloved, lonely
Having a parent with a mental illness puts children at risk for:

- psychiatric diagnosis
- behavioral and social problems
- academic adjustment problems
- drug and alcohol use
- physical abuse and neglect
The Research: Depression

- Children at higher risk for psychiatric diagnosis (Orvaschel et al., 1988)
- Recent maternal depression → higher rates of hyperactivity and emotional arousal in preschool (Sinclair & Murray, 1998)
- Problems with academic adjustment, getting along with peers (Billings & Moos, 1983)
- At higher risk for insecure attachment (Radke-Yarrow, 1983)
The Research: Substance Abuse

• Maternal addiction to drugs and/or alcohol increases likelihood of multiple risk factors in children (Conners et al. 2004)

• Children of substance-abusing parents are at higher risk for:
  – alcohol and drug abuse in adolescence (Merikangas, 2002)
  – ADHD and conduct disorder (Sher, 1997)
  – Physical abuse (Chaffin et al. 1996)
The Research: Mental Retardation

- Seagull & Scheurer (1986)
  - Mentally retarded parents: overrepresented among families where CPS get involved
  - Study: 64 children with mentally retarded parent followed for an extended period to determine placement outcome
  - Results: Only 11 of 64 children remained with parent at follow-up (parents of 34 had rights terminated)
  - Services provided, but parents unable to benefit
  - Child characteristics: Depressed, flat affect
  - Impaired intellectual and social functioning
Factors Affecting the Impact on Children of Parents of Mental Illness

– Socioeconomic Status
– Support in family environment
– Information about the illness
– Social connectedness
– Coping strategies
– Access to treatment
What can be done? Problems with services

- Stigma of mental illness deters parents from getting help
- Mental healthcare services treat adults and children separately
- Collaboration between sectors is rare
- Lack of adult services that focus on parenting
  - Not considered a mental health issue unless CPS get involved
What can be done? Interventions

- The Invisible Children’s Project
  - Coordinates multiple services and providers for all family members
  - 24-hour crisis services
  - Access to flexible funding
  - Liaison and advocacy services between parents and child welfare providers
What can be done? Interventions and Resources

• Mother-Infant Interaction Feedback

• Beatrice Beebe, Ph.D.

• *Learning to Look: Mother-Infant Face Communication* video
  • Raises awareness in new mothers
  • Possible distribution to the general public

• Case Study: Linda (Cohen & Beebe, 2002)
What can be done? Resources

- Books for children and teens
- Teach self-coping, confidence, self-esteem, stress management
- Provide information about parent's mental illness
- Can be used in therapy or at home
- "Wishing Wellness: A Workbook for Children of Parents with Mental Illness" (Clarke, 2006)
- "I'm not alone: A Teen's Guide to Living With a Parent Who Has a Mental Illness" (Sherman & Sherman, 2007)
Conclusion

- Children of parents with mental illness are at increased risk for a wide range of behavioral and social problems, psychopathology, abuse, and neglect.
- Certain factors can buffer negative impact, while others can increase risk.
- Interventions exist for parents and children, but there is a need for integration.
- Resources are available for children.
Reporting and Responding to Child Abuse
Reporting and Responding to Child Abuse & Neglect

Mandatory Reporters of Child Abuse and Neglect

Main Points

• Laws and policies
• Inside the process: Interview with Elise Schuster
  o Identifying abuse
  o Making the call
  o Perception of ACS
Laws and Policies of Mandated Reporting

Child Abuse Prevention and Treatment Act (CAPTA)-1974

- Every state is mandated to report
- In approximately 18 states and Puerto Rico, anyone suspecting child abuse/neglect is required to report

Standards of Mandated Reporting

- Report when there is **reasonable suspicion**
- Reporters lose the privilege of "private communications"
- Levi and Crowell, 2010
Who are mandated reporters?
Child Maltreatment 2008

**Figure 2–1 Report Sources, 2008**

- Educational Personnel: 16.9%
- Legal and Law Enforcement Personnel: 16.3%
- Social Services Personnel: 10.6%
- Medical Personnel: 8.3%
- Mental Health Personnel: 4.3%
- Child Daycare Provider(s): 0.9%
- Foster Care Providers: 0.6%
- Anonymous Source(s): 8.8%
- Other Relative(s): 8.1%
- Parent(s): 6.7%
- Friend(s) or Neighbor(s): 5.1%
- Alleged Victim(s): 0.5%
- Alleged Perpetrator(s): 0.1%
- Other: 5.7%
- Unknown or Missing: 8.1%

Based on data from table 2–2.

Administration of Children and Families, Figure 2.1 Report Sources 2008

- Educational, legal social service personnel
- Foster care providers, alleged victims
When do you report abuse?
"Inconsistent reporting practice leads to unequal protection of children"

Threshold for Mandated Reporting:

Study Objective
• investigated how experts define "reasonable suspicion"
• What **levels of concern** should be reported

Method
• 21-item survey

Results
• range of responses were so broad
• younger experts and females set the threshold for reasonable suspicion higher

Levi and Crowell, 2010
Results: How sure do you need to be?

Levi and Crowell, 2010

Suspicion does not necessarily mean action...

