

Child Abuse Training Seminar

for Child Legal Representatives (CLRs),
Child and Family Investigators (CFIs), and
Parental Responsibilities Evaluators (PREs)

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Presented by
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MA, TLLP
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Overview

- **Brief History of Child Welfare**
- **Child Abuse & Neglect Conceptualizations**
- **Best Interests of the Child (BIC) & Allocation of Parental Responsibilities Determinations:**
 - BIC History & Development in the Law
 - BIC Science
 - BIC Colorado Law: Parenting Time & Decision-Making Responsibilities
 - BIC Factorial Analysis

Q & A

Small Group Discussion

Overview

- **Reporting & Standards of Proof**
 - Mandated Reporters
 - Standards of Proof
 - Reasonable Cause to Suspect
 - Reporting Child Abuse/Neglect to DHS
 - Preponderance of the Evidence as used by:
 - PRE Evaluation & Reports to the Court
 - Colorado DHS Child Abuse Investigations

Q & A

Small Group Discussion

15 MINUTE BREAK

Overview

- **Child Abuse / Neglect Types & Subtypes**
 - Psychological Maltreatment
 - Terms, Prevalence, & Sequelae of Trauma
 - Operational Definitions for Psychological Maltreatment
 - Defining Psychological Maltreatment & Its Subtypes
 - **Rejecting/Spurning PM** –
 - Operational Definitions
 - Empirical Research
 - Sequelae of Trauma
 - Vignettes

Small Group Discussion

Overview

- **Isolating PM –**
 - Operational Definitions
 - Empirical Research
 - Sequelae of Trauma
 - Vignettes

Small Group Discussion

30 MINUTE BREAK

- **Terrorizing PM –**
 - Operational Definitions
 - Empirical Research
 - Sequelae of Trauma
 - Vignettes

Small Group Discussion

Overview

- **Ignoring/Emotional Unresponsiveness PM –**

- Operational Definitions
- Empirical Research

Small Group Discussion

- **Corrupting/Exploiting PM –**

- Operational Definitions
- Empirical Research

15 Minute Break

- Sequelae of Trauma
- Vignette

Small Group Discussion

Q & A

Overview

- **Implicit and Explicit Bias**
 - Operational Definitions
 - Techniques to Reduce Bias:
 - Epoche
 - Bracketing
 - Horizontalization
 - Self Evaluation
 - Consulting with Colleague or Other Professional

Small Group Discussion

Q & A

- **Closing Remarks & Follow Up Questions**

Break for the Day

Overview

- **Implicit & Explicit Bias**
 - What is Bias?
 - What is Implicit Bias?
 - Explication of Examples
 - What is Explicit Bias?
 - Explication of Examples
 - Techniques to Reduce Bias
 - Phenomenological Inquiry
 - Epoche
 - Bracketing
 - Horizontalization

Q & A

Small Group Discussion

15 MINUTE BREAK

Overview

- **Physical Abuse**
 - Prevalence & Statistical Data
 - Corporal Punishment
 - Parenting Styles & Physical Abuse
 - Short Term & Long Term Sequelae of Trauma

Q & A

Small Group Discussion

30 MINUTE BREAK

Overview

- **Child Sexual Abuse**
 - Prevalence & Statistical Data
 - Operational Definitions
 - Normative Sexual Behavior
 - Problematic Sexual Behaviors
 - Sexual Exploitation w case examples
 - Enticement & Grooming Behaviors of Perpetrators
 - Sequelae of Trauma

Q & A

Small Group Discussion

- **Closing Remarks & Follow Up Questions**

Break for the Day



History of Child Welfare

History of Child Welfare

- **1600-1800**

- Children orphaned or whose parents could not provide adequate care for them were often indentured to work for other families
- The legal concept of “**parens patriae**” (lit., ‘parent of the country’) was adopted by U.S. Courts in cases of child abuse giving magistrates the authority to remove children from abusive and neglectful parents

Myers, 2008; Pecora et al., 2010

History of Child Welfare

- **1800s** – Private religious and charitable organizations established orphanages
- **1850-1900** – Private agencies began placing orphans with foster families (no screening or monitoring)
- **Early 1900s** –
 - State laws enacted to prevent child abuse and neglect
 - The first national conference on the needs of dependent children was convened
 - The first federal children's welfare bureau was established.

Myers, 2008; Pecora et al., 2010



History of Child Welfare

- **1935 – Social Security Act** – Authorized federal grants for child welfare services which led to the establishment of State child welfare agencies and local programs to deliver child welfare services as well as the Aid to Dependent Children (ADC) program
- **1960 – The Social Security Act Amendments of 1960 (P.L. 86-778)** – Established grants for Child Welfare Research, Demonstration, or Training (CWDRT) in Title V

History of Child Welfare

- **1961-1962** – P.L. 87-31 – Amendments to the Social Security Act temporarily allowed states to use ADC to pay for a part of the cost of providing foster care to children removed from unsuitable homes due to neglect or abuse.
 - **The Public Welfare Amendments of 1962 (P.L. 87-543)** made foster care support ongoing and renamed ADC as Aid to Families with Dependent Children (AFDC) program
- **1968** – The Social Security Act Amendments of 1967 (P.L. 90-248, enacted in 1968) required each state's AFDC program to include foster care support

History of Child Welfare

- **1974 – The Child Abuse Prevention and Treatment Act (CAPTA)**
 - The first major Federal legislation addressing child abuse and neglect.
 - CAPTA required States to establish child abuse reporting procedures and investigations systems.
 - States were compelled to define child abuse and neglect in a way that was consistent with CAPTA’s operational definition:
 - Child abuse and neglect means “any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm” ([CAPTA, 1974](#))



History of Child Welfare

- **1978 – The Indian Child Welfare Act (ICWA)**
 - Due to high rates of erroneous removal of Native American children from non-abusive families, the burden of proof for termination of Native American parental rights was raised from preponderance of the evidence to beyond a reasonable doubt and the testimony of two experts in Native American culture.

History of Child Welfare

- **1980 – Adoption Assistance and Child Welfare Act**
 - Required states to develop a state plan detailing how child welfare services will be delivered for children eligible for adoption
 - Required states to make reasonable efforts to keep families together, by providing both prevention and family reunification services
 - Created an adoption assistance program

[The American Presidency Project, 1980](#)

History of Child Welfare

- **1997 – Adoption and Safe Families Act (ASFA)**
 - Amended CAPTA to:
 - (a) encourage states to expedite permanency decisions for neglect/abused children in foster care;
 - (b) promoted the increase in the number of adoptions; and
 - (c) impose financial penalties for States that failed to demonstrate improvements in outcomes for neglected and abused children

History of Child Welfare

- **2000 – Trafficking Victims Protection Act (TVPA)**
 - Equipped the U.S. Government with new tools and resources to mount a comprehensive and coordinated campaign to eliminate modern forms of slavery domestically and internationally which includes any and all forms of the trafficking of children.
 - Amended seven times in 2003, 2005, 2008, 2013, 2015, 2017, and 2018.

U.S. Dept. of Justice, 2023

<https://www.justice.gov/humantrafficking/key-legislation>

History of Child Welfare

- **2003 – Keeping Children and Families Safe Act** – Reauthorized and amended CAPTA to provide services for children who witness domestic violence and to provide training for and collaboration among agencies that provide victim services. The amendments revised, redesignated and add several purposes for the CAPTA State Grants including the following:
 - Improving the intake, assessment, screening, and investigation of reports of abuse and neglect
 - Creating and improving the use of multidisciplinary teams and interagency protocols to enhance investigations
 - Improving the case management, including ongoing case monitoring², and delivery of services and treatment provided to children and their families

[U.S. Dept. Health and Human Services, 2003](#)

History of Child Welfare

- **2015 – Justice for Victims of Trafficking Act** – Amended CAPTA to require States to identify and assess all reports involving children known or suspected to be victims of sex trafficking and to train CPS workers about identifying, assessing, and providing services for children who are sex trafficking victims.

A black rectangular graphic with white and red text. The word "STOP" is in large white letters, with a red handprint icon replacing the letter "O". Below "STOP" is the word "HUMAN" in white, and "TRAFFICKING" is in red. The entire graphic is set against a black background.

STOP
HUMAN
TRAFFICKING



History of Child Welfare

- **2016 – Comprehensive Addiction and Recovery Act**
 - Modified CAPTA requiring states to ensure the safety and well-being of infants born and identified as being affected by substance use or withdrawal symptoms or fetal alcohol spectrum disorders.
- **2018 – Victims of Child Abuse Act (VOCA) –**
 - Federal funds available to support CACs as well as training and technical assistance (TTA) that provided all children and families access to strong multidisciplinary teams (MDTs) of highly qualified professionals who respond to and help heal victims of child abuse.

History of Child Welfare

- **2022 – Keeping Children Safe from Family Violence Act (Kayden’s Law)** – Incentivizes states through grants to ensure that State child custody laws adequately protect children at risk of being abused by:
 - 1. Restricting expert testimony to only experts who are appropriately qualified to provide it.
 - 2. Ensuring that Courts are only allowed to order a “reunification treatment” for a child whose relationship with one or both parents is troubled if it is “generally accepted and scientifically valid” in so far as its “safety, effectiveness, and therapeutic value” for the proposed family participants.
 - 3. Requiring Court appointed child custody evaluators to have evidenced-based ongoing training on domestic violence and child abuse.

34 U.S.C. § 10446

Child Abuse & Neglect Conceptualizations

Child Abuse & Neglect Federal

- Child Abuse Prevention and Treatment Act (CAPTA, 1974; 2010) define child abuse & neglect as:

“Any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm”

CAPTA, 2010, p. 6

The Child Abuse Prevention and Treatment Act

Including Adoption Opportunities &
The Abandoned Infants Assistance Act

As Amended by

P.L. 111-320
The CAPTA Reauthorization Act of 2010

U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau



Child Abuse & Neglect Science

- Kempe et al. (1985) Battered Child Syndrome –
 - This treatise brought needed attention to physical abuse of children which frequently occurred in the context of “parental discipline”
 - Most states at the time considered physical discipline through the use of spanking and other forms of striking a child acceptable and legal.

THE BATTERED-CHILD SYNDROME

C. HENRY KEMPE, M.D., DENVER, FREDERIC N. SILVERMAN, M.D.,
CINCINNATI, BRANDT F. STEELE, M.D., WILLIAM DROEGEMUELLER, M.D.,
AND HENRY K. SILVER, M.D., DENVER

Professor and Chairman (Dr. Kempe) and Professor of Pediatrics (Dr. Silver), Department of Pediatrics; Associate Professor of Psychiatry (Dr. Steele), and Assistant Resident in Obstetrics and Gynecology (Dr. Droegemueller), University of Colorado School of Medicine; and Director, Division of Roentgenology, Children's Hospital (Dr. Silverman).

Abstract—The battered-child syndrome, a clinical condition in young children who have received serious physical abuse, is a frequent cause of permanent injury or death. The syndrome should be considered in any child exhibiting evidence of fracture of any bone, subdural hematoma, failure to thrive, soft tissue swellings or skin bruising, in any child who dies suddenly, or where the degree and type of injury is at variance with the history given regarding the occurrence of the trauma. Psychiatric factors are probably of prime importance in the pathogenesis of the disorder, but knowledge of these factors is limited. Physicians have a duty and responsibility to the child to require a full evaluation of the problem and to guarantee that no expected repetition of trauma will be permitted to occur.

THE BATTERED-CHILD SYNDROME is a term used by us to characterize a clinical condition in young children who have received serious physical abuse, generally from a parent or foster parent. The condition has also been described as “unrecognized trauma” by radiologists, orthopedists, pediatricians, and social service workers. It is a significant cause of childhood disability and death. Unfortunately, it is frequently not recognized or, if diagnosed, is inadequately handled by the physician because of hesitation to bring the case to the attention of the proper authorities.

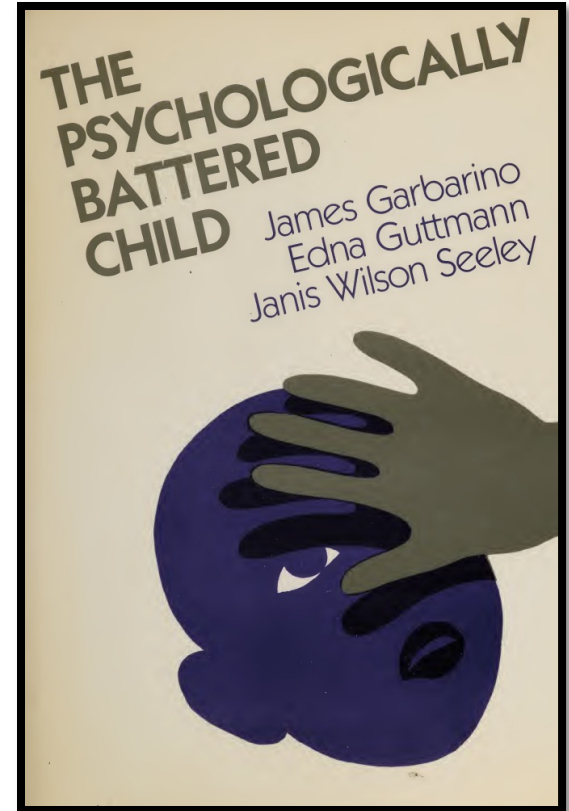
INCIDENCE

In an attempt to collect data from the incidence of this problem, we undertook a nationwide survey of hospitals which were asked to indicate the incidence of this syndrome in a one-year period. Among 71 hospitals replying, 302 such cases were reported to have occurred; 33 of the children died, and 85 suffered permanent brain injury. In one-third of the cases proper medical diagnosis was followed by some type of legal action. We also surveyed 77 District Attorneys who reported that they had knowledge of 447 cases in a similar one-year period. Of these, 45 died, and 29 suffered permanent brain damage; court action was initiated in 46% of this group. This condition has been a particularly common problem in our hospitals; on a single day, in November, 1961, the Pediatric Service of the Colorado General Hospital was caring for 4 infants suffering from the parent-inflicted battered-child syndrome. Two of the 4 died of their central nervous system trauma; 1 subsequently died suddenly in an unexplained manner 4 weeks after discharge from the hospital while under the care of its parents, while the fourth is still enjoying good health.

