

QUESTIONS & ANSWERS ABOUT CHILD PHYSICAL ABUSE


An Interview with
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Q: What is child physical abuse?

A: Although the actual definitions vary by state, we would consider child physical abuse to be any physical act by a caregiver that results in a child being hurt or injured. Usually physical abuse is not a one-time event, but a pattern of repeated, deliberate acts. Caregivers may not understand that what they are doing is abusive. They may consider it “normal punishment” that is warranted by the child’s misbehavior. Physical abuse is often accompanied by other forms of child maltreatment, such as emotional abuse and neglect.

Q: How widespread a problem is child physical abuse in the United States?

A: In 2006, 16% (142,041) of all victims of child maltreatment (885,245) that were reported to child protective services in the U.S. suffered from child physical abuse (U.S. Department of Health and Human Services, 2008). This

number represents only those children whose situations were reported. It’s very likely that many more children are physically abused than the number that are reported.

Q: Aside from the physical damage, what are the effects of physical abuse on children?

A: The impact of physical abuse on a child’s life can be far-reaching. It is especially devastating when a parent, the person a child depends on for protection and safety, becomes a danger. Some children develop traumatic stress reactions. Some become anxious and depressed. Many physically abused children become aggressive themselves or have other behavioral problems. They may do unto others what they’ve experienced themselves.

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Children who’ve been physically abused often have social problems. They don’t do very well at developing and maintaining friendships. They don’t trust authority figures. They don’t feel good about themselves or see themselves as

worthy. They may blame themselves for the abuse and feel that they must keep what goes on in their families a secret. Reactions vary depending on the age of the child, the kind of abuse, and how long it continues. In most studies, physically abused kids have shown at least some types of psychological, social, and other problems.

Q: Can physical abuse affect development?

A: Research has shown that abuse and neglect may impair the healthy development of the brain. Chronic abuse can have significant and broad consequences. Physical, mental, and emotional development may all suffer (Widom, Kahn, Kaplow, Sepulveda-Kozakowski & Wilson, 2007).

Q: What factors contribute to a child's developing traumatic stress reactions after physical abuse?

A: The greater the threat to life and to the body, the more likely the child is to develop the signs and symptoms of child traumatic stress. So the child who is more severely injured, or the child who is terrified for his or her life, may be at greater risk of developing child traumatic stress reactions (English, et al, 2005). As with other forms of trauma, the child's subjective perception of risk also matters. If a child perceives his life, body, or self to be in great danger, he or she is more likely to develop traumatic stress reactions.

Children who develop traumatic stress reactions after abuse also tend to blame themselves. They are the children who see themselves as so "bad" that they've caused their parent to "go out of control."

Or a child will say, "I must be a terrible person for Mommy to hate me so much." We're not sure if a child who blames him- or herself is more likely to develop traumatic stress reactions, or if feeling bad and guilty just go hand-in-hand with the traumatic stress reactions. But children who get angry and blame the caregiver seem less likely to suffer from traumatic stress responses.

Q: Does every abused child react by becoming aggressive?

A: Aggression and "acting out" are very common but there are a wide range of reactions. Some children show few, if any, reactions. But some become numb. They don't seem to care anymore if they are hit; they've lost the normal fight or flight reactions built-in to protect us from danger.

These are the children I worry about most – those who no longer react with fear or try to run away. A child who's become numb or stopped trying to resist or to fight back is more likely to get physically injured. These children may also fail to react to other dangers. They may stop trying to make friends or succeed at school or plan for the future. They've simply given up.

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Q: Do some children become frightened rather than numb and withdrawn?

A: Some abused children become anxious and fearful rather than numb and withdrawn. This happens frequently when the abuse has no predictable pattern. A child who knows that daddy will come home every Saturday night drunk and try to hit him can at least anticipate what's going to happen. He may even be able to prepare himself for it. He still has some control over his own life. A child who never knows when a caregiver will become physically violent, and

never knows how far the caregiver will go, has no control. That child may become more anxious.

Q: Can physical punishment that does not cause physical injury still cause psychological damage?

A: Punishment does not have to lead to physical injury to cause psychological problems. A number of studies have shown that children who are exposed to physical threats and aggressive acts by a caretaker may develop post-traumatic stress reactions and other psychological problems, such as aggressive behavior, depression, and anxiety (Knutson, DeGarmo, Koepl & Reid, 2005).

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Q: Are men or women more likely to abuse children?

A: Both men and women abuse children. In the United States, most studies show that more abusers are women, possibly because women are more often caregivers (U.S. Department of Health and Human Services, 2008).

Q: Does child physical abuse occur only in disadvantaged families?

A: Some studies have shown that lower socioeconomic status is associated with higher rates of abuse. Probably there are a lot of factors that go along with lower socioeconomic status that increase the risk of abuse. A single parent who is out of work and has no childcare may be under tremendous stresses that can contribute to abuse. Lack of social support and reduced access to mental health services may also increase a parent's risk of abusing his or her child. But physical abuse is

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not limited to poor families. Caregivers all across the socioeconomic spectrum abuse their children. These families may not come into the juvenile justice system, and so may not be included in statistics, but physical abuse occurs at all socioeconomic levels.