High variation in assessing likelihood of child abuse

**Figure 3.** Child abuse experts’ responses (n = 79) to the question, “How likely would (suspected) child abuse have to be before you felt there was reasonable suspicion?” To render them more accessible, this figure groups data cumulatively by 10th percentiles (i.e., 0 to 10, 10 to 20, etc). Because actual data points were measured to the nearest 5th percentile, their description in the Results section differs slightly.
Making the Call

1) the young person doesn't want you to call

2) the reporter will have personal biases

3) making the call can leave child in more danger

4) ACS workers may not see the situation in the same way you do
Inside look at being a mandated reporter
Key points from interview with Elise Schuster
Member Services Coordinator at The Door

ACS intervention: Help vs. Hinder

1) ACS is overloaded with cases
2) difficult to bring attention to emotional abuse
3) removal from home doesn't mean their issues are over
What happens after a report of child abuse/neglect has been made?

Child Protective Services
Main Points

• What is it like to work for CPS?
• Process of CPS intervention
• Issues and criticisms of CPS
• Solutions?
Working for Child Protective Services

Responsibilities

- assess the safety of children
- assessing emotional abuse in one home visit?
- intervene to protect child from harm
- reunification with family or an alternative family
- Strengthen ability of families to protect their children
- community collaborations, support systems
- families unwilling/unable to care
  - CPS petitions to juvenile or family court
Process of CPS Intervention

- Initial assessment and investigation
- Family assessment
- Case planning
- Service Provision
- Family Progress
- Case Closing
Working for Child Protective Services

Risk factors and setbacks of working for CPS

- emotional distress
- overwork and little pay
- physical risks involved in visiting families
- lack of recognition
- chronic stress
Job Exit among CPS workers: Maslach Burnout Inventory (MBI)

3 elements of MBI
(commonly viewed as a syndrome)

- emotional exhaustion (EE)
- depersonalization (DP)
- personal accomplishment (PA)

*EE and DP are found to have a strong positive correlation*
*EE and DP are found to be negatively correlated with PA*

Brett Drake and Gautman Yadama, 1996
Summary of CPS Issues

Problems with the system

- child abuse and neglect is highly underestimated
- most cases are neglect
- mandated reporting and investigation is the primary system design
- very high burnout and job exit among caseworkers
- overload of cases, many get overlooked/dropped
Academic Achievement
Academic Resilience in Maltreated Children

Why is academic resilience important in children who are victims of abuse and neglect?

Academic success is tied to healthy, adaptive functioning in adults.

Poor academic achievement leads to diminished outcomes.
Children in Foster Care Perform Significantly Worse in School

• Sonia Jackson: studies on foster children in the US, Britain, and Israel

• Blome (1997)
  o Foster kids are less likely to graduate from high school than their peers

• Why do they lag in academics?
  o frequent placement disruptions
  o teacher expectations
  o educational needs not a priority for social workers
  o lack of caregiver involvement in academic realm
Abused Children Outside of Foster Care

• Children exposed to family violence have an increased risk of academic under-achievement.

• Witnessing family violence is a predictor of low reading levels in a study conducted with sixth graders (Thompson, 2009).

• It is hypothesized that these difficulties stem from having to deal with the emotional repercussions of abuse.
### TABLE 1. Behavioral and Emotional Problems of Children Involved with Child Welfare

<table>
<thead>
<tr>
<th></th>
<th>Children Involved with Child Welfare (sample size = 819)</th>
<th>Children in Parent Care (sample size = 67,865)</th>
<th>Children in High-Risk Parent Care (sample size = 12,744)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(%)</td>
<td>(%)</td>
<td>(%)</td>
</tr>
<tr>
<td>Child has high levels of behavioral and emotional problems (ages 6-17)</td>
<td>27</td>
<td>7**</td>
<td>13**</td>
</tr>
<tr>
<td>Child was suspended or expelled from school in past year (ages 12-17)</td>
<td>32</td>
<td>13**</td>
<td>26</td>
</tr>
<tr>
<td>Child skipped school in past year (ages 12-17)</td>
<td>17</td>
<td>16</td>
<td>26*</td>
</tr>
<tr>
<td>Child received mental health services in past year (ages 3-17)</td>
<td>25</td>
<td>6**</td>
<td>9**</td>
</tr>
<tr>
<td>Child has high levels of behavioral and emotional problems and received no mental health services (ages 6-17)</td>
<td>32</td>
<td>66**</td>
<td>66**</td>
</tr>
</tbody>
</table>

Note: Reported sample sizes are for all children ages 0-17. Sample sizes vary depending on age of children selected for each analysis. All children were selected unless noted otherwise. Based on t-tests, statistically significant differences between the parent care groups and the child welfare group estimates are denoted as: * = p < .05 and ** = p < .01.
## TABLE 2. School and Activity Experiences of Children Involved with Child Welfare