Reprinted with permission of the American Medical Association. Landmark article first published in *Journal of the American Medical Association* 181:17-24, July 7, 1962, and republished in *Journal of the American Medical Association* 251:3288, June 22, 1984. Copyright 1962, American Medical Association.

Child Abuse & Neglect Science

- Garbarino et al. (1986) *The Psychologically Battered Child* –
 - This treatise brought needed attention to psychological abuse of children at a time when it had largely been ignored in the literature and the law due to under-reporting and a lack of accurate conceptualizations and operational definitions that had diagnostic specificity.



Child Abuse & Neglect Colorado

- Title 19 of the Colorado Children’s Code (1987):
 - Child Abuse & Child Neglect mean:
 - “an act or omission (failure to act) in one of the following categories that threatens the health or welfare of a child:”

C.R.S. § 19-1-103 (1987-2023)

Colorado Revised Statutes 2023

TITLE 19
CHILDREN'S CODE

Editor's note: This title was numbered as chapter 22, C.R.S. 1963. The substantive provisions of this title were repealed and reenacted in 1987, resulting in the addition, relocation, and elimination of sections as well as subject matter. For amendments to this title prior to 1987, consult the Colorado statutory research explanatory note and the table itemizing the replacement volumes and supplements to the original volume of C.R.S. 1973 beginning on page vii in the front of this volume. Former C.R.S. section numbers are shown in editor's notes following those sections that were relocated. For a detailed comparison of this title, see the comparative tables located in the back of the index.

ARTICLE 1
General Provisions

Editor's note: (1)
(2)

PART 1
GENERAL PROVISIONS

19-1-101. Short title. This title shall be known and may be cited as the "Colorado Children's Code".

Source: L. 87: Entire title R&RE, p. 695, § 1, effective October 1.

Editor's note: This section was contained in a title that was repealed and reenacted in 1987. This section, as it existed in 1987, is the same as 19-1-101 as said section existed in 1986, the year prior to the repeal and reenactment of this title.

19-1-102. Legislative declaration. (1) The general assembly declares that the purposes of this title are:

(a) To secure for each child subject to these provisions such care and guidance, preferably in his own home, as will best serve his welfare and the interests of society;

(b) To preserve and strengthen family ties whenever possible, including improvement of home environment;

(c) To remove a child from the custody of his parents only when his welfare and safety or the protection of the public would otherwise be endangered and, in either instance, for the

Colorado Revised Statutes 2023 Page 1 of 511 Uncertified Printout

C.R.S. § 19-1-103 (1987-2023)

1. Any case in which a child exhibits evidence of (physical abuse or neglect) skin bruising, bleeding, malnutrition, failure to thrive, burns;
2. Any case in which a child is subjected to unlawful sexual behavior as defined in [section 16-22-102\(9\)](#);
3. Any case in which a child is in need of services because the child's parent, legal guardian, or custodian fails to take the same actions to provide adequate food, clothing, shelter, medical care, or supervision that a prudent parent would take. The requirements of this subsection (1)(a)(III) are subject to the provisions of [section 19-3-103](#).

C.R.S. § 19-1-103 (1987-2023)

4. Any case in which a child is subjected to emotional abuse
5. Any act or omission described in [section 19-3-102\(1\)\(a\)](#), [\(1\)\(b\)](#), or [\(1\)\(c\)](#)
 - (a) A parent, guardian, or legal custodian has abandoned the child or has subjected him or her to mistreatment or abuse or a parent, guardian, or legal custodian has suffered or allowed another to mistreat or abuse the child without taking lawful means to stop such mistreatment or abuse and prevent it from recurring;
 - (b) The child lacks proper parental care through the actions or omissions of the parent, guardian, or legal custodian;
 - (c) The child's environment is injurious to his or her welfare;

C.R.S. § 19-1-103 (1987-2023)

6. Any case in which a child is born affected by alcohol or substance exposure, except when taken as prescribed or recommended and monitored by a licensed health-care provider, and the newborn child's health or welfare is threatened by substance use
7. Any case in which a child is subjected to human trafficking of a minor for involuntary servitude, as described in [section 18-3-503](#), or human trafficking of a minor for sexual servitude, as described in [section 18-3-504\(2\)](#)

**Best Interests of the Child &
Allocation of
Parental Responsibilities
Determinations**



Best Interests of the Child History

- 1970 Uniform Marriage and Divorce Act (UMDA, 1973) outlined five factors:
 1. The wishes of the child's parent or parents as to his custody
 2. The wishes of the child as to his custodian
 3. The interaction and interrelationship of the child with his parent or parents, his siblings, and any other person who may significantly affect the child's best interest
 4. The child's adjustment to his home, school, and community
 5. The mental and physical health of all individuals involved



Best Interests of the Child Science

- “Combination of factors a child needs in a custody and/or access arrangement that will sustain his or her adjustment and development”
- “Despite the changing family structure, whatever individual parental emotional and intellectual resources existed for the child should be sustained or maximized after separation”

Kelly, 1999, p. 378

Best Interests of the Child (CO)

- Statutory presumption of co-parenting model:
 - “the general assembly urges parents to share the rights and responsibilities of child-rearing and to encourage the love, affection, and contact between the children and the parents”
- Bifurcation of Best Interests Factors for:
 - Allocation of Parenting Time
 - Allocation of Decision-Making Responsibilities

C.R.S. § 14-10-124 (1979; 2021)



Parenting Time BIC Factors

- (I) Wishes of the child's parents
- (II) Wishes of the child if sufficiently mature
- (III) Interaction and interrelationship of the child with parents, siblings, and any other significant others
- (III.5) Reports related to domestic violence submitted by a CFI, PRE, or CLR (if appointed) or Testimony regarding same from the parties, experts, therapists, DHS, PT supervisors, school personnel, or other lay witnesses

Parenting Time BIC Factors

(IV) Child's adjustment to home, school, and community

(V) Mental and physical health of all individuals

(VI) Ability of the parties to encourage the sharing of love, affection, and contact between the child and the other party

- **EXCEPTION**: If the Court determines that a party is acting to protect the child from witnessing domestic violence or from being a victim of child abuse or neglect or domestic violence, the party's protective actions [in denying PT] shall not be considered with respect to this factor

Parenting Time BIC Factors

(VII) Whether the past pattern of involvement of the parties with the child reflects a system of values, time commitment, and mutual support

(VIII) The physical proximity of the parties to each other as this relates to the practical considerations of parenting time

(XI) The ability of each party to place the needs of the child ahead of his or her own needs.

❖ **NOTE: IX and X Repealed**



Decision-Making BIC Factors

- (I) Credible evidence of the ability of the parties to cooperate and to make decisions jointly
- (II) Whether the past pattern of involvement of the parties with the child reflects a system of values, time commitment, and mutual support that would indicate an ability as mutual decision makers to provide a positive and nourishing relationship with the child
- (III) Whether an allocation of mutual decision-making responsibility on any one or a number of issues will promote more frequent or continuing contact between the child and each of the parties



Best Interests of the Child

Purpose and focus of a Parental Responsibilities Evaluation and Report (C.R.S. § 14-10-127):

- The purpose of the evaluation and report is to assist in determining the best interests of the child, with the child's safety always paramount
- The evaluation and subsequent report must focus on the best interests of the child
- The evaluator shall assess a party's parenting attributes as those attributes relate to the best interests of the child, and consider any psychological needs of the child when making recommendations concerning decision-making and parenting time



Best Interests of the Child

Factorial Analysis:

- Explicate how each statutory best interest of the child factor favors or disfavors one or both parents (Simon & Stahl, 2020)
- Assign weight to each factor based on their material relevance to the facts and the results of your comparative analysis to the scientific literature and relevant declaratory decrees



QUESTIONS

ANSWERS

The image features a dark teal background. In the foreground, there are four stylized human figures with grey faces and colored bodies: a woman with red hair and a red top, a man with teal hair and a teal top, a woman with yellow hair and a yellow top, and a man with green hair and a green top. Above them are four speech bubbles in matching colors: a red bubble, a teal bubble, a yellow bubble, and a green bubble. Each bubble contains three small white dots. The text "Small Group Discussion" is centered in a white, sans-serif font, with "Small Group" on the top line and "Discussion" on the bottom line.

Small Group Discussion

Reporting & Standards of Proof

Reporting Abuse/Neglect to DHS

- **Reasonable Suspicion** – “A particularized and objective basis, supported by specific and articulable facts, for suspecting a person of criminal activity” (Black’s Law Dictionary, 2019)
 - [Reporting of abuse standard under C.R.S. § 19-3-304\(l\)\(a\)](#) –
 - “Any person specified in subsection (2) of this section who has **reasonable cause** to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions that **would reasonably result** in abuse or neglect shall immediately upon receiving such information report or cause a report to be made of such fact to the county department, the local law enforcement agency, or through the child abuse reporting hotline system”

Reporting Procedures (C.R.S. § 19-3-307)

- Reports of known or suspected child abuse or neglect shall be made immediately to the county department, the local law enforcement agency, or through the child abuse reporting hotline system and shall be followed promptly by a written report prepared by those persons required to report.
 - [Colorado Child Abuse and Neglect Hotline Reporting System](#) – 844-CO-4-Kids (844-364-5437)



Mandated Reporters (C.R.S. § 19-3-307)

- Mental Health Professionals
- Child and Family Investigators
- Psychologists
- Licensed Professional Counselors
- Licensed Marriage and Family Therapists
- Unlicensed Psychotherapists
- Victim's Advocate
 - Ethical Duty To Report:
 - Child's Legal Representative
 - Parental Responsibilities Evaluator

Reporting Abuse/Neglect to the Court

- **Preponderance of the Evidence** – “the greater weight of the evidence ... to incline a fair and impartial mind to one side of the issue rather than the other” (Black’s Law Dictionary, 2019)
 - Standard that should be applied in a written report to the court concerning any disputed issues relating to recommendations concerning the allocation of parenting time or decision-making responsibility

Degree of Certainty (PRE Report)

- “Reasonable degree of psychological probability”
 - *“The amount of confidence that the expert’s opinion carries. This is measured as the opinion being more likely than not to be true”*
(Goldwaser & Goldwaser, 2019)
- i.e., PREPONDERANCE OF THE EVIDENCE ($\geq 51\%$)

Colorado DHS CA Investigations

- **“Unfounded report”** means that the child abuse or neglect investigation showed there is **clear evidence** that no incident of child abuse or neglect occurred” (CO Code Regs 7.202.3, pg. 9).
- **“Inconclusive report”** means that there was some likelihood that abuse, or neglect occurred by the child abuse or neglect investigation could not obtain the evidence necessary to make a founded report of child abuse or neglect” (CO Code Regs 7.202.3, pg. 9).
- **“Founded report” known also as “confirmed”** means that the child abuse or neglect investigation established that an incident(s) of child abuse or neglect has occurred, by a **preponderance of evidence**” (CO Code Regs 7.202.3., pg. 8).



Clear & Convincing

- The **clear and convincing evidence** proof standard is the measure or degree of proof which will produce in mind of trier of facts a firm belief or conviction as to allegations sought to be established
- Evidence indicating that the thing to be proved is highly probable or reasonably certain.
- Greater than preponderance but less than evidence beyond a reasonable doubt

Black's Law Dictionary, 2019

Clear & Convincing

- **Gordon & Walters (2009)** suggest that the clear and convincing evidence standard means:
 - The preponderance of the evidence standard is met (51% or greater), and
 - The maximum weight of the applicable pro arguments exceeds some threshold ***alpha***, and the difference between the maximum weight of the applicable pro arguments and the maximum weight of the applicable con arguments exceeds some threshold ***beta***.

