

## Child Abuse

Note to teacher: Statistics and numbers are constantly changing. Be sure that you give current information about the numbers of abuse that occur in Utah. Current information at this time can be accessed on the following sites: <http://dcfs.utah.gov/statistic.htm> or [www.preventchildabuseutah.org/dcfs2007.pdf](http://www.preventchildabuseutah.org/dcfs2007.pdf) (This site has a great visual graph of the percentages). (You could show this information through your computer to the class with a LCD projector).

### DEFINING ABUSE:

1. **PHYSICAL ABUSE**—non-accidental injury of a child that leaves marks, scars, bruises, or broken bones.

PHYSICAL INDICATORS OF PHYSICAL ABUSE: unexplained bruises, burns, human bites, broken bones, missing hair, scratches.

BEHAVIORAL INDICATORS OF PHYSICAL ABUSE: wary of physical contact with adults, behavioral extremes (aggressive or withdrawn), frightened of parents, afraid to go home, cheating, stealing, lying (a sign that expectations in the home are too high), layered clothing.

2. **NEGLECT**—failure of parents or caretakers to provide needed, age-appropriate care including food, clothing, shelter, protection from harm, and supervision appropriate to the child's development, hygiene, and medical care.

PHYSICAL INDICATORS OF NEGLECT: constant hunger, poor hygiene, excessive sleepiness, lack of appropriate supervision, unattended physical problems or medical needs, abandonment, inappropriate clothing for weather conditions.

BEHAVIORAL INDICATORS OF NEGLECT: begging or stealing food, frequent school absences or tardiness, may crave affection, states there is no caretaker.

3. **SEXUAL ABUSE**—Any inappropriate sexual exposure or touch by an adult to a child or an older child to a younger child. This includes, but is not limited to: fondling, sexual intercourse, sexual assault, rape, date rape, incest, child prostitution, exposure, and pornography. It does not matter whether the victim was forced or tricked into any of the above, it is considered sexual abuse by the state of Utah.

PHYSICAL INDICATORS OF SEXUAL ABUSE: difficulty in walking or sitting, torn, stained, or bloody underclothing, pain or itching in genital area, bruises or bleeding in rectal/genital area, sexually transmitted infection.

BEHAVIORAL INDICATORS OF SEXUAL ABUSE: age-inappropriate sexual knowledge/sexual touch, abrupt change in personality, withdrawn, poor peer relationships, unwilling to change for gym or participate in physical activities, promiscuous behavior/seductive behavior, drop in school performance/ decline in school interest, sleep disturbances, regressive behavior (i.e., bed wetting).

4. **EMOTIONAL ABUSE**—parental behavior, such as rejecting, terrorizing, berating, ignoring, or isolating a child, that causes, or is likely to cause, serious impairment of the physical, social, mental, or emotional capacities of the child.

PHYSICAL INDICATORS OF EMOTIONAL ABUSE: speech disorders, lags in physical development, failure to thrive.

BEHAVIORAL INDICATORS OF EMOTIONAL ABUSE: habit disorders (sucking, biting, rocking), conduct disorders (withdrawal, destructiveness, cruelty), sleep disorders or inhibition of play, behavior extremes (aggressive or passive).

## Newspaper Article

You could have your class read the following article printed in the **Deseret News** April 4, 2008 entitled "Nearly 1 in 50 infants are abused" by Mike Stobbe and James Thalman (or any article that you wish to use). You could discuss the contents as a class, or have the class write a reflective paper about what they learned.

### WHAT TO DO IF A CHILD TELLS YOU ABOUT ABUSE OR NEGLECT:

1. Listen to what the child is telling you. Do not infer or assume anything. Do not push the child to share more than he/she is willing. The child needs warmth and acceptance, not curiosity or interrogation. It is not necessary for the child to reveal specific or intimate details right away.
2. Reassure the child that he/she has done the right thing by telling you. Acknowledge the difficulty of this decision and the personal strength necessary to make this choice. Make it clear that the abuse or neglect is not the child's fault, that he/she is not bad or to blame.
3. Keep your own feelings under control. Be calm and non-judgmental. Do not express emotions such as shock, embarrassment, anger, or disgust. Do not criticize or belittle the child's family.
4. Use the child's own vocabulary. The child may relate the abuse or neglect to you using family terminology. Do not try to substitute more polite or correct words.
5. Do not promise not to tell. Know your limits. This is not a situation you can handle by yourself.
6. Tell the truth. Don't make promises you can't keep, particularly relating to secrecy, court involvement, placement, and caseworker decisions.
7. Be specific. Let the child know exactly what is going to happen. Tell the child you are going to report the abuse or neglect to the police or the Division of Family Service. Be honest; it does not protect the child to hide anything. For example, if the child discloses sexual abuse, explain that the child or the abusing adult/parent may be removed from the home. Help by preparing the child for what lies ahead.
8. Assess the child's immediate safety. Is it safe for the child to return home? Is he/she in immediate physical danger?
9. Try to help the child regain control. Let the child choose whether to accompany you when the report is made, who else to talk to, etc. Although many of the decisions may seem trivial, they will allow the child some sense of self-determination.
10. Offer positive reinforcement to the child for telling about the abuse. This may include telling the child that you are proud of him/her for telling and that he/she did the right thing by telling.
11. Reinforce to the child that the abuse was not his/her fault. Many children blame themselves for the abuse and need to hear that they were in no way responsible or to blame for being abused.
12. Tell the child that you will seek help for him/her so that the abuse stops and so that he/she is safe.
13. Report the abuse.
  - a. Child Abuse/Neglect Hotline 1-800-678-9399.
  - b. Local Police

