

Traumatic Exposure: Does it Contribute to Child Abuse and Neglect Among Inner City Children

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Objectives

- Identify the meaning of traumatic exposure and forensic nursing interventions.
- Recognize sources of violence contributing to traumatic exposure – looking at statistics about community exposure.
- Explain the difference between abuse and neglect and description of the child abuse syndrome.



Objectives - continued

- Describe neglect and possible effects of exposure.
- Recognize the signs and symptoms of traumatic exposure in children.
- Describe the role of the Forensic Nurse and how it impacts our practice.





The Role of the **Forensic Nurse** in detecting child abuse.

- Recognizing risk factors for abuse within vulnerable student populations.
- Assessing behavioral symptoms stemming from exposure to abuse and violence.
- Utilizing evidence based assessment tools.
- Collaborating with school and community resources to enhance awareness and develop a referral process.




The role of the **Forensic Nurse** and its impact on practice

- Establishes a collaborative relationship between health care professionals and law enforcement (we are not the arm of the law).
- Strengthens skills to better recognize and assess children who have experienced traumatic exposure.
- Increases awareness within the health care community, to better identify and respond to victims' of violence.

A collage of images showing a nurse and children. The nurse is in the center, smiling, with a child's face to her right. The background is a soft, light green gradient.

The role of the **Forensic Nurse** and its impact on practice - continued

- Developing best practice protocols for the treatment of exposed children.
- Spearheading public awareness of the effects of child hood exposure to trauma.
- Advocating for public health policy to address prevention measures – let's take a look at the statistics.



Statistics – of violence

- Currently, approximately 70% of school-age children from low-income communities in the USA have witnesses:

Intimate Partner Violence (IPV)

Assaults

Arrests

Drug deals

Gang violence and drive by shootings

(Finkler, Ormrod, et. al., 2005, Saunders, 2003,)

- In 1998, more than 2.7 million adolescents between the ages of 12 and 19 years were victims of violent crime

(Harpaz-Rotem, et.,al. 2008).



A community picture

One of Chicago's public housing units has been called "one of the worst in the country."

- Rampant gangs,
- Flagrant drug trafficking,
- Pervasive violence,
- Roach-infested buildings
- Single headed families
- Misguided federal and local housing policies,
- Ineffective crime-fighting measures,
- Negligent management

A Typical Day



Courtesy of cbs2Chicago

A typical day – continued



Courtesy of cbs2Chicago

A typical day – continued
Police Presence - Camera



Courtesy of cbs2Chicago

A typical day – continued
Police Vigilance



Courtesy of cbs2Chicago

A typical day – continued Drug Raids



Courtesy of cbs2Chicago

What They See – Children reporting violent events, 2004-2005

Gender	Age	Traumatic/violent event
Male	11	Witnessed the shooting of an uncle.
Male	10	Lost his mother due to a drive by shooting.
Male	08	Lost his mother due to a drive by shooting.
Male	12	Caught in a gun war
Male	13	Nephew killed in a gang war. Cousin killed in a hit and run car accident.
Male	11	Sexual assault. Has been placed in three foster homes. Mother incarcerated due to substance involvement (using/selling)
Male	08	Uncle killed in drive by shooting.
Male	08	Father killed in gang related incident
Female	07	Father killed in gang related incident.
Male	09	Father killed in gang related incident.
Female	09	Sexual assault.
Female	09	Sexual assault.
Male	10	Brother killed in a hit and run accident.
Male	10	Father killed Witnessed (cause of death ?). Witnessed the shooting of an uncle.

What They See – continued

Children reporting violent events, 2004-2005

Gender	Age	Traumatic/violent event
Female	14	Mother shot and killed by boyfriend.
Female	13	Mother killed by boyfriend.
Male	11	Father killed (cause of death?). Sexually abused a 5 year old child.
Male	14	Cousin killed in drive by shooting.
Female	14	Baby sibling accidentally burned and smothered to death.
Male	12	Cousin and uncle shot and killed in separate gang related incidents.
Female	09	Sexual and physical abuse.
Female	07	Sexual and physical abuse.
Male	12	Cousin killed in gang related incident.
Male	11	Sexual abuse.
Male	14	Uncle killed in gang related incident. Interrogated and physically beat by local gang.
Male	09	Sexual and physical abused. Two foster home placements.
Male	09	Physical abuse. Sister killed (cause of death?)
Male	10	Physical abuse. Cousin killed in gang related incident.
Female	14	Psychical and sexual abuse.