<table>
<thead>
<tr>
<th></th>
<th>Children Involved with Child Welfare (sample size = 819) (%)</th>
<th>Children in Parent Care (sample size = 67,865) (%)</th>
<th>Children in High-Risk Parent Care (sample size = 12,744) (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child has low levels of engagement in school (ages 6–17)</td>
<td>39</td>
<td>20**</td>
<td>29*</td>
</tr>
<tr>
<td>Child is in special education (ages 6–17)</td>
<td>3</td>
<td>0*</td>
<td>1</td>
</tr>
<tr>
<td>Child is not involved in extracurricular activities (ages 6–17)</td>
<td>28</td>
<td>17*</td>
<td>30</td>
</tr>
</tbody>
</table>


*Note: Reported sample sizes are for all children ages 0–17. Sample sizes vary depending on age of children selected for each analysis. All children were selected unless noted otherwise. Based on t-tests, statistically significant differences between the parent care groups and the child welfare group estimates are denoted as: * = p < .05 and ** = p < .01.
Emotion Dysregulation

- Children learn to regulate emotions from caregivers and peers
- Children who suffer abuse or neglect are less likely to regulate emotions effectively
- Academics can slip as a result of dysregulation
  - Behavioral problems disrupt classwork
  - Lack of attention control gets in the way of class tasks
Emotion Dysregulation

- Teisl & Cicchetti (2008)
- Maltreated children were more likely to perceive ambivalent situations as hostile
- Their peers rate these children as aggressive
- Other characteristics (which eventually affect academics)
  - indecisiveness
  - disorganization
  - lack of goal orientation
Academic Resilience

- Depends on:
  - The child's sense of control
  - The caregiver's interest in the child's academic pursuits
Some of the studies are problematic
  - Within the sample of the students, the majority could be doing badly in school
  - Those who are abused do worse, but their peers have disadvantages as well
  - How much is due to SES?
Measuring Academic Resilience

• Academic achievement is a measure of resilience in general
• What researchers look at:
  o Progress reports, grades
  o Interaction in social settings within school
  o Interaction with peers
  o Interaction with teachers
  o Ability to concentrate, attention
Teacher Reporting

• Some teachers find it difficult to report child abuse.
• School staff often try to "find other ways of addressing the issue."
• Their experience with the system determines if and when they contact Child Protective Services.

• Other options
  o Home visits
  o Parent conferences
  o Provide referrals to outside services
  o Donating food, goods, and services to families in need
Interventions

- Aside from therapy...
- Support groups and support systems (Phasha, 2008)
- Teacher involvement
- Parent, or caregiver involvement
Integrating and Rehabilitating Orphanage and Foster Care Alumni’s

Aleksandra Shilova
Orphanages vs. Foster Care

A historical perspective

An Early Foundling Hospital
Orphanages vs. Foster Care
A historical perspective

Charles Loring Brace

An Orphan ‘Train’
Henry Dwight Chapin, a pioneering pediatrician, concluded in 1908 that the collecting of many little children under one roof was detrimental to the development of their physical and mental health, no matter how well managed the institution.
E. Wayne Carp (1996)

found orphans viewed the orphanages as their homes and were grateful for their education. However, they suffered from the stigma attached to child care institutions and, as a result, sometimes concealed their association with the orphanages. Other orphans cited anecdotal accounts of seriously abused and disturbed children and adolescents, reporting that they feel happier and function better while living in highly structured therapeutic institutions as opposed to poorly supervised foster homes.
Current Russian Child Care System as a Legacy of the Soviet Union

Felix Dzerzhinsky - the “Iron Felix”, founder of the Soviet orphanages system
Orphanage Graduates

Ministry of Education of Russian Federation released the following statistics regarding children that graduate from orphanages and state run-boarding facilities:

• 50% of orphans that graduate from state institutions are at risk.
• 40% get involved in criminal activities
• 33% remain unemployed
• 20% are homeless
• 10% commit suicide
• 4% apply to college
What Happens Next?
Outcomes during transition from care to adulthood

<table>
<thead>
<tr>
<th></th>
<th>National data</th>
<th>Regional or Local data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earned a high school diploma</td>
<td>54%</td>
<td>50% - 63%</td>
</tr>
<tr>
<td>Obtained a Bachelor's degree or higher</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Became a parent</td>
<td>84%</td>
<td>42%</td>
</tr>
<tr>
<td>Were unemployed</td>
<td>51%</td>
<td>30%</td>
</tr>
<tr>
<td>Had no health insurance</td>
<td>30%</td>
<td>29%</td>
</tr>
<tr>
<td>Had been homeless</td>
<td>25%</td>
<td>36%</td>
</tr>
<tr>
<td>Were receiving public assistance</td>
<td>30%</td>
<td>26%</td>
</tr>
</tbody>
</table>
Changing the Cycle
Working with Orphanage Alumni’s in Russia

Challenges seen... Results Achieved...

Can you tell the difference?

I grew up knowing of two types of kids...real kids and “foster kids”. I was a “foster kid”. Now that I am an adult, I’m not sure what I’m supposed to be! There’s no such thing as a “foster adult”. Am I a real adult?
Orphanage Alumni Societies and Rehabilitation Centers

“Mother and Child” Club

Marias Children Rehabilitation Center
Questions?

- We have discussed the issues pertaining to child abuse. Can you think of some relevant interventions, whether internal or external?
Thank You!