Beyond a Reasonable Doubt

- **Gordon & Walters (2009)**
 - The weight of the con arguments must be below the threshold of ‘reasonable doubt:’
 - The clear and convincing evidence standard is met and
 - The maximum weight of the applicable con arguments is less than some threshold y.
- **Judge Lemuel Shaw’s jury charge [excerpt] in Commonwealth v. Webster (1850)**
 - “The circumstances taken as a whole, and giving them their reasonable and just weight and no more, should to a moral certainty exclude every other hypothesis”



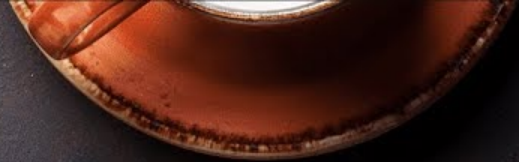
QUESTIONS

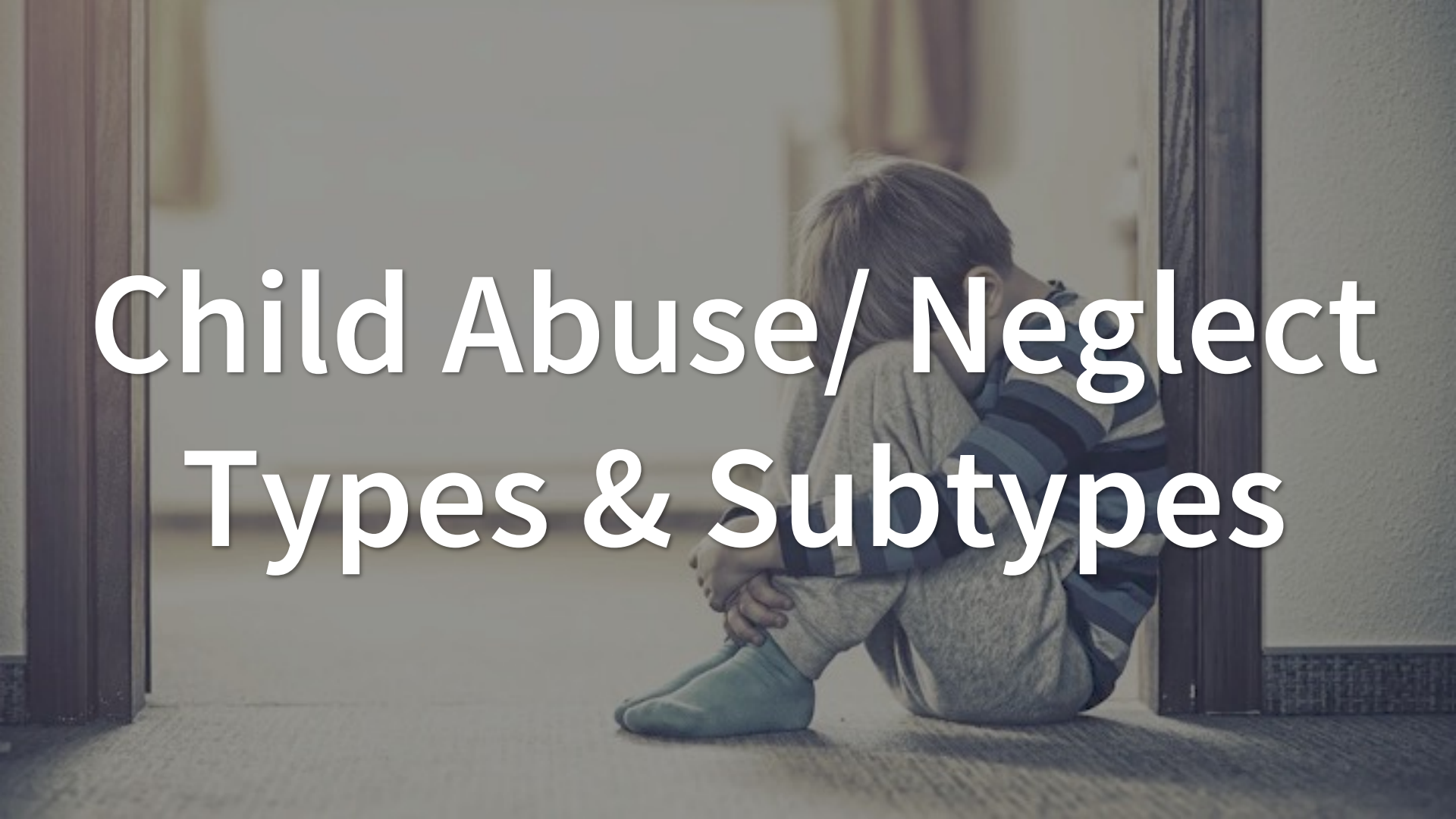
ANSWERS

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Small Group Discussion

15:00





Child Abuse/ Neglect Types & Subtypes

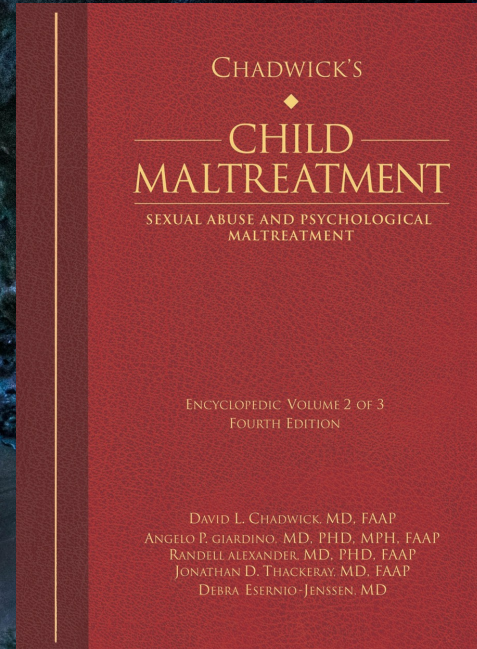
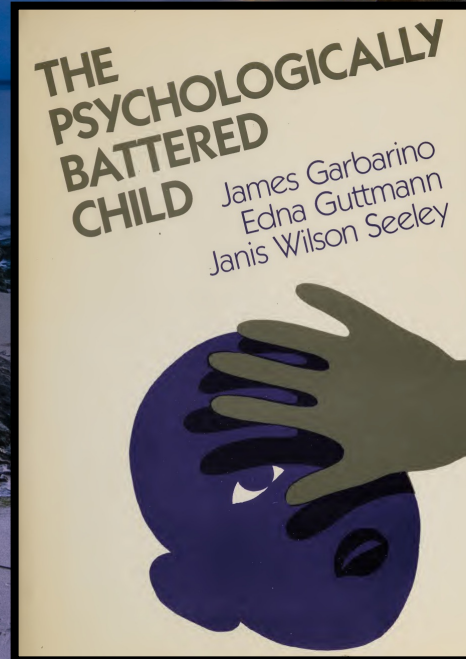
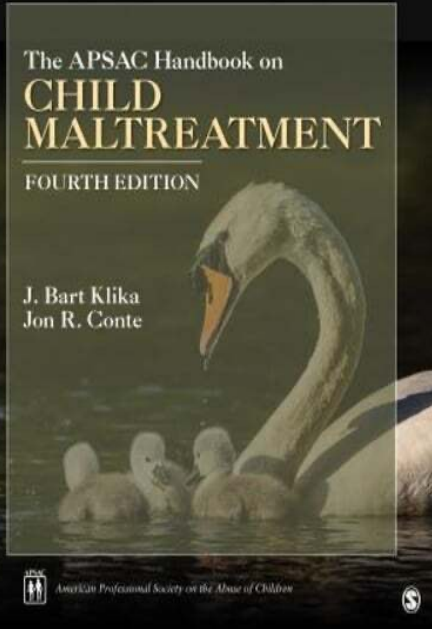
1. Psychological Maltreatment

Richard D. Krugman
Jill E. Korbin *Editors*

Handbook of Child Maltreatment

Second Edition

 Springer





Psychological Maltreatment Terms

- *Emotional Abuse*
- *Emotional Neglect*
- *Emotional Harm/Injury*
- *Infliction of Emotional Distress*
- *Mental Harm/Injury*
- *Psychological Abuse*
- *Psychological Harm/Injury*
- *Psychological Trauma*



Psychological Maltreatment

- **All forms of child maltreatment; involve a risk of psychological harm to the child**

Hart et al., 2022

Psychological Maltreatment Reporting

- Child Maltreatment Report (HHS, 2021): 588,229 victims of child abuse/neglect (National)
 - Neglect: 76%
 - Physical Abuse: 16%
 - Sexual Abuse: 10.1%
 - **Psychological Maltreatment: 6.4%**
 - Medical Neglect: 1.9%
 - Sex Trafficking: 0.2%



Table 3-8 Child Maltreatment 2021 Report

Psychological Maltreatment Prevalence

➤ Stoltenborgh et al. (2021)

- ❑ Comprehensive meta-analysis combined prevalence figures of child emotional abuse reported in 29 studies with a total of 7 million participants
- ❑ Estimated prevalence:
 - 3/1000 for studies using informants (0.3%)
 - 363/1000 for studies using self-report measures (36%)

Short & Long Term Sequelae from Psychological Maltreatment

Long Term Sequelae from PM

➤ **Taillieu et al. (2016) –**

- Analyzing data from 34,653 individuals, these researchers found that: “Childhood emotional maltreatment has been linked to depression, anxiety, dissociative symptoms, post-traumatic stress disorder, post-traumatic stress disorder, psychotic disorders, substance use problems, several Axis II personality disorders, as well as lower self-esteem and decreased quality of life.”
- “The prevalence of childhood emotional maltreatment was 14.1%; the most prevalent form was emotional neglect only (6.2%), followed by emotional abuse only (4.8%). Experiencing both emotional neglect and emotional abuse was the least common pattern of childhood emotional maltreatment (3.1%). ... All categories of emotional maltreatment were most prevalent among separated, divorced, and widowed individuals.”

Long Term Sequelae from PM

- ***Spinazzola et al. (2014) ~***
 - “Using a large national sample of clinic-referred youth,” this study found support for the hypotheses that “psychological maltreatment in childhood not only augments, but also independently contributes to, statistical risk for negative youth outcomes to an extent comparable to statistical risks imparted by exposure to physical abuse (PA), sexual abuse (SA), or their combination (PA + SA).”
 - “The occurrence of psychological maltreatment was associated with a broad range of clinical impairment types, exerting predictive effects of comparable or greater magnitude or frequency than the predictive effects of PA and SA.” The greater magnitudes were found for “depression,” “attachment problems,” and “general anxiety disorder

Operational Definitions & Working Models used for Psychological Maltreatment & Its Subtypes

Child Psychological Abuse (DSM-5)

Any “nonaccidental verbal or symbolic acts by a child’s parent or caregiver that result, or have reasonable potential to result, in significant psychological harm to the child.” (APA, 2013, p. 719)

- Evidence of behaviors that have already caused harm
- Evidence of behaviors that are likely to cause harm regardless if harm results
- **REPORTING STANDARD OF PROOF:**
 - “Person has reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions that would reasonably result in abuse or neglect”

Colo. Rev. Stat. § 19-3-304.(1)(a)

Emotional Abuse (Title 19 C.R.S.)

“Emotional Abuse” means:

- “an identifiable substantial impairment of the child’s intellectual or psychological functioning or development”

OR

- “a substantial risk of impairment of the child’s intellectual or psychological functioning or development”

Colo. Rev. Stat. § 19-1-103(1)(a)(IV)

QUESTION:

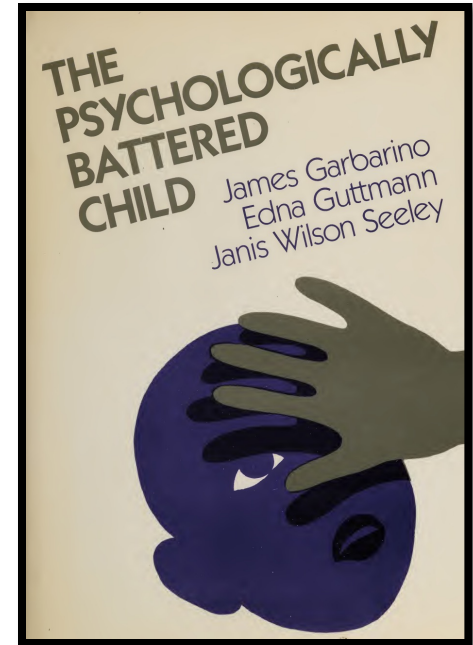
Under C.R.S. § 19-1-103(1)(a)(IV) does a child have to display “**an identifiable substantial impairment to their intellectual or psychological functioning or development**” in order to report **emotional abuse**?

