Table of Contents

If you’re viewing this document online, you can click any of the topics below to link directly to that section.

Counseling Abused Children. Highlights: An ERIC/CAPS Digest........ 1
  TYPES OF MALTREATMENT................................................. 2
  NEGLECT........................................................................ 2
  PHYSICAL ABUSE.............................................................. 3
  SEXUAL ABUSE AND EXPLOITATION...................................... 3
  EMOTIONAL ABUSE OR NEGLECT......................................... 3
  IDENTIFYING MALTREATMENT............................................ 4
  THE TEAM APPROACH.......................................................... 4
  COUNSELING THE CHILD...................................................... 4
  THE COUNSELOR’S SELF-AWARENESS.................................. 5
  REFERENCES........................................................................ 5
Counseling abused children is a challenging task for practitioners. The incidence of reported and substantiated child abuse and neglect has risen dramatically since the "discovery" of the Battered Child Syndrome in the sixties, and subsequent mandatory reporting laws. The nation has moved through stages of public awareness about the phenomenon. Currently practitioners have become aware of the widespread sexual abuse of girls (estimated at one in four females) and are developing increasing awareness of the sexual abuse of boys. Rapid changes in the knowledge base demand that counselors keep abreast of the indicators of maltreatment, the laws for reporting suspected abuse, and the ways in which children can best be served to overcome effects of a negative family experience.

All fifty states require that helping professionals report suspected child abuse to the child protection agency or the police. Many counselors experience difficulty with reporting requirements for fear of violating the trust of a child, or creating mistrust with the child's parents. Such reporting to Children's Protective Services has saved the lives of many children, and brought help to families. Although children are still removed from their families and placed in foster homes when it is necessary for their protection, the emphasis has shifted to serving children in their own homes, and providing services to help the family overcome the situations which lead to abuse or neglect. Counselors should be familiar with child abuse reporting laws in their own states. Typically counselors and school personnel are required to report suspected abuse, and are granted immunity from liability because they are presumed to be acting in good faith. Many states also have criminal or civil penalties established for mandated professionals who fail to report.

TYPES OF MALTREATMENT

A common theme underlying most forms of maltreatment--physical abuse, neglect, or sexual abuse and exploitation--is that of emotional hurt. The child who is physically abused often suffers emotionally from inconsistent parenting and fear. The sexually abused child suffers from the lack of affection or supervision which leaves him/her vulnerable to the subtle advances of the perpetrator; and the neglected child becomes anxious or apathetic about a life in which basic needs aren't met. One general consequence of child maltreatment is developmental fixation or "freezing." The child who comes to the attention of the counselor due to difficulties in the classroom or poor social adjustment may very well be a maltreated child.

NEGLECT
Neglect accounts for more deaths than the physical abuse of children. In a national study of reported child maltreatment, only 4% experienced major physical injury, while 60% experienced a type of physical neglect. Neglect was associated with 56% of child deaths (American Humane Association, 1983). All types of neglect are essentially a failure by the parents to provide something needed for the child's healthy growth and development. The concept of neglect includes the assumption that some harm must befall the child as a result of the parents' failure to provide.

**PHYSICAL ABUSE**

Physical abuse is usually defined as the intentional or nonaccidental inflicting of injury on a child by a caregiver. It manifests as bruises, welts, broken bones, burns, lacerations, or even death. It may occur through hitting, striking, beating, kicking, biting, slapping or other forms of violence directed at a child. Many, if not most, parents who abuse children have been reared in an environment in which some form of maltreatment occurred. Physical abuse appears in all socioeconomic classes, but is correlated with the stresses of poverty.

**SEXUAL ABUSE AND EXPLOITATION**

Child sexual abuse is the adult (or older child) exploitation of the normal childhood development process, through the use of sexual activity. Examples of the types of sexual activity might include touching, kissing, fondling, manipulations of the genitals with the fingers, and actual sexual intercourse (Stovall, 1981).

In examining patterns of sexual abuse and exploitation, it is important to keep in mind that the knowledge base is changing rapidly. While earlier belief was that sexual abuse perpetrators were almost always men, McCarty (1986) studied female perpetrators and found both accomplices who aided male perpetrators, and independent abusers, who had come from a background of bad childhoods, unhappy marriages and earlier sexual victimization. Within the last decade it has been acknowledged that male children are also sexually victimized and are at great risk (Bolton, Morris, & MacEachron, 1989). It currently appears that female children are more likely to be sexually abused in an incestuous situation, while more male children are sexually abused outside the home.