Q: Are there any characteristics that people who abuse their children have in common?

A: Research hasn't been able to identify common characteristics for all abusive parents. Some studies have found that parents who physically abuse their children are more likely to perceive their children in a negative light. Others have found that these caregivers are less likely to use other disciplinary strategies, such as positive reinforcement. Other research has suggested that these caregivers may have "shorter fuses" and lose control when angered. Parents who were abused as children are at greater risk of becoming abusive themselves, as are parents who are depressed, suffering from post-traumatic stress reactions, or burdened by other psychiatric problems.

Common to the process of physical abuse is an escalation in behavior. Often physical abuse episodes start with a verbal argument that progressively gets out of control, and eventually ends in a physical confrontation. Along with that, children who are physically abused typically experience a lot of emotional and mental abuse such as threats, criticism, and name-calling from their parents.

Q: Are any particular children at greater risk of being abused?

A: The youngest kids, those under a year old, are the most vulnerable to serious injury and death. Rates of abuse are highest

in very young children and in middle childhood (U.S. Department of Health and Human Services, 2008). Some studies have found that disabled children are particularly vulnerable (Adapted Trauma Treatment Standards Work Group, 2004).

Q: What are the long-term consequences of abuse?

A: Studies have shown that the psychological and social effects of physical abuse may continue into adult life. In one long-term study, 80 percent of young adults who had been abused as children had at least one psychiatric disorder at age 21 (Silverman, Reinherz & Giaconia, 1996). Among these young adults' problems were depression, anxiety, eating disorders, and suicide attempts. For example, an individual may continue to suffer from low self-esteem and a predisposition to depression or anxiety. Adults who were abused as children are more likely to abuse drugs and alcohol. One study indicated that abuse and neglect in childhood increased the likelihood of adult criminal behavior by 28 percent and violent crime by 30 percent (Widom & Maxfield, 2001). A history of child abuse seems to increase vulnerability to a number of other chronic health problems (Felitti et al., 1998).

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Q: How can treatment help?

A: Treatment can help the parents stop abusing their children and keep their children safe. Several studies have shown that with proper treatment it's possible to improve abusive parents' parenting skills and reduce their abusive behavior. Most of the researchers in the field have looked at ways of changing parents' behavior rather than at ways of treating

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children for the consequences of abuse. We know that there are effective treatments for children's traumatic stress reactions but must find more ways of getting those treatments to the children who need them. Most of the formal studies of treatment

for physically abused children have looked at these children's social lives and relationships before and after treatment. They've shown that with proper treatment, children's social relationships improve, and their aggressive behaviors decrease. Other studies of very young children have shown that treatment improves the children's ability to think and do well in school.

Q: Is all physical punishment damaging to children?

A: The majority of parents in the US will use physical discipline at one time or another with their children. So, it appears to be fairly common. Of course, we don't know much about how and when it is used, and with what outcome or impact. From my perspective as a practitioner serving children who have been exposed to harsh or punitive discipline, I would discourage parents from using all forms of harsh physical discipline in favor of considering alternative methods that are known to be helpful in the long run. When you hit a child, the child learns that controlling other people through pain is appropriate. The child learns that aggression is acceptable. Some children show profound psychological effects from "punishment" that falls short of causing physical damage.

And physical punishment is not the most effective way of changing a child's behavior for the better. Although it is often a challenge to find alternatives that work, it is worth the effort.

REFERENCES

Adapted Trauma Treatment Standards Work Group, National Child Traumatic Stress Network. (2004). *Facts on traumatic stress in children with developmental disabilities*. Los Angeles and Durham, NC: National Child Traumatic Stress Network.

English, D.J., Upadhyaya, M.P., Litrownik, A.J., Marshall, J.M., Runyan, D.K., Graham, J.C., et al. (2005). Maltreatment's wake: The relationship of maltreatment dimensions to child outcome. *Child Abuse and Neglect*, 29, 597-619.

Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V. et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14, 245-258.

Knutson, J.F., DeGarmo, D., Koepl, G., & Reid, J.B. (2005). Care neglect, supervisory neglect, and harsh parenting in the development of children's aggression: A replication and extension. *Child Maltreatment*, 10, 92-107.

Silverman, A.B., Reinherz, H.Z., & Giaconia, R.M. (1996). The long-term sequelae of child and adolescent abuse: A longitudinal community study. *Child Abuse and Neglect*, 20, 709-723.

U.S. Department of Health and Human Services, Administration for Children, Youth, and Families. (2008) *Child maltreatment 2006*. Washington: U.S. Government Printing Office.

Widom, C.S., Kahn, E.E., Kaplow, J.B., Sepulveda-Kozakowski, S., & Wilson, H.W. (2007). Child abuse and neglect: Potential derailment from normal developmental pathways. *NYS Psychologist*, 19, 2-6.

Widom, C.S. & Maxfield, M.G. (2001). *An update on the "cycle of violence." Research in brief*. Washington: National Institute of Justice. Retrieved April 29, 2008, from <http://www.ncjrs.gov/pdffiles1/nij/184894.pdf>.