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Advances in Psychotherapy –
Evidence-Based Practice

Childhood Maltreatment

2nd edition

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Dedication

First and foremost, this book is dedicated to all victims who have lost their lives to causes related to child maltreatment – your imprints on this world are not lost. To all those who have survived abuse and neglect – your daily efforts to engineer your own resilience journey is acknowledged and admired. We appreciate the participation of all child maltreatment research participants in building the evidence base upon which this book is based. We recognize the tremendous efforts of trainees, research assistants, and other support persons who make the research enterprise happen on a daily basis. A special note of research thanks goes to Mr. Ronald Chung, who married his sweetheart Cindy during the creation of this book.

Second, this book is dedicated to professionals who, in their own ways, form a river of resilience to keep victims buoyant and moving forward. This book is dedicated to the memory of professionals who have shown a persistent devotion to violence prevention. We acknowledge the sizeable contributions of Dr. Mark Chaffin and Dr. Murray Strauss. We wish to remember further two individuals: Dr. Anne-Marie Wall, 1964–2005, an alcohol researcher who came to embrace work in the family violence field, coediting *The Violence and Addiction Equation* with Dr. Wekerle; and Dr. Angus MacMillan, 1930–2015, a pediatrician who advocated for the need to establish a children's hospital, in part, to reflect the sensitivity in approach that children need in health care. His lifelong work in child health and violence prevention at McMaster University, inspired his daughter, Dr. Harriet MacMillan, a pediatrician and child psychiatrist, to initiate the Child Advocacy and Assessment Program (CAAP) at McMaster's Children's Hospital. She now leads the Violence, Evidence, Action Group (VEGA; http://projectvega.ca/).

Acknowledgments

This second edition represents an update covering the vast volume of new research in child maltreatment. We thank our publishers, acknowledging especially Robert Dimbleby and series editor Dr. Danny Wedding, and are grateful for their ongoing interest in child maltreatment knowledge exchange. The current authorship provides expertise in assessment and treatment issues, consistent with the current gold standard of trauma-focused cognitive behavior therapy with pediatric clients. Ongoing research that reflects the contributions of international teams and practitioners across diverse disciplines and systems, as well as those with lived experience, remains essential to upholding the foundational principles of doing no harm and acting in the best interests of the child. As professionals, we recognize the primacy of the child's and adolescent's right to safety and freedom from violence. Without physical and psychological safety, it is very challenging to optimize development and galvanize resilience. We are very pleased to join with you as part of the global collective to put children first, end violence, and to work toward peace and justice for all of the world's children.

Contents

1

Description

My father began screaming.… It snowballed from there. I do remember his face being distorted by rage, barking at us like a drill sergeant. I remember veins bulging…. He hit my brother upside the face. I was next.… He knocked me down again, incensed, and then dragged me to the bed…. I thought I was going to die.… My dad and I bumbled our way through my youth…. I began to show troubling behavior. I began to steal … trying to fill something inside, trying to find power in my powerless life…. If I was so lovable, then why did those closest to me seem to see fit to treat me so badly?… I have so much compassion for my dad. He endured so much as a child, and then he was shipped off to war. He had suffered from PTSD.… While he and I did not speak for most of my early career, we have a healthy and loving relationship now. Through a combination of therapy and self-examination, he has fought hard for the happiness he has, and [now] *... allows me to feel a lot of safety….*

Jewel, American singer–songwriter–writer
(Jewel, 2015)

1.1 Terminology

Worldwide, over 1 billion children were exposed to violence in 2014 (Hillis, Mercy, Amobi, & Kress, 2016). The Global Partnership to End Violence Against Children estimates that 120 million females and tens of millions of males are sexual abuse victims (UNICEF, 2014). Child maltreatment can be understood only by examining the nature of close relationships. Only through the context of relationships can such illogical, illegal, and illicit actions be repeated, over hours, over days, over years. "It is a private family matter" is a phrase that illustrates how child maltreatment was once treated; however, after decades of rigorous research and robust results, we are now realizing that child maltreatment is a serious public health issue with humanitarian and human rights import. As musician Jewel's quote above reminds us, caregiver vulnerabilities deserve our compassion. Because of the drive to attachment, and later affiliation, children tilt toward tenderness. In a meta-analytic review of the adverse childhood events (ACEs) literature by Hughes and colleagues (2017), there was a strong urgency felt by all involved parties to prevent maltreatment, minimize its negative impact by targeting reoccurrence, and build resilience. With four or more ACEs, there was a 5–10 times increase in the likelihood of

problematic alcohol and drug use, 3–5 times increase in the likelihood of sexual health risk behaviors, and over 30 times increase in the likelihood of a suicide attempt. While cumulative stress in childhood is the key concern, five of the ACEs involve child maltreatment (physical, sexual, emotional abuse, neglect, exposure to intimate partner violence), while three are caregiver vulnerability factors (household substance abuse, mental health problems, criminality). The annual costs of maltreatment are estimated at between US $124 billion and US $585 billion in the US (Fang, Brown, Florence, & Mercy, 2012).

