Child Maltreatment and Trauma

Child Maltreatment Classifications

- Physical abuse
  - The “Spanking” Law: Section 43 of Canadian code
- Neglect
  - Physical, educational, emotional
- Sexual abuse
- Emotional abuse

Some Stats

- Overall incidence of child maltreatment is 14 per 1000 children in Canada (2010)
- Primary caregiver maltreatment breakdow reported in Canada (2008)
  - Exposure to intimate partner violence – 34%
  - Neglect – 34%
  - Physical abuse – 20%
  - Emotional maltreatment – 9%
  - Sexual abuse – 3%

Common Characteristi
Maltreated Childre

- Academic difficulties
- Depression/anxiety/withdrawal
- Aggression
- Attachment issues
- Intellectual/developmental disability
- ADHD
- See more “externalizing” in physically abu
  but more “internalizing” in sexually abuse

Characteristics of Caregivers

- Victims of domestic violence
- Having few social supports
- Mental health issues
- Alcohol/drug abuse
- Perpetrator of domestic violence
- Physical health issues
- Single parent homes and large families
- Low SES
- Single-parent females most common perpetrator overall
- Males most common perpetrator of sexual abuse

Victimized Children

- Effects of age:
  - Younger children more at risk for physical n
  - Toddlers, preschoolers, and young adolesce at risk for physical and emotional abuse
  - Sexual abuse more common in children > 1
- Effects of gender
  - 80% of sexual abuse victims female
  - Boys more likely to be sexually abused by m family members; girls by male family memb

Developmental Project

- Maltreatment does not affect children in predictable or consistent ways
- Outcomes depend on severity/chronicity a of other interacting factors
- Protective factors
  - Positive relationship with at least one consis person providing support/protection
  - Personality characteristics
- Removing kids from families can have sign negative effects

Common Developmer Consequences

- Attachment issues
  - More likely to have insecure attachment
  - Leads to struggles in emotion regulation
    - Understanding, labeling, regulating emotional states
    - Increases likelihood of emotional distress
- Neurocognitive issues
  - Kindling of neurological systems involved in physiologica emotional reactivity
- Views of self/others
  - Betrayal and powerlessness become part of world view
  - Internalized blame for maltreatment
- Social issues
  - Hostile attributions; sensitivity; withdrawal; social skills

Parents are Someone Children too...

- Common for parents who maltreat children been exposed to maltreatment as well
  - Little exposure to “positive” parenting mode
- Consider children who suffer from the issu already discussed
  - How would this affect their own parenting?
- Lack of awareness of developmentally app expectations increases likelihood of maltre

Duty to Report

- Child, Family and Community Service Act
- Obligation to report if you have "reason to
  a child is in need of protection
  - Covers physical, sexual, and emotional abus
  - Defines markers of emotional abuse
    - Emotionally harmed if child demonstrates sev
      anxiety, depression, withdrawal, or self-destru
      aggressive behaviour
- Overrides confidentiality

Challenges with Treatm

- Maltreating parents have to agree to treatr
  at least be open to it)
  - Those most in need are least likely to seek i
- Starting out on the wrong foot
  - First contact usually after law has been viola
    report made)
  - Parents do not want to admit to behaviour c
    of losing child/being charged

Interventions

- Major focus is on psychoeducation
  - Child development (helps with expectations)
  - Parenting skills/basic child rearing skills
  - Why isn't there a manual needed for this?
- Increase positive interactions
- Provide parents with coping strategies
  - Relaxation, cognitive restructuring, problem
    anger management

Posttraumatic Stres Disorder

- Criterion A: Exposure to actual or threaten serious injury, or sexual violence in one (or the following ways
  - Directly experiencing the traumatic event(s)
  - Witnessing, in person, the event(s) as it occ others
  - Learning that the event(s) occurred to a clos or close friend
  - Experiencing repeated or extreme exposure aversive details of the traumatic event(s)

PTSD

- Criterion B: Presence of one (or more) of the f
  intrusions symptoms:
  - Recurrent involuntary and intrusive distressing m
    of the traumatic event(s)
  - Recurrent distressing dreams related to the trau
    event(s)
  - Dissociative reactions (e.g., flashbacks) where th
    individual feels or acts as if the traumatic event
    recurring
  - Intense or prolonged psychological distress at ex
    cues that resemble traumatic event(s)
  - Marked physiological reactions to internal or ext
    that resemble the traumatic event(s)

PTSD

- Criterion C: Persistent **avoidance** of stimul
  associated with the traumatic event(s) incl
  one or both of the following:
  - Avoidance of distressing memories, thought
    feelings about or closely associated with the
    traumatic events
  - Avoidance of external reminders (people, pl
    conversations, activities, objects, situations)
    arouse distressing memories, thoughts, or f
    about or closely associated with the trauma
    event(s)