- ▶ ANSWER: No.
- ▶ Why? Because you can report emotional abuse if there is evidence of a substantial risk of impairment to the child’s psychological well being regardless if harm results

Defining PM & Its Subtypes

Garbarino et al. (1986) ~ “a concerted attack by an adult on a child’s development of self and social competence, a pattern of psychically destructive behavior” that takes five forms:

1. Rejecting
2. Isolating
3. Terrorizing
4. Ignoring
5. Corrupting



1. Rejecting/Spurning

I. Rejecting

Generally – “Involves behaviors that communicate or constitute abandonment. For example, the parent or caregiver may refuse to touch or show affection to the child or to acknowledge the child’s accomplishments. Rejecting is considered “mild” when it is confined to isolated incidents. It becomes “moderate” when it is frequent and more generalized. When rejecting is categorical, absolute, and frequent, it becomes “severe”

Garbarino et al., 1986

I. Rejecting

- **Infancy** – “The parent refuses to accept the child’s primary attachment. That is, the parent resists the infant’s spontaneous overtures and natural responses to human contact so as to prevent the formation of a primary relationship. Specific behaviors abandonment; refusal to return smiles and vocalizations”
- ❖ STAGE: Trust vs Mistrust

Garbarino et al., 1986

I. Rejecting

- **Early Childhood** – “The parent actively excludes the child from family activities. Specific behaviors: not taking the child on family outings; refusing the child’s affiliative gestures (such as hugging); placing the child away from the family.”
 - ❖ STAGE: Initiative vs. Guilt

Garbarino et al., 1986

I. Rejecting

- **School age** – “The parent consistently communicates a negative definition of self to the child. Specific behaviors: frequent use of labels such as “dummy” or “monster”; frequent belittling of the child’s accomplishments; scapegoating the child as part of a family system.”
 - ❖ STAGE: Industry vs. Inferiority

Garbarino et al., 1986

I. Rejecting

- **Adolescence** – “The parent refuses to acknowledge the changing social roles expected of the child—that is, toward more autonomy and self-determination. Specific behaviors: treating the adolescent like a young child (“infantilizing”); subjecting the adolescent to verbal humiliation and excessive criticism; expelling the youth from the family.”
- STAGE: Identity vs. Role Confusion

Garbarino et al., 1986, p. 25

I a. Spurning (Rejecting)

- Embodies verbal and nonverbal acts that reject and degrade a child – including:
 - ❖ belittling, degrading, and other nonphysical forms of hostile or rejecting treatment;
 - ❖ belittling, degrading, and other forms of hostile or rejecting treatment of those in significant relationships with the child such as parents, siblings, and extended kin;
 - ❖ shaming and/or ridiculing the child, including the child's physical, psychological, and behavioral characteristics, such as showing the normal emotions of affection, grief, anger, or sorrow;
 - ❖ consistently singling out one child to criticize and punish, to perform most of the household chores, or to receive fewer rewards;
 - ❖ humiliation, especially when in public;
 - ❖ any other physical abuse, physical neglect, or sexual abuse that also involves spurning the child such as telling the child that he/she is dirty or damaged due to sexual abuse; telling the child that he/she deserves the abuse; berating the child while beating him/her; telling the child that he/she doesn't deserve to have his or her basic needs met

Hart et al., 2017

**Short & Long Term
Sequelae of Trauma
from Exposure to
Rejecting/Spurning**

Short Term Sequelae for Rejection Trauma

LOW SELF-ESTEEM

➤ Berg & Kelly (1979)

- Researchers studied the difference in self-esteem of children from broken, rejected, and accepted families.
- Three groups of children - those with divorced parents, those from intact but rejected families, and those from intact and accepted families - were evaluated for self-esteem levels on the Piers-Harris Children's Self-Concept Scale.
- Results showed that children from intact-rejected families evidenced self-esteem levels significantly lower than those of the two other groups

Short Term Sequelae for Rejection Trauma

REJECTION SENSITIVITY & AGGRESSION

- Gao et al. (2021)
 - Rejection sensitivity is characterized by oversensitivity to social rejection & individuals who are sensitive to social rejection tend to anxiously or angrily expect, readily perceive, and overreact to it.
 - These researchers studied the associations between rejection sensitivity and aggression through a comprehensive literature review that included 52 studies found rejection sensitivity to be significantly associated with aggression and victimization.

Vignette

- 10 year old boy who was being berated and physically abused by his step father while attempting to eat in the middle of the night
- The boy was emaciated / underweight with a BMI of 14
- Step-father admitted to “man handling” the boy and laying down the law – “No children can eat during the night”
- The mother supported the step-father’s position and the boy felt rejected.
- Psychological testing and evaluation revealed two serious trauma reactions:
 - Low self-esteem and inaccurate appraisal of self-worth as it relates to having the right to eat when hungry
 - Externalizing behaviors – getting into fights at school

Long Term Sequelae for Rejection Trauma

INSECURE ATTACHMENT

➤ Riggs (2019)

- Early rejecting emotional abuse engenders insecure attachment, which:
 - impairs emotional regulation,
 - fosters negative views of self and others that support maladaptive coping responses,
 - interferes with social functioning and the capacity for intimate adult attachments, and
 - negatively impacts the quality of romantic relationships in adulthood

Vignette

- 46 year old female who was never married seeking counseling for suicidal ideation, trouble with romantic relationships, and depression.
- The woman was having suicidal ideation after recently being rejected by a boy friend she dated for several months
- When discussing her early relationships with her father and mother, she revealed that her mother divorced her father when she was an infant and she did not meet her father until she was 17 years old.
- When she contacted her father and met with him, he basically told her that he did not want to have a relationship with her.
- She was crushed and reported that she struggled throughout her adult life meeting romantic partners that would not ultimately reject her in ways her father did.

The image features a dark teal background. In the foreground, there are four stylized human figures with grey faces and colored bodies: a woman with red hair and a red top, a man with teal hair and a teal top, a woman with yellow hair and a yellow top, and a man with green hair and a green top. Above them are four speech bubbles in matching colors: a red bubble, a teal bubble, a yellow bubble, and a green bubble. The text "Small Group Discussion" is centered in white, with "Small Group" on the top line and "Discussion" on the bottom line.

Small Group Discussion

A person wearing a red beanie and dark clothing is sitting on a dark, reflective floor against a wall. The wall is divided into a light upper section and a dark lower section. Two electrical outlets are visible on the wall. The word "Isolating" is written in large, white, sans-serif font across the center of the image, partially overlapping the person.

Isolating



II. Isolating

Generally – “isolating is evident in parental behaviors that prevent the child from taking advantage of normal opportunities for social relations. In its **mild** form, “isolating” suggests failure to provide normal occasions and opportunities for social interaction. It becomes “**moderate**” when it involves active efforts to avoid social interaction and “**severe**” when the parent thwarts all efforts by the child and others to make contact.”

Garbarino et al., 1986

II. Isolating

- **Infancy** – “The parent denies the child the experience of enduring patterns of active interaction with parents or parent substitutes. Specific behaviors: leaving the child in its room unattended for long periods; denying all access to the child by interested others—for example, close friends of the family or health care professionals.”
- ❖ **DEVELOPMENTAL STAGE:** Trust vs Mistrust

Garbarino et al., 1986

II. Isolating

- **Early Childhood** – “The parent teaches the child to avoid social contact beyond the parent-child relationship. Specific behaviors: punishing social overtures to children and to adults; rewarding the child for withdrawing from opportunities for social contact.”
- ❖ **DEVELOPMENTAL STAGE:** Initiative vs. Guilt

Garbarino et al., 1986

II. Isolating

- **School age** – “ The parent attempts to remove the child from normal social relationships with peers. Specific behaviors: prohibiting the child from playing with other children; prohibiting the child from inviting other children into the home; withdrawing the child from school.”
 - ❖ DEVELOPMENTAL STAGE: Industry vs. Inferiority

Garbarino et al., 1986

II. Isolating

- **Adolescence** – “The parent tries to prevent the child from participating in organized and informal activities outside the home. Specific behaviors: prohibiting the child from joining clubs, after-school programs, and sports teams; withdrawing the child from school in order to perform household tasks (such as caring for siblings); punishing the child for engaging in normal social experiences (such as dating).”
- **STAGE: Identity vs. Role Confusion**

Garbarino et al., 1986, p. 25

II. Isolating

- Embodies caregiver acts that consistently and unreasonably deny the child opportunities to meet needs for interacting/communicating with peers or adults inside or outside the home, including:
 - confining the child or placing unreasonable limitations on the child's freedom of movement within his/her environment;
 - placing unreasonable limitations or restrictions on social interactions with family members, peers, or adults in the community;
 - any other physical abuse, physical neglect, or sexual abuse that also involves isolating the child such as preventing the child from social interaction with peers because of the poor physical condition or interpersonal climate of the home. (Hart et al., 2017)

**Short & Long Term
Sequelae of Trauma
from Exposure to
Isolating PM**



Short Term Sequelae from Isolation Trauma

EMOTIONAL DYSREGULATION

- In a 2015 study by Chang et al. involving socially isolated rat pups, researchers discovered an increase in NMDA (N-methyl-D-aspartate) receptors in the hippocampus that exacerbated emotional dysregulation.
- Researchers found that post-weaning social isolation-induced violent aggressive patterns in the rats that mimicked the abnormal reactive-impulsive aggression in humans.
- This research adds to previous research suggesting that children exposed to severe isolation reduces their capacity for regulating their emotions.

Vignette

- 7 year old girl whose mother dropped her off at grandma's house for a few weeks did not return or contact the girl for several months.
- When the mother did return she lived in a separate home more than an hour from the maternal grandmother's home.
- Visits between the mother and the young girl were infrequent and of short duration, less than a couple of hours.
- After a year of this living situation, the girl began having difficulties regulating her emotions, reported feeling depressed and began having thoughts of harming herself.

Long Term Sequelae from Isolating Trauma

FUNCTIONAL IMPAIRMENT

- Tyrka et al. (2008) – Researchers tested the level of cortisol responses to a stress test in 88 healthy adults and found that childhood parental loss [a form of isolating trauma] was associated with alterations in adult neuroendocrine function causing significant increases in cortisol response to the Dex/CRH test.
- This research adds to previous research showing that parental deprivation in childhood causes permanent damage to the hypothalamic-pituitary-adrenal axis functioning resulting in a decreased ability to cope with the ordinary demands of life (De Bellis et al., 1999; Teicher et al., (2003))

Vignette

- Albert Fish was born in 1870 the youngest child of Randall (born 1795) and Ellen Fish (born 1838).
- Albert's dad died in 1875 of a heart attack when Albert was just 5 years old.
- His mother without the financial means to care for Albert abandoned him to the St. John's orphanage where he was physically and emotionally abused.
- When Albert was ten years old his mother took him back into her home after getting a job with the government.
- Albert got married and had four children.
- Although he never abused his own children, later in life he kidnapped, raped and murdered several children and in the process would write horrific letters to the mothers of the children he destroyed.

The background features a dark teal color. In the foreground, there are four stylized human figures with grey faces and colored bodies: a woman with red hair and a red top, a man with teal hair and a teal top, a woman with yellow hair and a yellow top, and a man with green hair and a green top. Above them are four speech bubbles in matching colors: a red bubble, a teal bubble, a yellow bubble, and a green bubble. The text "Small Group Discussion" is centered in white, with "Small Group" on the top line and "Discussion" on the bottom line.

Small Group Discussion



30 MIN.

Time for

lunch

III. Terrorizing

III. Terrorizing

Generally – “In general, terrorizing involves threatening the child with extreme or vague but sinister punishment, intentionally stimulating intense fear, creating a climate of unpredictable threat, or setting unmeetable expectations and punishing the child for not meeting them. In its “mild” form, it suggests arbitrariness and the use of scare tactics in discipline. When it involves direct threats to the child’s everyday sense of security, it falls into the “moderate” category. To qualify as “severe,” these tactics must involve dramatic, mysterious, or extraordinary threats or **double binds** (i.e., obey two contradictory commands)

Garbarino et al., 1986

III. Terrorizing

- **Infancy** – “The parent consistently and deliberately violates the child’s tolerance for change and intense stimuli. Specific behaviors: teasing; scaring; unpredictable and extreme response to the child’s behavior.”
- ❖ DEVELOPMENTAL STAGE: Trust vs Mistrust

Garbarino et al., 1986

III. Terrorizing

- **Early Childhood** – “The parent uses extreme gestures and verbal statements to intimidate, threaten, or punish the child. Specific behaviors: verbal threats of extreme or “mysterious” harm (from ghosts, monsters, and the like); frequent raging at the child, alternating with periods of artificial warmth.”
- ❖ **DEVELOPMENTAL STAGE:** Initiative vs. Guilt

Garbarino et al., 1986

III. Terrorizing

- **School age** – “The parent places the child in intolerable “double binds” (“damned if you do, damned if you don’t”). Specific behaviors: presenting extremely inconsistent demands or emotions; forcing the child to choose between competing parents; frequently changing “rules of the game” in parent-child relations [i.e., chaotic parenting style]; constantly criticizing, with no prospect of the child’s successfully meeting expectations.”

❖ DEVELOPMENTAL STAGE: Industry vs. Inferiority

Garbarino et al., 1986

III. Terrorizing

- **Adolescence** – “The parent threatens to expose the child to public humiliation. Specific behaviors: threatening to reveal intensely embarrassing characteristics or behaviors (for example, bed wetting or previous sexual experiences) to peers or other adults; ridiculing the child in public.”
- **STAGE: Identity vs. Role Confusion**

Garbarino et al., 1986, p. 25

III. Terrorizing

- Embodies caregiver behavior that threatens or is likely to physically hurt, kill, abandon, or place the child or child's loved ones/objects in recognizably dangerous or frightening situations, including but not limited to the following:
 - subjecting a child to frightening or chaotic circumstances;
 - placing a child in recognizably dangerous situations;
 - threatening to abandon or abandoning the child;
 - setting rigid or unrealistic expectations with threat of loss, harm, or danger if they are not met;
 - threatening or perpetrating violence against the child;

Hart et al., 2017

III. Terrorizing

- threatening or perpetrating violence against a child's loved ones or objects,
- including domestic/intimate partner violence observable by the child;
- placing the child in a loyalty conflict by making the child unnecessarily choose to have a relationship with one parent or the other;
- preventing a child from having access to needed food, light, water, or access to the toilet;
- preventing a child from needed sleep, relaxing, or resting;
- any other acts of physical abuse, physical neglect, or sexual abuse that also involve terrorizing the child such as forced intercourse, beatings and mutilations, and denying the child opportunities to attend to basic needs such as for food, water, and sleep.