**EMOTIONAL ABUSE OR NEGLECT**

Emotional neglect generally implies a consistent indifference to the child's needs and covers a range of behavior, from the parent who never speaks to the child and doesn't remove the child from a crib, to the psychotic parent unable to acknowledge the reality of the child's world, or that the child actually exists. Emotional abuse, on the other hand, implies an active rejection or persecution of the child by the parent. Chronic verbal abuse erodes the child's self-esteem. The use of confinement or excessive punishment is also a form of emotional abuse. Emotional abuse or neglect is usually accompanied by other forms of maltreatment such as sexual abuse or physical abuse. Clearly, children who are being maltreated are not getting their developmental needs met.
IDENTIFYING MALTREATMENT

Children who have been maltreated are usually unwilling or unable to reveal their situation to a counselor because of parental threats, or a feeling of loyalty to the family. While sensitive interviewing may help to unearth details of maltreatment, counselors need to be aware of non-verbal ways in which the message of abuse may be communicated.

The presence of one indicator alone does not necessarily mean that maltreatment has occurred. The counselor looks rather for configurations of indicators. If there are a number of indicators, the counselor has reason to suspect maltreatment, even if the child has not confided in the counselor. When abuse is suspected, the counselor is obligated, under law, to report this concern to Children's Protective Services.

THE TEAM APPROACH

Counseling, in and of itself, cannot ensure the safety of a maltreated child. There will be many professionals involved in working with maltreated children. Typically, a Children's Protective Services worker may coordinate the intervention. Medical personnel will be involved. This may include a coordinating pediatrician who will follow the child's growth and development, several specialists and other health practitioners such as a physical therapist or public health nurse who has worked with the family. If the child must be removed from the home, the team may include a foster parent. Educators and school personnel are also an important part of the team. They can help to monitor a child's day-to-day safety and progress, and can build programs to help the child's self-esteem and enhance cognitive development. In dealing with situations where there is risk to a child, the counselor will find that a team approach accomplishes more for the child than the single intervention of offering counseling.

COUNSELING THE CHILD

One of the primary purposes of counseling the maltreated child is to provide a safe place and safe relationship within which the child may experiment with new adaptations to a safer world, and in which the child's arrested development may become "unstuck." Counselors cannot literally replace the requisite parental bonding which helps children to grow and develop, but have an opportunity to help the child develop a trusting relationship with an adult.

The key to understanding the maltreated child is to look at the developmental stage rather than the chronological age. The counselor will be able to identify adaptations which the child made to the maltreatment and teach the child more appropriate ways of interacting. Children often reveal in play the traumatic events of their earlier years. They may also show to the counselor maladaptive behavior which puts them at risk of further maltreatment.

In the counseling relationship, working with maltreated children requires many
techniques other than talking and listening. Using structured or unstructured play situations and artwork, music or clay provide a safe way for children to release tension and express themselves. Younger children do well with dolls and dollhouses to act out family issues for the counselor. Many maltreated children have not had normal play opportunities and benefit greatly from free play in the counselor's office. Using puppets, reading stories, or acting out role plays are ways in which abused children can try out new approaches to relationships.

Abused children also do well when counselors work with them in groups. Younger children do well with developmental play groups, while older children and youth can benefit from activity groups as well as treatment-oriented groups. Group counseling can be especially useful with children and youth who have been sexually abused by reducing their feelings of shame and differentness and helping them to learn how to protect themselves (McFadden, 1989).

THE COUNSELOR'S SELF-AWARENESS

Counseling abused children is challenging in that it can arouse many complex feelings within the counselor. Anger with the child's parents, uneasiness over the child's acting out, or feelings of frustration and sadness are not uncommon for counselors to face. Anxiety about protecting the children from further maltreatment may be a predominant theme for the counselor. It is important for counselors working with the sensitive issues of maltreatment to seek consultation, supervision, or even treatment for themselves when they become overwhelmed with feelings. Recognizing one's professional limitations can also be helpful. It is important to remember that counseling alone cannot protect children, and that any effective long-term intervention will require a concerted team approach and a community which cares enough to offer adequate resources for families. Children will be healed and protected as families are helped.

REFERENCES


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