PTSD

- Criterion D: Negative **alterations in cognitions mood** associated with the traumatic event(s), a evidenced by two (or more) of the following:
  - Inability to remember an important aspect of th traumatic event(s)
  - Persistent and exaggerated negative beliefs or ex about oneself, others, or the world
  - Persistent distorted cognitions about the cause consequences of the traumatic event(s), leading blaming others
  - Persistent negative emotional state
  - Marked anhedonia
  - Detachment or estrangement from others
  - Persistent inability to experience positive emotio

PTSD

- Criterion E: **Marked alterations in arousal**
  reactivity associated with the traumatic ev
  evidenced by two (or more) of the followin
  - Irritable behaviour and angry outbursts
  - Reckless or self-destructive behaviour
  - Hypervigilance
  - Exaggerated startle response
  - Problems with concentration
  - Sleep disturbance

PTSD: Children 6 and u

- Criterion A: exposure
  - Add qualifiers about witnessing event (**espe**
    primary caregivers)
  - Learning events occurred to **caregiver**
- Criterion B: intrusion symptoms
  - All except dreams and physiological reaction
    occur in play
- Can show either avoidance or negative alte
  cognitions (don't need both)

Treatment

- Trauma focused CBT
  - Heavy emphasis on inclusion of parents to e
    attachment/coping with emotions
  - Teach relaxation skills, problem solving skill
    cognitive restructuring
  - Main focus is building a trauma narrative ar
    on mastery of trauma reminders
- Somatic approaches
  - Incorporate mindfulness; body awareness
- Non-exposure treatments?

Psychosis

- Delusions
- Hallucinations
- Disorganized Speech
- Disorganized or catatonic behaviour

Gender Dysphoria ar
Gender Variant Yout

Formerly Gender Identity Disorder

Gender Dysphoria

- Criteria for children

- Marked incongruence between one's experienced/exp
  gender and assigned gender (at least 6 months' durat
  manifesting at least 6 of the following (one of which r
  first one)
  - Strong desire to be of the other gender or insistence tha
    other gender
  - Strong preference for wearing attire typical of the other g
  - Strong preference for cross-gender roles in make-believe
    play
  - Strong preference for the toys, games, or activities stereo
    used by other gender
  - Strong preference for playmates of other gender
  - Strong rejection of toys, games, activities typical of assi
  - Strong dislike of one's sexual anatomy
  - Strong desire for the sex characteristics that match expe
    gender

Gender Dysphoria (adoles and adults)

- Marked incongruence between one's experienced/e gender and assigned gender (at least 6 months' du manifesting at least 2 of the following
  - Marked incongruence between one's experienced/e gender and primary and/or secondary sex charact
  - Strong desire to be rid of one's primary and/or se characteristics because of marked incongruence w experienced/expressed gender
  - Strong desire for the primary and/or secondary se characteristics of the other gender
  - Strong desire to be of the other gender
  - Strong desire to be treated as the other gender
  - Strong conviction that one has the typical feelings reactions of the other gender

Problematic Reactio

- Cross gender behaviour very anxiety provo parents
- Reactions of school staff and peers
- Youth may not be able to access health ca independent of parents
  - May be brought for “medical attention” by p an attempt to “treat” or “cure” gender varia behaviour
  - Pathologizing atypical gender behaviour

Trends in Gender Vari
Youth

- Not all will seek sex reassignment after pu
- Gender variant behaviour in childhood mor strongly predictive of homosexuality than transsexualism
- Not all youth with gender dysphoria contin have gender concerns into adulthood
- Significant variation amongst youth preser gender variant behaviour

Treatment Options

- “Wait and see”
- Hormone blockers
- Cross-sex hormones
- Sex re-assignment surgery

Treatment (cont'd)

- Psychotherapy
  - Explore ambivalence, how to come out, a for underlying factors, explore body ima therapy
- Hormones
  - Fully reversible: puberty delaying hormo
  - Partially reversible: cross-sex hormone t
- Surgery
  - Not all gender dysphoria clients request

Real Life Experienc

- Live full time in sex role transitioning
- Provides exposure to all consequenc transition (family, interpersonal, lega
- Tests the capacity to function in pref gender and adequacy of social supp
  - Also an opportunity to experience cross role before making irreversible changes
- One year if MSP paying for surgery

MSP Requirements for S
Reassignment Surger

- One full year of real life experience
- Demonstrate emotional and psychological
- Recommendation for surgery by two psych with expertise