Hart et al., 2017

IIIa. Double Bind

- **Bateson et al. (1957)** *“A situation in which no matter what a person does, he or she can't win.”*
 - The child receives contradictory messages from a parent that are capable of inducing schizophrenic thinking in the child.
 - Examples:
 - Parent tells their child that they love them, while at the same time turning away in disgust.
 - Parent tells their child never to lie and then when the parent gets caught stealing the parent asks the child to lie

Bateson et al., 1957, p. 251

Short & Long Term Sequelae of Trauma from Terrorizing PM



Short Term Sequelae from Terrorizing Trauma

DYSREGULATED FEAR

- Children who are regularly exposed to terrorizing trauma can develop dysregulated fear which refers to high levels of psychological distress in low level threat situations resulting in the child exhibiting chronic deficits in adapting their fear response to the actual threat level of the eliciting context (Buss et al., 2018)
- In a 2020 study, researchers examined how children acquired conditioned fear from observing their parent and found that “children acquire fear vicariously” (Marin et al., 2020)



Short Term Sequelae from Terrorizing Trauma

DYSREGULATED FEAR

- Noel et al. (2015) made similar findings suggesting that “parents who perceive a high degree of threat [real or imagined] upon observing their child in pain are more likely to experience distress and behave in ways that **signal threat to and evoke fear in their child**”
- Whether the climate of terror is created by the parent out of an inordinate level fear or through aggression and violence the short term sequelae of trauma for the child is most often dysregulated fear (Buss et al., 2018)

Vignette

- 8 year old girl whose parents were involved in a highly intractable parenting time dispute frequently fought during exchanges which resulted in the mother making claims that the father was dangerous.
- The Court, the PRE, and the child's therapist determined that the father was not dangerous and that the mother was being over-protective and extremely violent during exchanges & arguments [e.g., *pulling dad's hair, jumping on his back, pushing him to the ground, calling the police*] which induced dysregulated fear in the child.
- NOTE: The parents were never married and the case history showed that the dysregulated fear responses observed in the child developed over 6 years (ages 2-8).



Long Term Sequelae from Terrorizing Trauma

PTSD SYMPTOMS IN ADULTHOOD

- Yehuda et al. (2001) – Researchers examined the associations between childhood trauma and PTSD in 51 adult children of Holocaust survivors and 41 comparison subjects, in consideration of parental trauma exposure and parental PTSD. These variables were analyzed in relation to 24-hr urinary cortisol levels.



Long Term Sequelae from Terrorizing Trauma

PTSD SYMPTOMS IN ADULTHOOD

- Adult offspring of Holocaust survivors showed significantly higher levels of self-reported childhood trauma, particularly emotional abuse related to accounts of terrorizing events. The results were attributed to the presence of PTSD in Holocaust survivor parents of offspring demonstrating evidence that childhood trauma is an important agent of symptom transmission from parent to child.

Yehuda et al., 2001

Vignette

- 38 year old mother presented to a trauma evaluation after experiencing PTSD symptoms and anxiety attacks surrounding ongoing parenting time disputes with the father over their 10 year old son whom she had been separated from for 5 years due to a custody reversal order granting the father sole physical and legal custody and the right to deny the mother access based on the wishes of the child.
- The father had engaged in severe acts of domestic violence during the marriage that involved the use of coercive control tactics. Father's coercive controlling behaviors increased during custody hearings which falsely portrayed the incidents of domestic violence he committed as being perpetrated by the mother.
- The disempowering nature of the custody reversal and separation from her son aggravated a pre-existing set of terrorizing childhood traumas involving sexual abuse resulting in adult onset PTSD.

Recap of Sequelae from Terrorizing PM

- Double bind patterns of thinking – risk of developing a schizophrenia spectrum disorder or severe Axis II psychopathology
- Dysregulated fear pathology
- PTSD symptomatology
 - HPA axis dysfunction
 - Anxiety attacks
 - Depression
 - Suicidality
 - Dissociative Affective Experiences

The image features a dark teal background. In the foreground, there are four stylized human figures with grey faces and colored bodies: a woman with red hair and a red top, a man with teal hair and a teal top, a woman with yellow hair and a yellow top, and a man with green hair and a green top. Above them are four speech bubbles in corresponding colors: a red bubble, a teal bubble, a yellow bubble, and a green bubble. Each bubble contains three small white dots. The text "Small Group Discussion" is centered in a white, sans-serif font, with "Small Group" on the top line and "Discussion" on the bottom line.

Small Group Discussion

IV. Ignoring

IV. Ignoring

Generally – “Ignoring refers to the parent’s being psychologically unavailable to the child—that is, preoccupied with self and unable to respond to the child’s behaviors. In its mild form, ignoring is evident in lack of sustained attention to the child during periods of contact (for instance, during meals or at times when parent and child are reunited after work or school). Moderate ignoring suggests prolonged periods of unavailability, with the implication that the parent erects a “barrier of silence.” When children appear to have no real emotional or interactional access at all to parents, ignoring in its severe form is evident. In contrast to rejecting, which is active and abusive, **ignoring is passive and neglectful in character**”

Garbarino et al., 1986

IV. Ignoring

- **Infancy** – “The parent fails to respond contingently to the infant’s spontaneous social behaviors that form the foundation for attachment. Specific behaviors: not responding to the infant’s spontaneous vocalizations; not noticing and responding to developing competence in the infant.”
- ❖ DEVELOPMENTAL STAGE: Trust vs Mistrust

Garbarino et al., 1986

IV. Ignoring

- **Early Childhood** – “There is a pattern of coolness and lack of affect in parental treatment of the child, a failure to engage the child in day-to-day activities, and distancing the child from social interactions. Specific behaviors: refusing to engage in conversation at mealtimes; leaving the child without emotionally engaged adult supervision for extended periods.”
- ❖ **DEVELOPMENTAL STAGE:** Initiative vs. Guilt

Garbarino et al., 1986

IV. Ignoring

- **School age** – “The parent fails to protect the child from threats or to intervene on the child’s behalf when the parent is made aware of the need for help. Specific behaviors: not protecting the child from assault by siblings or other family members; showing no interest in evaluation of the child by teachers and other adults; failing to follow up on the child’s requests for help in resolving problems with peers.”

❖ **DEVELOPMENTAL STAGE: Industry vs. Inferiority**

Garbarino et al., 1986

IV. Ignoring

- **Adolescence** – “The parent abdicates the parental role and shows no interest in the child. Specific behaviors: refusing to discuss the adolescent’s activities and interests; concentrating on other relationships that displace the adolescent as an object of affection.”
- STAGE: Identity vs. Role Confusion

Garbarino et al., 1986, p. 25

IVa. Emotional Unresponsiveness

- **Emotional unresponsiveness (ignoring)** embodies caregiver acts that ignore the child's attempts and needs to interact (failing to express affection, caring, and love for the child) and showing little or no emotion in interactions with the child, including the following:
 - being detached and uninvolved through either incapacity or lack of motivation;
 - interacting only when absolutely necessary;
 - failing to express warmth, affection, caring, and love for the child;
 - being emotionally detached and inattentive to the child's needs to be safe and secure, such as failing to detect a child's victimization by others or failing to attend to the child's basic needs;
 - any other form of abuse that also involves emotional unresponsiveness.

IVb. Neglect (Mental, Medical, Edu.)

- Embodies caregiver acts that **ignore, refuse to allow, or fail to provide** the necessary treatment for the mental health, medical, and educational problems or needs for the child:
 - ignoring the need for, failing, or refusing to allow or provide treatment for serious emotional/behavioral problems or needs of the child;
 - ignoring the need for, failing, or refusing to allow or provide treatment for serious physical health problems or needs of the child;
 - ignoring the need for, failing, or refusing to allow or provide treatment for services for serious educational problems or needs of the child;
 - any other form of abuse that also involve mental health, medical, or educational neglect of the child (Hart et al., 2017)

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Small Group Discussion

V. Corrupting / Exploiting

V. Corrupting

Generally – “corrupting refers to parental behaviors that “mis-socialize” children and reinforce them in antisocial or deviant patterns, particularly in the areas of aggression, sexuality, or substance abuse. Such behaviors tend to make the child unfit for normal social experience. In its mild form, the parents convey the impression that they encourage the child’s unsuitable precocious behavior in the area of sexuality, aggression, or substance abuse. Reinforcing the child for behavior that is delinquent constitutes a moderate level of “corrupting.” Creating and sustaining a pattern of behavior that risks permanent social dysfunction (for example, addiction, frigidity, compulsive sexual acting out, or repetitive acts of life-threatening violence) is evidence of severe corrupting”

Garbarino et al., 1986

V. Corrupting

- **Infancy** – “The parent places the infant at risk by reinforcing the development of bizarre habits and/or by creating addictions.” [DEVELOPMENTAL STAGE: Trust vs Mistrust]
- **Early Childhood** – “The parent gives inappropriate reinforcement for aggression and precocious sexuality. Specific behaviors: rewarding the child for assaulting other children; involving the child sexually with adults or adolescents.” [DEVELOPMENTAL STAGE: Initiative vs. Guilt]



V. Corrupting

- **School age** – “The parent rewards the child for stealing, substance abuse, assaulting other children, and sexual precocity. Specific behaviors: goading the child into attacking other children; exposing the child to pornography; encouraging drug use; reinforcing sexually aggressive behavior; involving the child sexually with adults.”

Garbarino et al., 1986

V. Corrupting

- **Adolescence** – “The parent involves the child in more intense and socially unacceptable forms of sexual, aggressive, or drug/alcohol deviance. Specific behaviors: involving the adolescent in prostitution; rewarding aggressive, delinquent behavior directed at peers and adults or at “scapegoated” family members; encouraging trafficking in illicit drug use and alcohol abuse.”
- **STAGE: Identity vs. Role Confusion**

Garbarino et al., 1986, p. 25

V. Corrupting/Exploiting

- **Hart et al. (2017)** – Corrupting / Exploiting embodies caregiver acts that encourage the child to develop inappropriate behaviors and attitudes (self-destructive, antisocial, criminal, deviant, or other maladaptive behaviors). While these two categories are conceptually distinct, they are not empirically distinguishable, and thus, they are described as a combined subtype including the following:
 - Modeling, permitting, or encouraging antisocial behavior (e.g., prostitution, performance in pornographic media, criminal activities, substance abuse, violence to or corruption of others);
 - Modeling, permitting, or encouraging betraying the trust of or being cruel to another person;

V. Corrupting/Exploiting

- Restricting or interfering with or directly undermining the child's important relationships (e.g., restricting a child's communication with his/her other parent and telling the child the lack of communication is due to the other parent's lack of love for the child);
- Modeling, permitting, or encouraging developmentally inappropriate behavior (e.g., parentification, adultification, infantilization, living the parent's dreams) (Hart et al., 2017)

V. Corrupting/Exploiting

- Coercing the child's submission through extreme over-involvement, intrusiveness, or dominance, allowing little or no opportunity or support for child's views, feelings, and wishes; micromanaging child's life, and/or manipulation (e.g., inducing guilt, fostering anxiety, threatening withdrawal of love, placing a child in a double bind in which the child is doomed to fail or disappoint, or disorienting the child by stating something is true [or false] when it patently is not); (Hart et al., 2017)

V. Corrupting/Exploiting

- Restricting, interfering with, or directly undermining the child's development in cognitive, social, affective/emotional, physical or conative/volitional (i.e., acting from emotion and thinking; choosing, exercising will) domains, including Caregiver Fabricated Illness also known as medical child abuse, which has multiple psychological as well as physical components;
- Any other physical abuse, physical neglect, or sexual abuse that also involves exploiting/corrupting the child (such as incest and sexual grooming of the child) Hart et al., 2017.

V. Corrupting / Re-Scripting

- **Clawar & Rivlin (2013)** – Re-scripting is also referred to as rewriting reality, rewriting history, and brainwashing. Through re-scripting child abuse a parent or caregiver convinces a child to doubt his or her ability to perceive reality. A child may observe a scenario unfold from beginning to end, but as the parent repetitively goes over the scenario and resists the child's interpretation, the original and “true” reality is ultimately filtered out and the rewritten script is adopted. The based reward is parental/caregiver acceptance and love.

V. Corrupting / Re-Scripting

- The paradigm is as follows:
 - The child's observation of reality
 - Introduction of repetitive brainwashing
 - Confusion
 - Self-doubt
 - Need for acceptance and love from the brainwasher
 - Compliance by the child
 - Reward for compliance
 - Reduction or termination of brainwashing program

Short & Long Term Sequelae from Corrupting PM

Short Term Sequelae from Corrupting

➤ FALSE MEMORY INDUCTION

- Children were interviewed 10 times and repeatedly asked if they got their hand caught in a mousetrap and had to go to the hospital to get it removed.
- After several interviews, the children began to say that they remembered getting their hand caught in a mousetrap and provided rich perceptual details for something that never happened.
- Despite being debriefed by the parents after the study was concluded, several children continued to believe that it really happened.