Just the facts

- Homicide is the second leading cause of death in the 15-19 year old age group

(Schwab-Stone, et., al. 1999).

- Violence affects all racial, ethnic and socioeconomic groups, but falls disproportionately on urban poor and minority

(Gorman-Smith & Tolan, 1998).

- “Violence appears to be increasingly gaining acceptance as a version of ‘love’ among teenagers”

(James et al., 2000; Vezina, Lavoie, & Piche, 1995; Black, Weisz, 2003)



Just the facts - continued

- A plethora of studies provides compelling evidence that children who are maltreated and children who witness family violence are at increased risk of psychopathology compared with children who are not exposed to violence

(Schwab-Stone, et., al.1999, Maikovich, et., al. 2008)

- Post traumatic stress disorder (PTSD) is one of the more prevalent disorders in detention facilities, affecting at least one in ten youths

(Odgers, et., al., Abram, et., al. 2007).



Just the facts - continued

- Growing numbers of girls and women are being arrested and convicted for serious criminal offenses.
- Research continues to look at how CSA plays a role in a girl's path toward crime including runaway behaviors, drugs, prostitution, and other forms of violence.

(Siegel, J.A., & Williams, L.M. 2003)

Neglect



Is a pattern of failing to provide for a child's basic needs, to the extent that the child's physical and/or psychological well being are damaged or endangered.



Types of Neglect

- Physical Neglect
- Emotional Neglect
- Educational Neglect



Physical Neglect

- Excessive hunger, wearing tattered clothing and unkempt
- Disregard for the child's personal safety
- Delays in providing necessary health care for the child
- Unable to get in the house, street wandering, hanging around school



Emotional Neglect

- Ignoring the child for prolonged periods
 - Isolating the child in his/her room
 - Preventing the child from interacting with siblings/peers
 - Failing to acknowledge significant milestones
 - Withholding praise
 - Withholding guidance and direction



Educational Neglect

- Failure to enroll a child in school
- Excessive, unexplained school absences
- Continuous failure to participate in student's educational plan



Types of Child Abuse

- Physical abuse
- Sexual abuse
- Emotional abuse
- Verbal abuse



Physical Abuse

- A physical act of aggression causing injury; striking, burning, shaking, pushing, throwing, pinching or biting the child
- Pulling hair; cutting off a child's hair to punish or demean
- Drugs and/or alcohol use during pregnancy
- Shaken baby syndrome
- Munchausen's syndrome by proxy



Sexual Abuse

- Violations of privacy - forcing a child to undress, spying on a child in the bathroom or bedroom
- Exposure to adult sexuality
- Selling a child's services as a prostitute or a performer in pornography
- Human trafficking
- Behaviors involving fondling, penetration



Emotional Abuse

- Withholding affection
 - Ignoring or disregarding the child's' needs
- Extreme Punishment
 - Isolating and terrorizing
- Corruption by causing a child to witness or participate in inappropriate behavior:
 - criminal activities
 - drug or alcohol abuse
 - acts of violence or crime