Learning Disorders

Specific Learning Diso

- Criterion A:. Difficulties learning and using
  academic skills (reading, writing, spelling
  as indicated by the presence of at least on
  following symptoms that have persisted fo
  six months, despite the provision of interv
  that target those difficulties:
  - Inaccurate or slow and effortful word readin
  - Difficulty understanding the meaning of wh
  - Difficulties with spelling
  - Difficulties with written expression
  - Difficulties mastering number sense, numbe
    calculation
  - Difficulties with mathematical reasoning

LD Criterion B

- Academic skills significantly below age exp
  and cause Impairment
  - Affected academic skills are substantially ar
    quantifiably below those expected for the in
    chronological age
    - Standard is difference of at least 2 SD betwee
      achievement and IQ score
  - Cause significant interference with academi
    occupational performance, or with activities
    living

More LD Criteria

- Onset: begin during school-age years
- With impairment in reading:
  - word reading accuracy
  - reading rate or fluency
  - reading comprehension
- With impairment in written expression:
  - spelling accuracy
  - grammar and punctuation accuracy
  - Clarity/organization of written expression
- With impairment in mathematics:
  - number sense
  - memorization of arithmetic facts
  - accurate or fluent calculation
  - accurate math reasoning

Treatment/Remediati

- Response to Intervention
  - Small-group, intensive instruction in school
  - Attempt to provide appropriate level of instructi
  - More individualized than mainstream classroom
- Direct Instruction
  - Tutoring; teaching direct skills required for the ta
  - Break task down into components
    - Phonemic awareness/decoding
    - Fluency of word recognition
    - Determining word meaning
    - Enhancing vocabulary
    - Improving spelling

Treatment

- Cognitive-Behavioural Techniques
  - Written rules instead of relying on memory
  - Self-monitoring
  - Self-evaluation
  - Self-reinforcement

Intellectual Disability a Fetal Alcohol Spectrur Disorders

Intellectual Disabilit

- Onset during the developmental period tha
  includes both intellectual and adaptive fun
  deficits in conceptual, social, and practica
  domains. The following three criteria must
  - A: Intellectual Deficits
  - B: Deficits in Adaptive Functioning
  - C: Onset of intellectual and adaptive deficit
    the developmental period

Criterion A: Intellectu Deficits

- Deficits in intellectual functions, such as re problem-solving, planning, abstract thinkir judgment, academic learning and learning experience, confirmed by both clinical asse and individualized, standardized intelligen
- No more IQ cut off scores

Criterion B: Deficits
Adaptive Functionin

- Deficits in adaptive functioning that result
  to meet developmental and sociocultural s
  for personal independence and social resp
  Without ongoing support, the adaptive defi
  functioning in one or more activities of dai
  such as communication, social participatio
  independent living, across multiple environ
  such as home, school, work, and communi

Specify Severity

- Mild, Moderate, Severe, Profound
- Rate severity for each of the 3 domains
  - Conceptual
    - Academic skills (reading, writing, math), mem
      executive functioning, abstract thinking
  - Social
    - Communication/language use, maintaining fr
      social skills, regulating behaviour/emotions, s
      judgment
  - Practical
    - Self-care, using transportation, time/money, v
      skills

Causes

- Early alteration of embryonic development (30% o
  - E.g., Down's syndrome, prenatal use of alcohol/dr
- Environmental influences (15-20% of cases)
  - E.g., Deprivation of nurturance, deficiencies in hea lack of social/cognitive stimulation
- Pregnancy and perinatal problems (10% of cases)
  - E.g., Fetal malnutrition, hypoxia, trauma
- Inherited/Hereditary factors (5% of cases)
  - Phenylketonuria (PKU), Tay-Sachs disease, Fragile
- No clear etiology in 30-40% of cases

Fetal Alcohol Spectru Disorder

- Umbrella term for range of outcomes assc with all levels of prenatal alcohol exposure
- The most widely preventable cause of Inte Disability
- Fetal Alcohol Syndrome: most extreme forn FASD
  - A leading cause of Intellectual Disability
  - 0.5-2.0 per 1000 live births
  - Under-diagnosed

Fetal Alcohol Syndrom

- Characterized by
  - Central Nervous System dysfunction
    - Microcephaly: smaller, underdeveloped brain
  - Abnormalities in facial features
  - Growth retardation below 10th percentile
  - Generally in mild range of Intellectual Disability
  - Socioemotional difficulties
    - Attention deficits
    - Hyperactivity
    - Poor impulse control
    - Significant behaviour problems
  - Most difficulties persist into adulthood
- Fetal Alcohol effects vs. Fetal Alcohol Syndrom