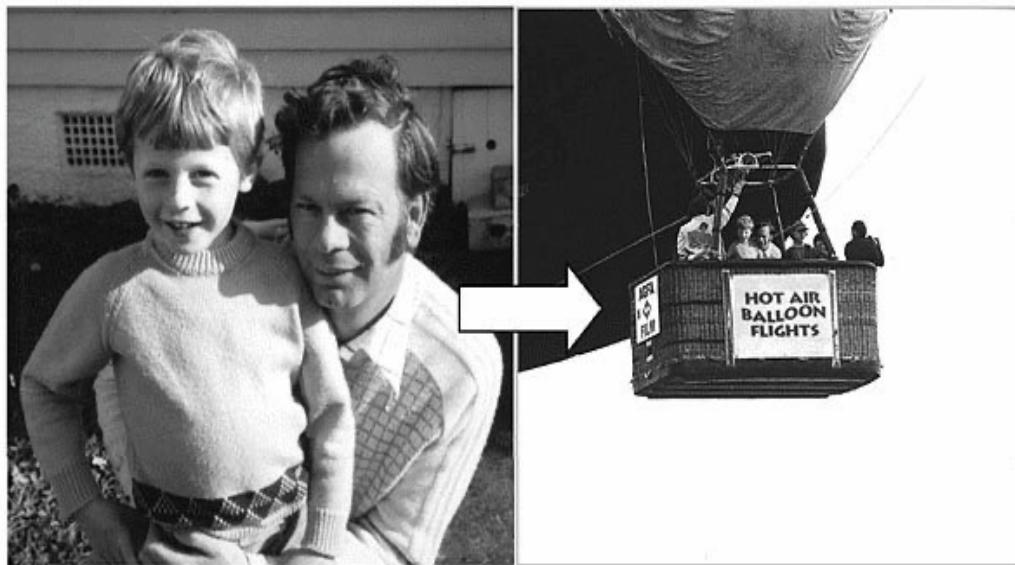
Ceci, S. J., Huffman, M. L., Smith, E., & Loftus, E. F. (1994). Repeatedly thinking about non-events: Source misattributions among preschoolers. *Consciousness & Cognition*, 3, 388-407.

Short Term Sequelae from Corrupting FALSE MEMORY INDUCTION



Loftus, E. F., & Pickrell, J. E. (1995). The formation of false memories. *Psychiatric Annals*, 25(12), 720-725.

Short Term Sequelae from Corrupting FALSE MEMORY INDUCTION



Wade, K.A., Garry, M., Read, J. D., & Lindsay, D. S. (2002). A picture is worth a thousand lies: Using false photographs to create false childhood memories. *Psychonomic Bulletin & Review*, 9(3), 597-603.

Short Term Sequelae from Corrupting

FALSE MEMORY INDUCTION

(Shaw & Porter, 2015)

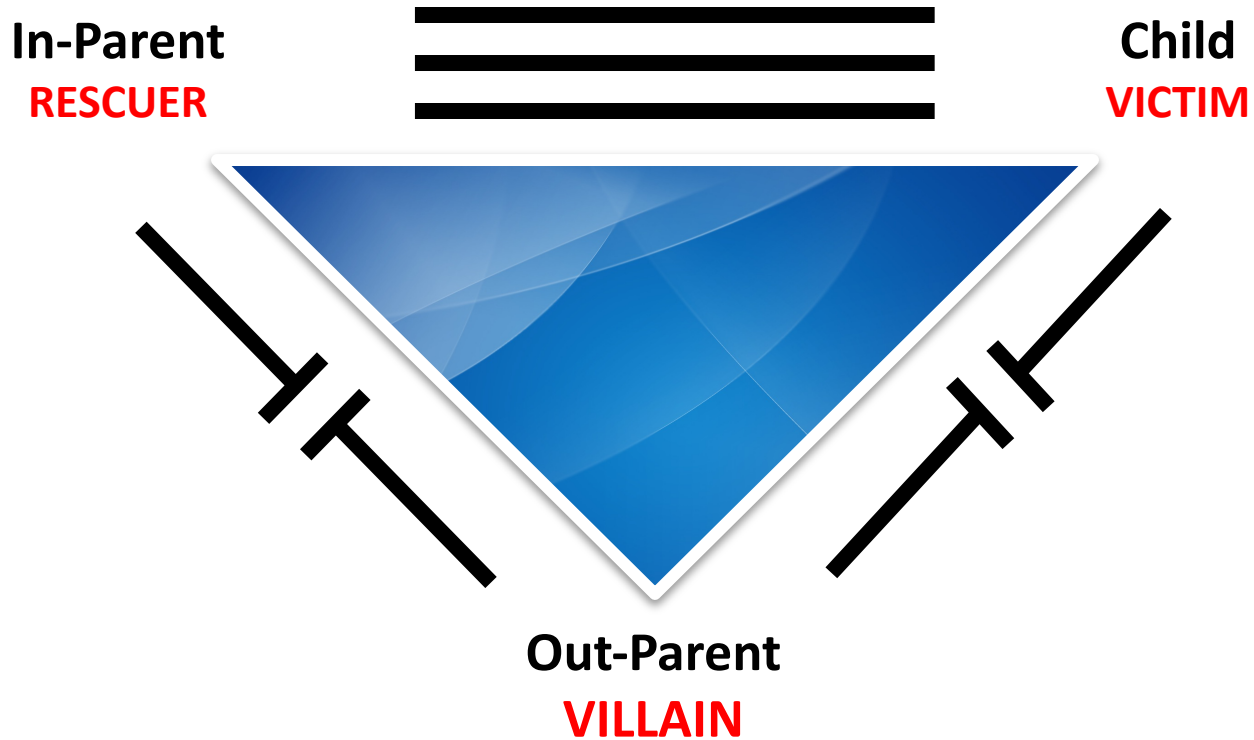


Long Term Sequelae from Corrupting

Conflict Avoidant Strategies – Psychosomatic Families

- **Minuchin et al. (1978)** – In their study of psychosomatic families three conflict avoidant patterns emerged, *triangulation*, *parent-child coalition*, & *detouring*
 1. **Triangulation** – the spouse dyad is split in opposition or conflict and the child is openly pressed to ally with one parent against the other.
 2. **Parent-Child Coalition** – the child tends to move into a stable coalition with parent against the other.
 3. **Detouring** – the spouse dyad is united – the parents submerge their conflicts in a posture of protecting or blaming their “sick” child, who is defined as “the only problem.”

Perverse Family Drama Triangle



Haley, J. (1973). Toward a theory of pathological systems. In Gerald H. Zuk and Ivan Boszormenyi-Nagy (Eds.), *Family Therapy and Disturbed Families* (pp. 11-27). Palo Alto, CA: Science and Behavior Books, Inc. Pages 16 & 17.

Enmeshment

“The Psychosomatic Family”

- “Extreme form of proximity and intensity”
- “Boundaries are poorly differentiated, weak, and easily crossed”
- “A child may be enlisted by one parent against the other”
- “Non-resolution of dyadic conflict between parents sets off a chain of shifting alliances” (i.e., loyalty conflict)

(Minuchin et al., 1978, p. 30)

Parentification

◦ **Boszormenyi-Nagy & Spark (1984)** reported that *parentification* involves:

- A reversal of the dependency role, in which an emotionally needy parent turns to the child for nurturing and protection post-separation of divorce
- There is an unrealistic expectation that the child must satisfy the parent's unmet emotional needs
- In turn, the parentified child willingly cooperates in attempting to meet those needs

Parentification

Earley & Cushway (2002)

- The child-as-mate role reversal represents the child acting as confidant, friend or decision-maker to the parent.
- There is a cross-generational boundary violation which compromises the child's growth and development

Loyalty Conflicts

- **Wozencraft et al. (2019)** – Parental loyalty conflicts (PLCs) involve one parent interfering with the child's perception of, relationship with, and access to the other parent.
 - 240 participants completed questionnaires that explored parental unions, experiences of parental loyalty conflict behaviors, psychological functioning, and frequency of exposure to maltreatment.
 - Significant relationships were found between parental loyalty conflict and psychological abuse, and parental loyalty conflict and anxiety and depression symptoms.

Loyalty Conflicts & Deception

- Why do some loyalty conflicted children unintentionally exaggerate or lie about their family experiences to evaluators?
 - **Hildreth and Anderson (2018)** found that groups often demand loyalty and loyalty can corrupt individuals to engage in deceit. Most people view other people's lies as unethical. However, when evaluating their own behavior, people who lie to benefit their group in conditions of loyalty judge their deceit as ethical.

Vignette

- 12 year old boy presented for a custody evaluation presenting with stories of his mother trying to kill him with a knife when he was 5 years old. He also said his mother never loved him and wanted to abort him before he was born.
- The mother at the time of the valuation had no contact with the boy due to his refusal to spend any time with her.
- For the past year, the father and the step-mother brought the boy to a therapist for EMDR therapy to treat "their" concerns that the boy was having difficulty spending time at his mother's home.
- During the evaluation it was learned from the boy's previous therapist that he did not have a memory of being attacked by his mother with a knife when he was 5 years old and that story was one the therapist had found out was implanted by the father and the step-mother as well as the story about being aborted and not wanted – loved.

Recap of Sequelae from Corrupting PM

- False Memory Induction
- Conflict Avoidant Strategies
- Perverse Family Drama Triangle – i.e., Parent-Child Coalition
- Enmeshment
- Parentification
- Loyalty Conflicts – Child is caught in the middle and is kept there by the maladaptive behavior of the parents
- Exaggeration, deception, scapegoating, splitting, and lying based on the engagement of immature moral reasoning and emotional regression to earlier state of development

The image features a dark teal background. In the foreground, there are four stylized human figures with grey faces and colored bodies: a woman with red hair and a red top, a man with teal hair and a teal top, a woman with yellow hair and a yellow top, and a man with green hair and a green top. Above them are four speech bubbles in corresponding colors: red, teal, yellow, and green. Each speech bubble contains three small white dots, representing text. The text "Small Group Discussion" is centered in a white, sans-serif font, with "Small Group" on the top line and "Discussion" on the bottom line.

Small Group Discussion



QUESTIONS

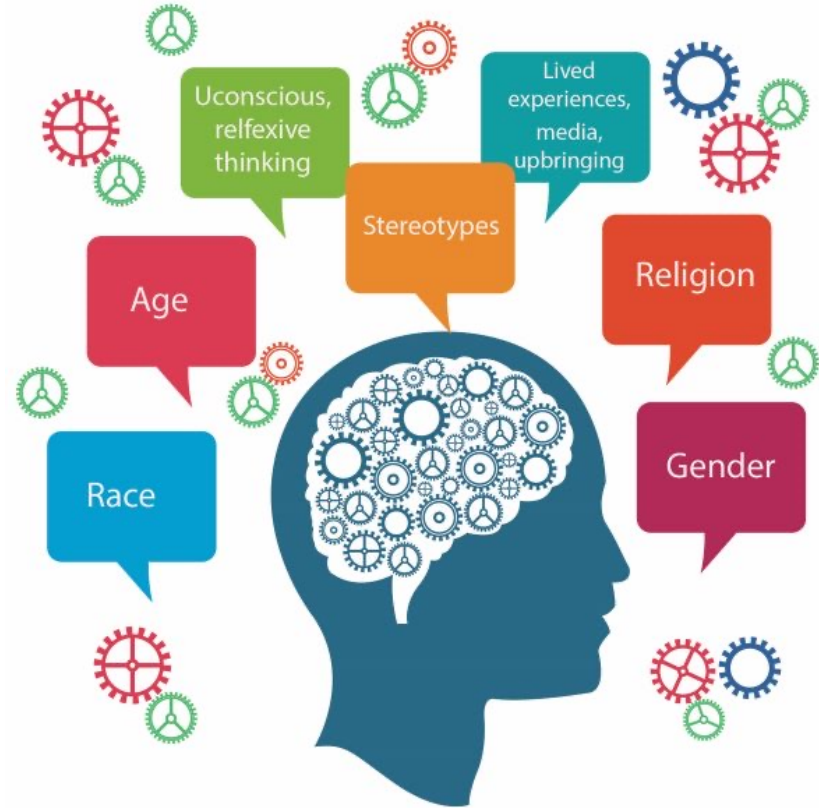
ANSWERS

Implicit and Explicit Bias

What is Bias?

“A preference or an inclination, especially one that inhibits impartial judgment”

American Heritage
Dictionary, 2023



What is Implicit Bias?