Parental stress and impairments impact parenting in many ways

The adults' issues do deserve therapeutic attention. Parental socioeconomic stress, personality vulnerabilities, addiction, partnership problems, social isolation, cognitive impairment, and psychopathology certainly impact parenting. The adults' stress narrows their attentional capacities, leading to an overfocus on child problem behavior and an underattention to child discovery and positive behaviors. There is robust evidence for the harm of spanking and verbal abuse toward children, and yet, in developing countries in particular, most children experience adversive, coercive parenting. Overwhelmed adults also disengage from child care. However, the fact remains that adults take care of children; children do not parent and protect adults. The child's stress systems are overwhelmed due to their dependent and in-development nature. Behaviorally, the child will freeze, faint, flee, or fight. Increasingly, youths are becoming more active, reporting their maltreatment directly to national and international child helplines (Bentley, O'Hagan, Raff, & Bhatti, 2016). Data from 2003–2013 from Child Helpline International – a global network of helplines – documents the fact that over 4 million children have reported violence, primarily at the ages of 10–18 years old; 60% of reportees were girls, and 58% of physical abuse perpetrators were family members (Child Helpline International, 2013). There is a changing landscape of dangers to youth: In 2015, the Internet Watch Foundation and partners removed over 68,000 URLs with child sexual abuse images worldwide (International Watch Foundation, 2016). The details alone should shock us into our advocacy roles as professionals: 3% of victims were assessed as 2 years old or under, with most victims assessed to be 10 years old and under; 85% of images were of girls, with 39% of images showing extreme violence. The drivers for this content are persons in developed nations: Most of these sites were hosted in North America and Europe.

These statistics highlight the need to support two of the UN's Sustainable Development Goals (SDGs): SDG 5.2, to "eliminate all forms of violence against all women and girls in public and private spheres" (United Nations, 2017); and SDG 16.2, to "end abuse, exploitation, trafficking, and all forms of violence and torture against children" (United Nations, 2017). For clinicians engaged in cases of family violence, it is important to be aware of the full range of violence and risks, as well as the resilience resources. We need to be prepared to consider cross-cutting issues, such as the environment and poverty, alongside human rights and public health initiatives in violence prevention, as expressed in the principles underlying the SDGs.

Violence and poverty are important contributors to maltreatment

While we may think of child maltreatment as relevant to a child or family, its ripples extend much further. Violence is a social determinant of health, and there are disparities in the ways in which violence affects relationships, parenting, and communities. In a 27-year birth population cohort, economic and social instability were found to be predictors of child maltreatment (Doidge,

Higgins, Delfabbro, & Segal, 2017). Higher rates of maltreatment are linked to economic and financial crises in countries, as well as poor adult financial health in terms of employment and property ownership (Currie & Widom, 2010). The implications of poverty include spill-over effects that further impact physical health.

An ongoing concern is the disproportionate numbers of socioeconomically disadvantaged children in out-of-home care. For example, according to Statistics Canada, in 2011 (Turner, 2016), Aboriginal children aged 14 and under accounted for 7% of Canadian children but 48% of foster care children (*Aboriginal* is the term used in the study for this report and reflects predominantly First Nations children, but also Métis and Inuit children. For the report on the 2011 National Household Survey data [Turner, 2016]). Of these, 44% lived with at least one Aboriginal parent. Indigenous cultural practices promote well-being, as they target a balance in mental, physical, emotional, and spiritual well-being, as well as the maintaining of a tangible connection to community resources. Children and youths living in indigenous communities are also exposed to land-based trauma, where the ongoing requirement to defend and protect land and water resources is heightened with environmental concerns over corporate and government challenges to treaty rights. Recently, a connection was made between government and public health concerns such as clean water, degradation of land, and available green space, on the one hand, and location and (re)location of children and families on the other. In the United Nations Declaration on the Rights of Indigenous Peoples (United Nations General Assembly, 2007);, rights to intellectual property, traditional knowledge, language, and ancestral domains, as well as treaty and land rights, are detailed. Article 22 specifically addresses children, stating that they have a right to "full protection and guarantees against all forms of violence and discrimination" (p. 9). People in governmental positions and professionals in care and contact positions are duty bearers, upholding our duty to support well-being and to address violence. As such, we have a responsibility to respect, promote, and realize human rights, and to abstain from human rights violations.

The portrait painted herein of child maltreatment is one of adult disadvantage and poor decision making, often in the context of historical and current violence and deprivation. The body of research is clear that maltreatment is an environmental and relationship toxin, a modifiable health risk factor, and a driver of health care costs. Yet, in day-to-day experience, violence is one adult's choice among a myriad of other options for that one child. A parent's capacity to buffer a child from the parent's own stress, as well as to scaffold a child's response, is critical to developing the adaptive *serve-and-return* mutual attention interactions, which include the capacity for interactive repairs – the *how to* of reconciling conflictual interactions. A serve-and-return interaction occurs when a child is given feedback on their actions or verbalizations from the parent, thereby engaging the child in a reciprocal manner. Interactive repairs involve exchange between the parent and child working together to remedy conflict, allowing for the parent to take responsibility for correcting a potentially harmful interaction. An example of this would be the parent explaining the use of punishment that is reasonable or apologizing for a harsh discipline approach, letting the child know what they should expect in the