Verbal Abuse

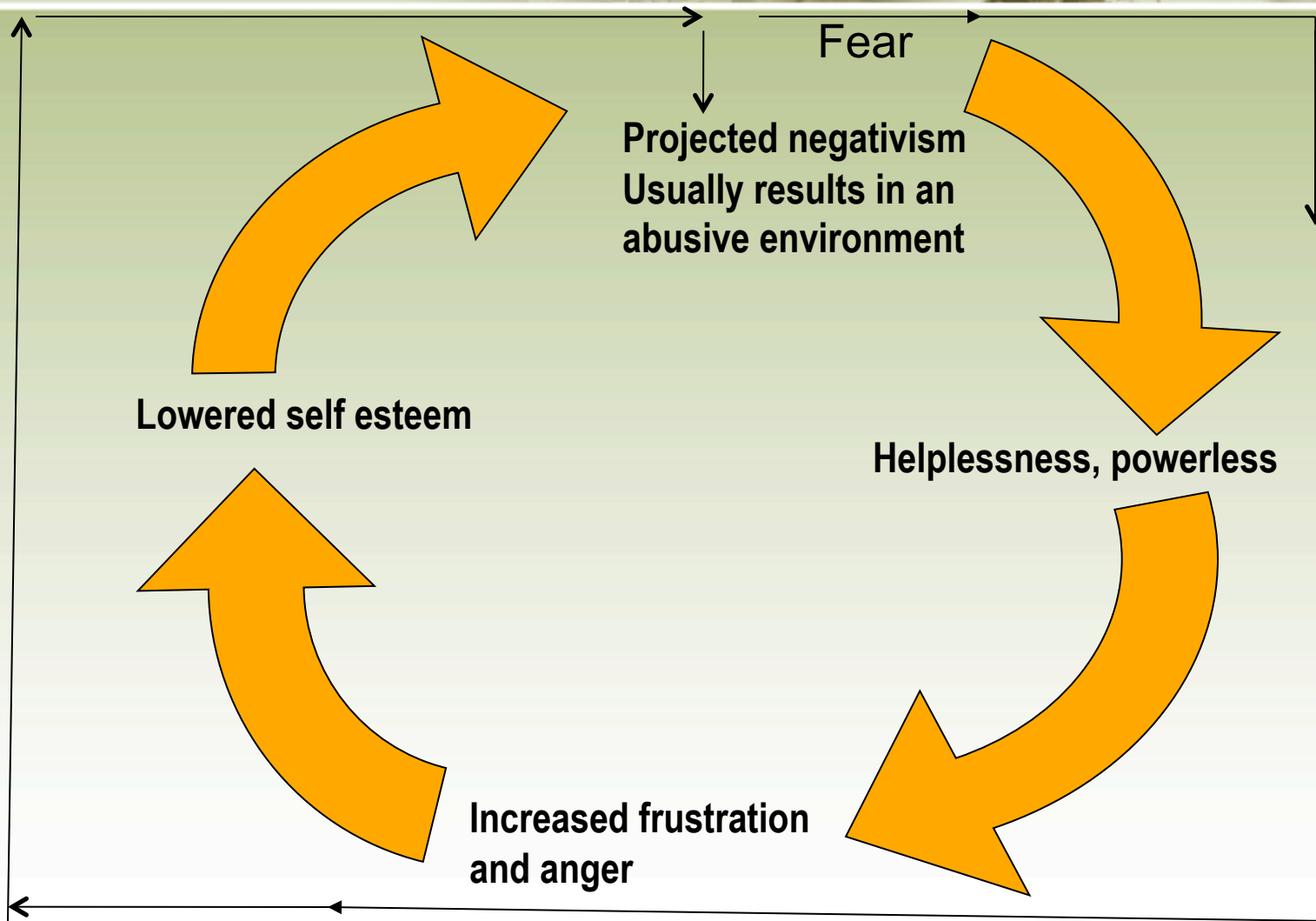
- Belittling or shaming: telling the child he or she is “no good,” “worthless,” “a mistake.”
- Habitual blaming: projecting parental stressors “everything” is their fault.



Child Abuse Syndrome

- Individuals who are:
 - Coping with prolonged fear leads to
 - Feelings of helplessness and powerlessness
 - Leading to frustration and anger
 - Resulting in lowered self esteem all of which **perpetuates negativism usually leading to an abusive environment.**

Battered Child Abuse Syndrome





Battered child abuse syndrome - Consequences

- Battered child syndrome occurs as the result of long-term physical violence against a child or adolescent.

Battered child abuse syndrome

– Consequences continued

- An estimated 2,000 children die annually in the U.S. from confirmed cases of physical abuse and 14,000 more are seriously injured.

A photograph showing a woman and a young girl smiling together. The woman is on the left, and the girl is on the right, looking towards the camera. The image is slightly faded and serves as a background for the title.

Battered child abuse syndrome

– Consequences continued

- In addition to the physical harm inflicted, battered children are at risk for an array of behavioral problems.



Traumatic Exposure

- Traumatic exposure can occur when a child is **exposed to ongoing abuse/trauma** impacting physical or emotional well being.