“An automatic and unconscious attitude that affects a person’s judgment, decisions, and behavior” Cornell, 2023

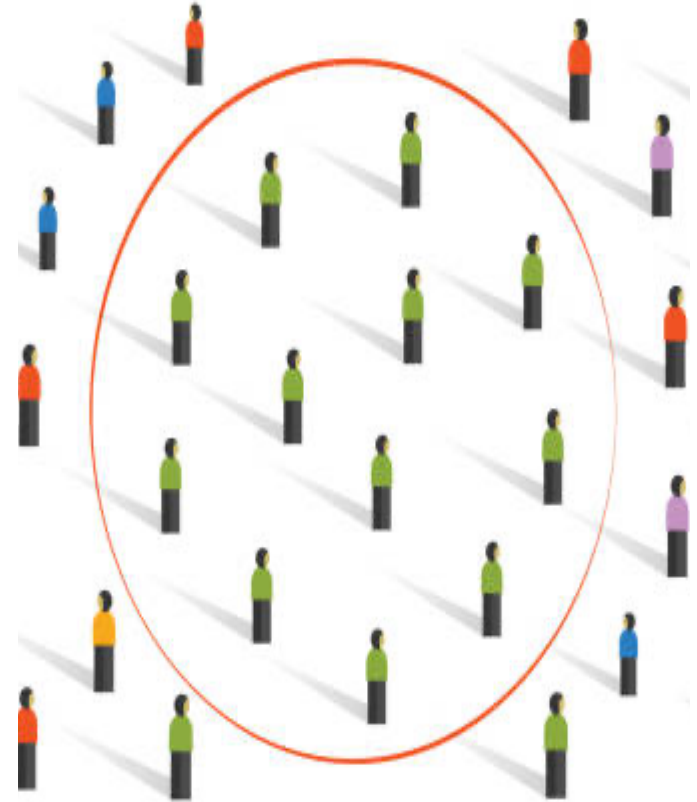
➤ Common Types of Implicit Biases:

- Affinity Bias –
- Anchoring Bias –
- Authority Bias –
- Overconfidence Bias –
- Confirmation Bias –

Affinity Bias

“Tendency to like people that are similar to one’s self”

Cornell, 2023



Anchoring Bias

“When a person’s judgment is unduly influenced by the first piece of information that serves as a reference point for a subsequent opinion”

Cornell, 2023



Authority Bias

“Tendency to believe, support, and obey people in positions of authority”

Cornell, 2023



Overconfidence Bias

“When a person overestimates their intellect or abilities”



Cornell, 2023

Confirmation Bias

“The tendency to only look for information that confirms one’s opinions or beliefs”

Cornell, 2023





Confirmation Bias in Forensic Settings

“Confirmation biases are a natural and automatic feature of human cognition that can occur in the absence of self-interest and operate without conscious awareness” (Kassin, 2013)

Researchers in one study examined the effects of confirmation bias with 75 psychiatrists and 75 medical students who were asked to perform information searches to confirm or disconfirm a provisional diagnosis. Psychiatrists conducting a confirmatory search made a wrong diagnosis 70% of the cases compared to 27% for a disconfirmatory or balanced information search (Mendel et al., 2011)

What is Explicit Bias?

Explicit bias refers to one's pre-conceived ideas, beliefs, and attitudes about others in a way that categorizes them into recognizable groups (Vela et al., 2022)

- Common Forms of Explicit Biases:
 - **Stereotype** – preconceived beliefs about a group of people that tends to prejudice one's attitude towards members of that group
 - **Prejudice** – a bias or preconceived opinion, idea, or belief about something; an assumption, unfair feeling, or dislike for a person or group simply based on the person's membership in a particular social group

Techniques to Reduce Bias

➤ **Phenomenological Inquiry**

- **Epoche** ~ *Suspension of judgment or withholding of assent. State of mind where all judgment about non-evident matters are suspended in order to induce a state of Ataraxia (Moustakas, 1994)*
 - ❖ **“calmness untroubled by mental or emotional disquiet”**
- **Bracketing** ~ *“Rigorous process that suspends internal and external suppositions, thereby allowing the focusing in on a specific phenomenon to understand or see it as it is” (Gearing, 2008)*
- **Horizontalization** ~ *placing whatever emerges on level and equal positions within the horizon of consciousness (Moustakas, 1994)*

Techniques to Reduce Bias

- **Self-Evaluation** – An exercise making a list of one's implicit and explicit biases towards the populations you serve in your professional capacity as a CLR, PRE, or CFI
- **Consultation with Colleague or Other Professional** ~ This is a part of good ethical practice that develops a greater sense of agency when confronted with cases that strain your ability to be fair and impartial when triggered by certain individuals who rub you the wrong way

Self-evaluation

The image features a dark teal background. In the foreground, there are four stylized human figures with grey faces and colored bodies: a woman with red hair and a red body, a man with teal hair and a teal body, a woman with yellow hair and a yellow body, and a man with green hair and a green body. Above them are four speech bubbles in matching colors: a red bubble, a teal bubble, a yellow bubble, and a green bubble. Each bubble contains three small white dots. The text "Small Group Discussion" is centered in a white, sans-serif font, with "Small Group" on the top line and "Discussion" on the bottom line.

Small Group Discussion



QUESTIONS

ANSWERS



Child Abuse/ Neglect Types & Subtypes

2. Physical Abuse

Treatises

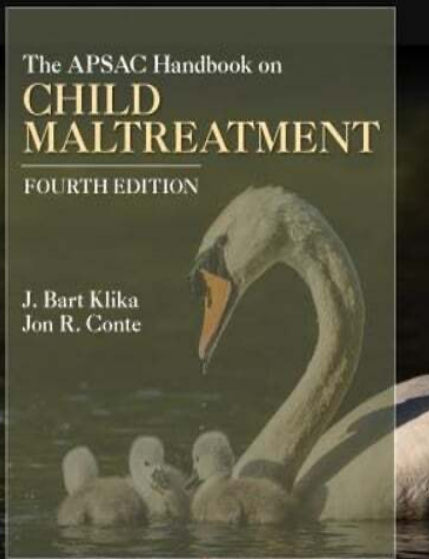
Child Maltreatment: Contemporary Issues in Research and Policy 14

Richard D. Krugman
Jill E. Korbin *Editors*

Handbook of Child Maltreatment

Second Edition

 Springer



American Professional Society on the Abuse of Children



Angelo P. Giardino · Michelle A. Lyn
Eileen R. Giardino *Editors*

A Practical Guide to the Evaluation of Child Physical Abuse and Neglect

Third Edition

 Springer

SPRINGER BRIEFS IN PUBLIC HEALTH
CHILD HEALTH

Tanya S. Hinds
Angelo P. Giardino

Child Physical Abuse: Current Evidence, Clinical Practice, and Policy Directions

 Springer

Prevalence & Statistical Data

- Child Maltreatment Report (HHS, 2021): 588,229 victims of child abuse/neglect (National)
 - Neglect: 76%
 - **Physical Abuse: 16% (94,116)**
 - Sexual Abuse: 10.1%
 - Psychological Maltreatment: 6.4%
 - Medical Neglect: 1.9%
 - Sex Trafficking: 0.2%



Table 3-8 Child Maltreatment 2021 Report



Child Maltreatment 2021



U.S. Department of Health & Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau



Chapter 3 – p. 65

What is Child Physical Abuse?

➤ **Hinds & Giardino (2009)** – “The intentional use of physical force against a child that either results in or has the likelihood of resulting in harm to the child’s health, development, or dignity.” According to **Giardino et al. (2019)**, child physical abuse includes:

- Shaking
- Throwing
- Purposefully dropping
- Hitting
- Pushing
- Grabbing
- Dragging or pulling
- Punching or kicking
- And any other physically abusive non-accidental behaviors

Corporal Punishment

Corporal Punishment

- **Under C.R.S. § 18-1-703** the use of physical force to punish a child in the context of ***‘parental discipline’*** is considered legal Colorado. However, a parent may ***only*** use “reasonable and appropriate physical force ... when and to the extent it is reasonably necessary and appropriate to maintain discipline or promote the welfare of” their child.

Corporal Punishment

- Is the use of physical force in the context of parental discipline physical abuse?
 - The scientific community has debated the issue for the last 30 years and reached the following conclusions:

Corporal Punishment

- **Ma et al. (2022)** examined the association between caregivers' spanking and physical abuse of young children in low and middle income countries among 156,000 families and found:
 - Spanking is associated with increased likelihood of being physically abused.
 - The use of spanking, even if caregivers used it as a response to child aggression, may escalate the risk for physically abusive parental behaviors such as beating the child up and hitting the child's face and head.

Corporal Punishment

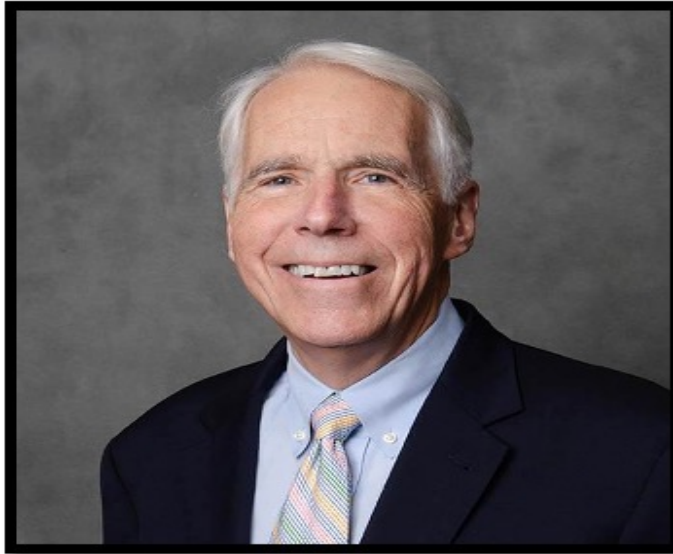
- **Gershoff & Grogan-Kaylor (2016)** conducted a large meta-analytic study (75 studies involving 160,927 children) on the effects of spanking on children's outcomes and discovered that spanking was associated with:
 - More aggression, more antisocial behavior, more externalizing problems, more internalizing problems, more mental health problems, more negative relationships with parents
 - Lower moral internalization, lower cognitive ability, and lower self-esteem
- The researchers noted that the largest effect size was from physical abuse; **the more children are spanked, the greater the risk that they will be physical abused by their parents.**

Corporal Punishment

- **Afifi et al. (2017)** examined data from the CDC-Kaiser Adverse Childhood Experiences (ACE) study ($N=8316$) and discovered that spanking loaded on the same factor as the physical and emotional abuse items.
- Spanking was associated with increased odds of suicide attempts, moderate to heavy drinking, and the use of street drugs in adulthood over and above experiencing physical and emotional abuse.
- Spanking was empirically similar to physical and emotional abuse which prompted the researchers to suggest that spanking should be categorized as a form of physical abuse and considered an ACE.

Corporal Punishment

Child / Adolescent Psychiatrist Dr. Paul Hollinger
Professor of Psychiatry at Rush University Med. Center
(Center for Child and Adolescent Psychotherapy)

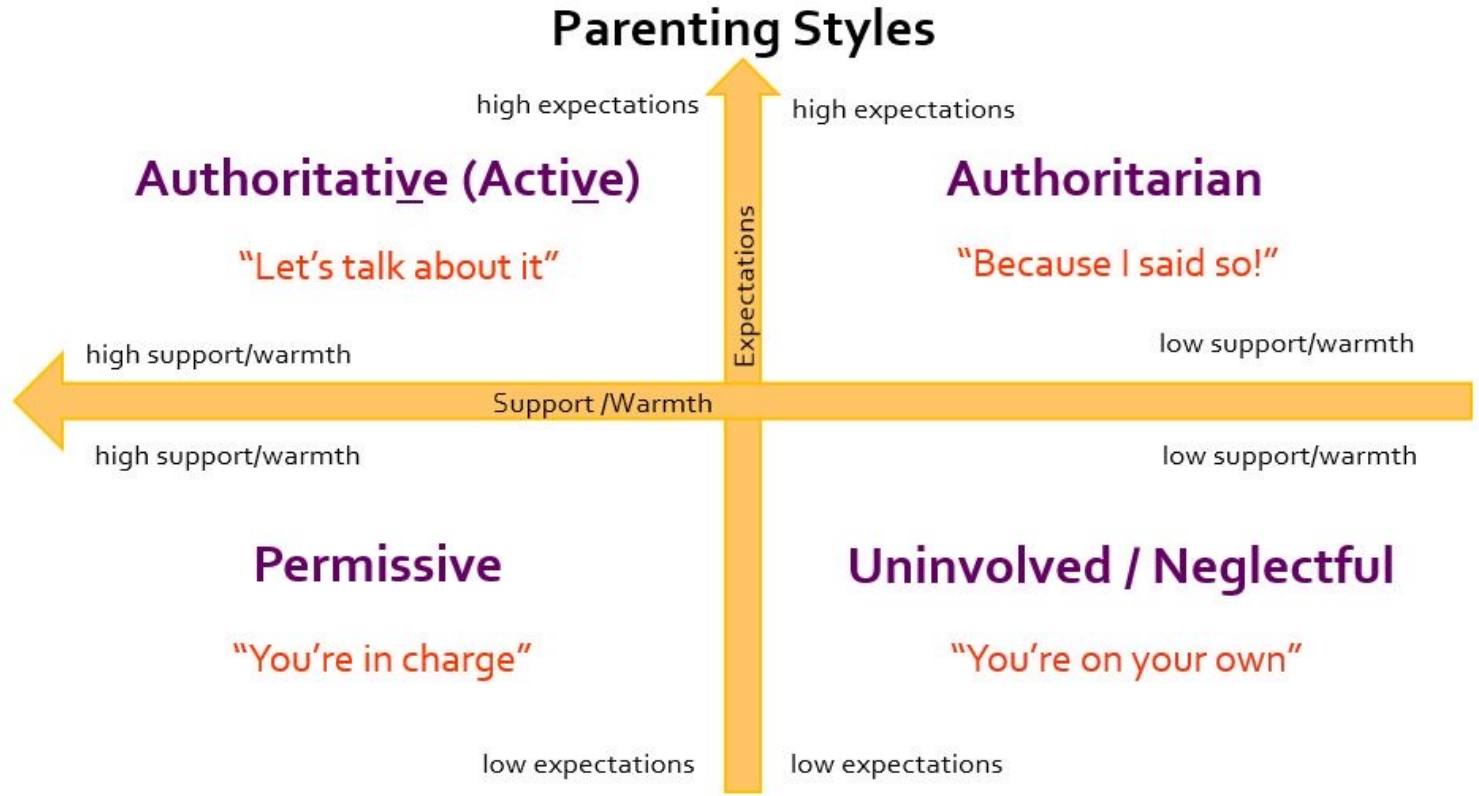


Parenting Styles

Parenting Styles

- **Baumrind (1966)** recognized three main approaches to parental control and discipline:
 - **Permissive parents** are warm and responsive, but reluctant to impose rules or standards. They prefer to let their kids regulate themselves.
 - **Authoritarian parents** show less warmth and sensitivity, and insist on blind obedience. They attempt to enforce compliance through punishments, threats, and psychological control.
 - **Authoritative parents** are warm and responsive, like permissive parents. But where permissive parents shrink away from enforcing standards, authoritative parents embrace it. They expect maturity and cooperation...as much as is appropriate for a child's developmental level.

