

GROWING UP WITH US™...

A Newsletter For Those Who Care For Children

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©CHILD ABUSE... PHYSICAL MALTREATMENT

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Behavioral Objectives: After reading this newsletter the learner will be able to:

- 1. Discuss characteristics that place adults at risk for physically abusing children.**
- 2. Describe those children most vulnerable for being victims of physical abuse.**

Child abuse, the physical, emotional or sexual abuse or exploitation, as well as



neglect, of children under the age of 18, is a national crisis. In this country, child abuse, no matter the type, crosses all socioeconomic levels. Permanent scars related to abuse are inevitable. In most cases, children who are abused suffer greater emotional than physical damage.

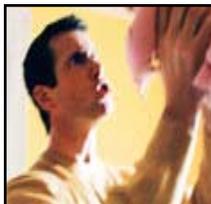
This newsletter will discuss physical abuse of children. Characteristics that place adults at risk for physically abusing children, as well as those children most vulnerable for being victimized, will also be discussed. In an upcoming newsletter, assessment findings related to objective and subjective data will be discussed, as well as implications for the healthcare provider.

PHYSICAL ABUSE OF CHILDREN

When caretakers exceed their rights over a child, as is the case with physical injury, "direct" child abuse occurs. Physical abuse, the deliberate infliction of physical injury, accounts for 20% of all cases of child abuse. It is intentional violence towards the child and is the leading cause of death from child abuse. With any form of abuse, an adult's intention to do harm is key. At least 2,000 children a year die from physical abuse at the hands of their parents or other caretakers.

That's one in five children every day in this county. In addition, each year, over 18,000 children are permanently disabled from near-fatal abuse and over 140,000 are seriously injured from severe maltreatment that, somehow, did not kill them.

Beating is the most frequently reported abuse. The assault may be made on any part of the child's body using any instrument that causes physical harm, such as the abuser's hand, a belt buckle, chain, wire hanger, wooden spoon or high-heeled shoe. Kicking, pinching, biting, burning, or any other harmful contact, are also common means used to inflict bodily injury on a child. Injuries related to physical abuse are not accidents, and are intentionally inflicted, often on areas such as the child's back and buttocks. These are areas not commonly exposed to others. This pattern of injury is different from "normal" bruises, lacerations or even fractures which can occur as children play or accidentally fall or run into objects. Although physical abuse typically leaves identifiable signs, often in various stages of healing, not all physical abuse injuries are visible. For example, Shaken Baby Syndrome (SBS) results from the violent shaking of an infant or small child, causing significant head injuries. It is also a form of physical child abuse, but SBS victims rarely have any external evidence of trauma.



RISK FACTORS FOR ABUSE

The cause of child abuse remains unknown, although it has occurred for hundreds of years.

The age, gender and characteristics of the child, as well as those of the family and parents or caregivers, are often contributing factors. Common risk factors are discussed below.

Age-Specific: Children under four years of age are abused most often.

However, children of all ages are vulnerable and are victimized every day in this country.



Gender-Specific:

Girls are slightly more often mistreated than boys. And, men are responsible for the majority of physical abuse. However, women are also accountable, often knowing the abuse is taking place, but taking no action to protect the child.

Family/Parent-Specific: All adults - parents, legal guardians, or other caregivers, such as a babysitter, nanny or a parent's boy- or girlfriend, have the potential for child maltreatment. Physical abuse of children occurs in all socioeconomic groups and cultures. Child abuse also occurs in all family types - single-parent, two-parent, blended, adoptive and foster families, whether the partners are legally married or not. Although child abuse can occur in any family, a significant finding is that abusive families often have fewer supportive relationships than non-abusive families.

This newsletter is intended only as a guide when caring for children... use your professional judgment.

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For example, children of teenage mothers are more at risk for abuse than children of older mothers. Besides support, teenage mothers often have poor self-esteem and lack parenting knowledge. This often leads to feelings of inadequacy, which may be taken out on the infant. They may also look primarily to the child as a source of love and satisfaction of emotional needs. When unmet, physical abuse may occur.



Abusive parents tend to have unreasonable expectations about the child. When parents compare their children and are unaware of an individual child's limitations, they often set expectations too high. When the child can not meet them, physical abuse may occur.

Abusers have difficulty controlling aggressive impulses and strike often out at the vulnerable child to release increasing frustration. Child abuse is more likely to occur in families where spousal abuse occurs. An estimated 50 % of homes with domestic violence also involve child abuse. Mental illness, such as depression, or alcohol or drug misuse, also increase the risk of physical abuse occurring within a family.

In two-parent families, it is more common for only one parent to be the perpetrator of physical abuse. The abuser is likely to choose a passive mate. When abuse occurs, the passive parent almost always knows abuse is occurring, consciously or not. He or she may participate in the abuse, but more commonly chooses to ignore it, thus neglecting to protect the child. Therefore, one parent may be guilty of physical abuse, while the other of neglect - failing to protect the child.

Family history is a strong predictor for child abuse and neglect. Adults who were abused as children are more likely to be abusive parents. The "cycle of abuse" often continues from generation to generation. Parenting is a learned skill and, generally, "parents parent as they were parented", unless knowledge, awareness and skills change the pattern.

Although parenting is learned, in abusive families, it is uncommon for all children to be abused. Typically, only one child in a family is victimized. For example, in a family of four girls, the second oldest may be beaten with a high-heeled shoe on an on-going basis, as well as burned with lit cigarettes, slapped and told how fat and worthless she is. This abuse occurs while the other girls suffer no physical abuse, or any other form of maltreatment. However, in abusive families, if that child who is being abused is removed from the home, another victim will likely be chosen, and so on.



Finally, abuse is more likely to occur in families in crisis, such as life stresses caused by divorce, pregnancy, unemployment, moving, an overcrowded home, the death of a loved one, the birth of an additional child, as well as financial or personal problems. During stress, coping skills are typically taxed, and a child may easily become a helpless outlet for release of an adult's anger.

Child-Specific: Characteristics of a particular child, which are completely out of his or her control, also increase the likelihood of abuse. The physically maltreated child may look or act like someone the abusive parent dislikes, such as an abusive father or a selfish sister.

Children who are unwanted, unplanned or have special needs, such as those with physical, behavioral or learning problems, are also at higher risk of being victimized. A difficult pregnancy, labor, or delivery is also a predisposing factor to abuse. This is especially true when the infant is born prematurely or with congenital anomalies, that often increase parental demands and may lead to feelings of guilt and resentment.

The mere sex of a child can also be a risk factor. For example, if a pregnant woman already has 5 girls and her mate desperately wants a boy, another girl is at high-risk of being maltreated. It is not unusual for parents to hope for a child of a particular sex. However, in healthy adults, any initial disappointment is quickly replaced with love and acceptance, particularly once the baby is born and parent-infant attachment occurs.

One of the most critical responsibilities of all healthcare providers is to identify potentially abusive situations as early as possible. However, healthcare providers need to be careful not to make judgments. The characteristics that may predispose adults to commit physical abuse of a child should only serve as a framework for assessing at risk children. Collecting subjective and objective data, documenting findings and making appropriate referrals is imperative. These roles and responsibilities will be discussed in an upcoming newsletter.



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