UNDER UTAH LAW, EVERYONE HAS A LEGAL OBLIGATION TO REPORT SUSPICION OR KNOWLEDGE OF CHILD ABUSE!!!!

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## Study finds nearly 1 in 50 infants are abused

By Mike Stobbe

*Associated Press*

By James Thalman

Deseret Morning News

ATLANTA — Nearly 1 in 50 of the most vulnerable U.S. residents — infants — have been abused and neglected, according to the first national child safety study in that age group.

In Utah, the rate among children younger than a year old — 1 in 100 — is half of the national rate reported in the study, according to state Division of Child and Family Services figures.

Researchers for the Centers for Disease Control and Prevention counted more than 91,000 infant victims of abuse and neglect from Oct. 1, 2005, to Sept. 30, 2006. In that same time period, 1,039 infants in Utah were abused, according to DCFS.

Most of the cases involved neglect, not physical abuse.

State statistics for abuse of children a week old or younger matched the national number, as nearly a third of the victims were newborn.

The chief contributing factor is domestic violence. However, maternal drug use was a contributing factor nationally and locally in the child neglect cases. About 18 percent of those cases in Utah were neglect due to alcohol use, including fetal alcohol syndrome and neglect due to methamphetamine abuse.

Maternal drug abuse is often discovered through blood tests while newborns are still in the hospital, CDC researchers and others said.

"That is the story here," said Dr. Howard Dubowitz, a professor of pediatrics at the University of Maryland School of Medicine.

The information came from a national database of cases verified by protective services agencies in 45 states, the District of Columbia and Puerto Rico.

Other studies have looked at national child abuse and neglect cases, but this is believed to be the first to focus on infants, said study co-author Rebecca Leeb, of the Centers for Disease Control and Prevention.

The results mirror what a study in Canada found, said Leeb, a CDC epidemiologist.

"We certainly were distressed" by the study's results, said Ileana Arias, director of the CDC's

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National Center for Injury Prevention and Control.

"It's a picture you don't want to imagine — that this number of **infants** is being **mistreated**," Arias added.

Only about 13 percent of the newborn cases were counted as physical **abuse**, meaning the large majority involved neglect.

Federal officials define neglect as a failure to meet a child's basic needs, including housing, clothing, feeding and access to medical care.

Things like abandonment and newborn drug addiction would qualify as neglect, not things like parents learning how to be parents," Leeb said.

Duane Betournay, DCFS executive director, said Utah may have half the national rate of **abuse**, but the severity of the incidents and time of **abuse** are about the same.

"Prevalence of neglect and **abuse** in general mirrors the rest of the country and is staying about even here," Betournay said. "A difference that is noticeable here and nationwide is the apparent increase in the seriousness of the **abuse**."

He said last year's data regarding the seriousness of cases are still being compiled, "but what we're hearing from area emergency rooms and from what our caseworkers are finding, it's getting a lot worse."

Other indicators, such as the KIDS COUNT annual report, are showing that alcohol and drug use, a lack of two-parent households, and rising financial stress are all increasing the risk factors for children of all ages, "and making this most vulnerable group even more so."

In the CDC study, medical professionals identified about 65 percent of the **maltreated** newborns to protective services staff. The others came from law enforcement, relatives, friends, neighbors and from protective services staff.

The neglect cases were based medical professionals concluding that a child got sick or didn't correctly develop because parents didn't obtain recommended medical care for their child.

Those cases were not necessarily life-threatening, noted David Finkelhor, who directs the Crimes against Children Research Center at the University of New Hampshire.

Finkelhor said the cases might in part reflect families who don't have adequate health insurance. The study's authors said they don't have information to verify that theory.

Both Finkelhor and Dubowitz have worked with the same database the researchers used. But Dubowitz pointed to data showing that most of the neglect cases in newborns were reported in the first two days of life.

That is a time when results from blood tests of mother and child come back and are often shared with protective services. Such tests would indicate whether the mother was **abusing** drugs.

However, Dubowitz said data on potential explanations behind neglect cases is skimpy, so it is difficult to draw conclusions.

But more prenatal care and drug treatment services would seem like a wise way to address the problem, he added.

The study didn't include data on fatal **abuse** and neglect. But federal officials said about 500 **infants** under age 1 died of **abuse** or neglect during the study period.

The CDC collaborated on the study with the federal Administration for Children and Families. The research was published in the CDC's Morbidity and Mortality Weekly Report.

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