Traumatic Exposure - Continued

- When children live within impoverished environmental circumstances may be more **vulnerable to additional environmental and socio/economic disparities**



Environmental vulnerabilities

- Poverty
- Sub Standard housing
- Police harassment:
 - Random house raids
 - Few community members know their rights
 - Chaotic interventions lead to high stress levels



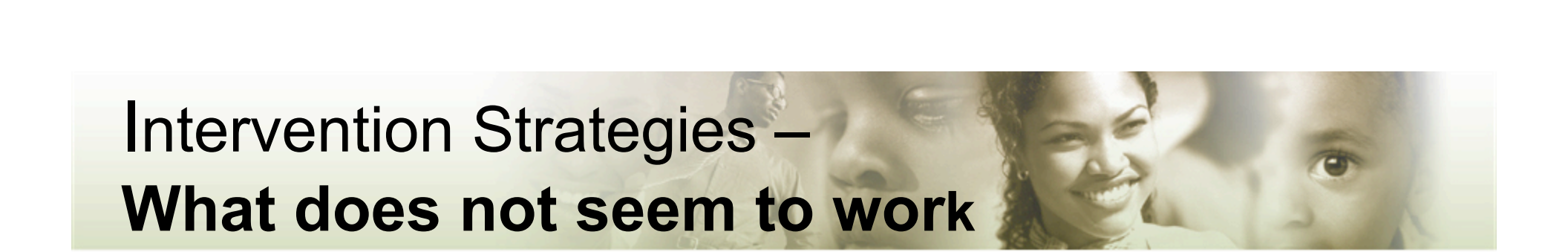
Socio-economic vulnerabilities

- High levels of drug use and trafficking
- Low paying jobs or lack thereof
- Low skill level
- High level of incarceration
- Gang Involvement
- Living below poverty level – limited resources
- Matriarchal single head of household



Vulnerabilities continue...

- Excessive neediness – “pick me, pick me, when are you going to take me”?
- Exaggerated startle responses
- Inability to concentrate (preoccupied with environmental artifact)
- Broken alarm system
- Poor recognition of boundaries
- Prone to risk taking behaviors



Intervention Strategies – **What does not seem to work**

- “Why are you lying?”
- “What did you do that was wrong?”
- “Why won’t you tell me the truth?”
- “Why are you always fighting?”
- “Why do you always get into trouble?”
- “You can trust me.”
- “I know how you feel.”
- “You can tell me anything.”
- “I will keep you safe.”



Forensic Nursing Strategies

- Providing critical incident care and interventions
- Screening for abuse and neglect
- Referring families to community resources
- Interacting with the school clinic to identify incidence of abuse
- Faculty and parent education
- In home crisis interventions
- Family therapy

Intervention Strategies - What seems to work


- Listening without bias:
 - Remember they are **children**
 - Do not project your feelings toward their parents on to them.
- Things that we can say:
 - “Help me to understand what happened...”
 - “How can I best help you...”
 - “This may be hard for you to talk about...”
 - “This will probably make you feel bad...”
 - “What is it that you need from me...”



Consider...

- “What is it about my relationship” with this kid that they feel they cannot be honest?
- Be aware of the cultural biases by virtue of our role (we have so much power/authority...)
- Consider how our biases may impact their reality
- Family loyalty (whether or not it makes sense to us does not matter)

Intervention Strategies continued – What works




- Validate their true feelings and experiences
- Adjust our expectations to their reality
- Don't speak for them
- Allow them to be exactly who they are
- Provide a quiet, safe, non threatening environment develop relationships first!
- Acknowledge their life style, relating experiences and impact on behaviors

Prevention – How Can the Forensic Nurse Help?



- Awareness
- Expanding School Based Mental Health Assessments for violence
- Cultural Sensitivity
- Ongoing educating and working with parents' and teachers'
- Screening Tools



Types of Screening Tools

- Angie/Andy Cartoon Trauma Scales (ACTS).
- Child Rating Scales of Exposure to Interpersonal Abuse (CRS-EIA).
- Vanderbilt Rating Scale.
- Trauma Symptom Checklist for Children (TSCC).
- Structure Interview for Disorders of Extreme Stress (SIDES).
- Child Behavior Checklist (CBCL).
- Violence Exposure Scale

Where Do We Go From Here???



Questions, Answers & Discussion



Taking Care of the Care Giver

- Don't take it personally.
- Have a support system in place.
- Share feelings, frustrations and concerns with peers (supervisions).
- Know who you can call in times of a professional crisis/issue.
- **Work Life Balance** - Balance your stress with exercise, relaxation techniques and healthy stress reducing activities.





Resources

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