Parenting Styles



Adapted from Baumrind, 1966



Parenting Styles & Physical Abuse

- **Lo et al. (2019)** a large study of 7,585 children and their parents investigated the association between parenting style and child maltreatment and found:
 - Parents with authoritarian parenting styles were more likely to perpetrate different types of child maltreatment, whereas authoritative parenting was a protective factor for child maltreatment.
 - Child physical abuse was more prevalent among parents who favored the authoritarian parenting style.



Authoritative Parenting Style

- **American Psychological Association (2023)**
 - In Authoritative Parenting Style, the parents are nurturing, responsive, and supportive, yet set firm limits for their children. They attempt to control children's behavior by explaining rules, discussing, and reasoning. They listen to a child's viewpoint but don't always accept it..

Authoritative Parenting Style

- **Sanders & Mazzucchelli (2017)**
 - Five core principles of positive parenting form the basis of Triple P:
 - safe and engaging environment,
 - positive learning environment,
 - assertive discipline,
 - realistic expectations, and
 - parental self-care.

Authoritative Parenting & Discipline

- **Popkin (2003)**

- Authoritative or “Active” parenting style adopts the belief that parental discipline follow the three “B”s:
 - Be prospectively applied –
 - Be within the child’s cognitive-physical-emotive capacity to comply –
 - Be non-harming –

Authoritative Parenting & Discipline

Type of Punishment	Proactive Discipline	Reactive Discipline
NON-CORPORAL	<ul style="list-style-type: none">• Set boundary• Instruct how to comply• Non-physical consequences	<ul style="list-style-type: none">• No boundary• Little or no instruction• Non-physical consequences
CORPORAL	<ul style="list-style-type: none">• Set boundary• Instruct how to comply• Physical consequences	<ul style="list-style-type: none">• No boundary• Little or no instruction• Physical consequences

Short & Long Term Sequelae of Harm from Physical Abuse

Sequelae of Trauma

- **Gouin et al. (2012)**
 - Child abuse has been associated with numerous physical changes. Victims of abuse have greater physiological response to stressors: specifically, those who experienced physical abuse had more than 2 times greater inflammatory response to stress compared to controls. These changes contribute to chronic inflammation and health difficulties later in life

Sequela of Trauma

- Bentley & Widom (2009)
 - Physical abuse in childhood was associated with higher adult body mass indices
- Dannlowski et al. (2012)
 - Physically abused children demonstrated deleterious functional and structural brain changes in that they have greater volume and stronger response to negative stimuli within the amygdala

Sequelae of Trauma

- A history of physical abuse contributes to risk of perpetration as abused individuals appear more likely to engage in violent behavior in general (Harford, Yi, & Grant, 2014; Keene & Epps, 2016).
- Individuals with a history of physical abuse are more likely to be arrested for both child abuse and other forms of violence and to perpetrate violence in romantic relationships (Maneta, Cohen, Schulz, & Waldinger, 2012).

Sequela of Trauma

- Associated constructs of hostility and trait anger have also been higher among individuals with a history of childhood physical abuse (Keene & Epps, 2016).
- Physically abused children are more likely to behave aggressively and have the associated cognitive and affective profile of adult violent offenders (Milaniak & Widom, 2014)

Sequelae of Trauma

- Experiencing child abuse serves as a risk factor for a range of psychopathology. Data from the National Epidemiologic Survey on Alcohol and Related Conditions (a sample of 43,093 individuals) reveal considerable associations between childhood physical abuse and mental health difficulties in adulthood (Sugaya et al., 2012).

Sequelae of Trauma

- Most individuals (84%), who had been physically abused as children, had at least one psychiatric disorder at some point in time. Diagnoses of attention deficit and hyperactivity disorder, panic disorder, posttraumatic stress disorder (PTSD), bipolar disorder, nicotine dependency, generalized anxiety disorder, drug abuse, and major depressive disorder were associated with physical abuse, even after other adverse childhood experiences and demographics were controlled (Sugaya et al., 2012).

Sequelae of Trauma

- Other studies have linked physical abuse with schizophrenia, personality disorders, eating disorders, and polydrug use (Heim, Shugart, Craighead, & Nemeroff, 2010).
- Given the role child abuse plays in contributing to such a broad range of psychopathology, it is perhaps unsurprising that physical abuse has been linked to higher rates of suicidality (Jonson-Reid, Kohl, & Drake, 2012) and suicide attempts (Harford et al., 2014).

The background features a dark teal color. In the foreground, there are four stylized human figures with grey faces and colored bodies: a woman with red hair and a red top, a man with teal hair and a teal top, a woman with yellow hair and a yellow top, and a man with green hair and a green top. Above them are four speech bubbles in corresponding colors: red, teal, yellow, and green. Each speech bubble contains three small white dots, representing text or conversation. The text 'Small Group Discussion' is centered over the image in a white, sans-serif font.

Small Group Discussion



QUESTIONS

ANSWERS

3. Sexual Abuse

Prevalence & Statistical Data

- Child Maltreatment Report (HHS, 2021): 588,229 victims of child abuse/neglect (National)
 - Neglect: 76%
 - Physical Abuse: 16% (94,116)
 - **Sexual Abuse: 10.1%**
 - Psychological Maltreatment: 6.4%
 - Medical Neglect: 1.9%
 - Sex Trafficking: 0.2%



Table 3-8 Child Maltreatment 2021 Report

Prevalence

- The crime of child sexual abuse (CSA) harms a significant number of children every year, although its prevalence is unknown (Townsend et al., 2013). Published estimates span a very broad range (3-62%) making the actual incidence unclear (Conte et al., 2017).
- Contributing greatly to this uncertainty in the prevalence of CSA are the method of questioning in which the CSA interview is conducted, as well as early reporting of high rates in certain populations.
- Brassard and McNeill (1987) suggested that more accurate prevalence rates can be estimated using reports of CPS substantiated cases, criminal convictions, and retrospective surveys of adults who claim they were sexually abused as children but never reported it. Using these three sources, Brassard and McNeill (1987) estimated that 5.5% of all children in the United States will become victims of sexual abuse during their childhood.

Prevalence

- Putnam (2003) in his ten-year research review published in the Journal of the American Academy of Child and Adolescent Psychiatry, identifying “community samples typically range from 12% to 35% of women and 4% to 9% of men reporting unwanted sexual experience prior to age 18 years.”

Three recent studies reported similar statistics:

- 2013 meta-analysis review of 55 studies from 24 countries by Barth et al. found that “prevalence estimates ranged from 8-31% for girls” and “3 to 17% for boys.”
- 2014 study by Finkelhor et al. estimated the lifetime prevalence among 15 and 16-year-old adolescents was “16.8%” for females and “4.3%” for males.
- 2015 study by Essabar et al. reported that the global prevalence of child sexual abuse is “20 percent” for girls and “5 to 10 percent” for boys.

Prevalence

Mean Estimates for Child Sexual Abuse Prevalence Rates			
Source	% of Females	% of Males	% of All
Child Maltreatment (2021)	N/A	N/A	10.1
Brassard & McNeill (1987)	N/A	N/A	5.5
Finklehor (2014)	16.8	4.3	10.6
Putnam (2003)	16.8	7.9	12.4
Leserman (2005)	20	6	13
Essabar et al. (2015)	19.5	7.5	13.5
Barth et al. (2013)	19.5	10	14.8
Kolko (1988)	34	17	25.5

Prevalence

- If we generalize these findings and estimates to the entire child population there is a mean prevalence of CSA of $\approx 13\%$. The discrepancy between the above statistics cannot be easily explained however we can examine the difference in how CSA is reported and the ways in which the Courts, CPS, and the public determine whether or not a child has been sexually abused.
- As for Criminal Convictions coming from the Courts, there are two forms of prosecution that take place for child sexual abuse, one is for termination of parental rights through a petition of sexual abuse and the other is a criminal indictment for criminal sexual conduct against a child.
- The termination cases stem from a CPS substantiation of sexual abuse which uses a preponderance of the evidence standard in their findings and then a clear and convincing evidentiary standard if it goes to trial. Criminal sexual conduct charges however have to be proven by the beyond a reasonable doubt standard and this is why most sexual abuse cases are never prosecuted.

Prevalence

- Out of the thousands of sexual abuse cases that are *reported* yearly to CPS, 66% of them are never substantiated even though CPS uses a very low standard of proof. Basically, in order for CPS to “substantiate” a case they utilize the preponderance of the evidence standard of proof which means that they believe that the allegations are more true than not (51% true – 49% untrue).
- Their reports and findings are not subject to judicial review nor are they subject to any scrutiny by a jury; rather it is a lone CPS worker in concert with his or her supervisor(s) who make a determination of whether or not sexual abuse has occurred.
- This process may at times fail to make a finding of sexual abuse when it really has occurred and also may make findings of sexual abuse when it has not occurred.

Prevalence

- As for the prevalence rates from retrospective adult study estimates, most researchers will agree that the number of actual incidences of CSA is greater than the .03% reported by CPS but there is no definitive agreement as to a precise percentage of the child population and as a consequence many authors on the subject will report a range such as Lesserman (2005) who gives a range between 15 and 25%.
- Putnam (2003) reports that community samples “range from 12% to 35% of women and 4% to 9% of men reporting an unwanted sexual experience prior to age 18 years (p. 270).
- Many researchers point out that global estimates for CSA are 30% for girls and 10% for boys (Ji et al., 2013; Singh et al., 2014)
- These last three estimates point out that girls are at a greater risk of being sexually abused than boys (Fergusson, Boden, and Horwood, 2008).

Operational Definitions

What is Sexual Abuse?

Child Sexual Abuse

- “The employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children.”

42 U.S.C Ch 67 – Child Abuse Prevention and Treatment and Adoption Reform Act (Goodyear-Brown, 2012).



What is Sexual Abuse?

Sexual Assault on a Child

- “Any actor who knowingly subjects another ... to any sexual contact commits sexual assault on a child if the victim is less than fifteen years of age and the actor is at least four years older than the victim”

C.R.S. § 18-3-405

What is Sexual Abuse?

Enticement of a Child –

- “A person commits the crime of enticement of a child if he or she invites or persuades, or attempts to invite or persuade, a child under the age of fifteen years to enter any vehicle, building, room, or secluded place with the intent to commit sexual assault or unlawful sexual contact upon said child”

➤ Colo. Rev. Stat. §18-3-305

What is Sexual Abuse?

Unlawful Sexual Contact

- Any actor who knowingly subjects a victim to any sexual contact commits unlawful sexual contact if: (a) The actor knows that the victim does not consent; or (b) The actor knows that the victim is incapable of appraising the nature of the victim's conduct; or (c) The victim is physically helpless and the actor knows that the victim is physically helpless and the victim has not consented.
 - Colo. Rev. Stat. § 18-3-404

What is Sexual Abuse?

Sexual Assault on a Child by One in a Position of Trust

- Any actor who knowingly subjects another not his or her spouse to any sexual contact commits sexual assault on a child by one in a position of trust if the victim is a child less than eighteen years of age and the actor committing the offense is one in a position of trust with respect to the victim.
 - Colo. Rev. Stat. § 18-3-405.3

What is Sexual Abuse?

Internet Sexual Exploitation of a Child

- An actor commits internet sexual exploitation of a child if the actor knowingly importunes, invites, or entices through communication via a computer network or system, telephone network, or data network or by a text message or instant message, a person whom the actor knows or believes to be under fifteen years of age and at least four years younger than the actor, to:
 - Colo. Rev. Stat. § 18-3-405.4

What is Sexual Abuse?

Sexual Exploitation of a Child

- A wrongful invasion of the child's right of privacy and results in social, developmental, and emotional injury to the child; that a child below the age of eighteen years is incapable of giving informed consent to the use of his or her body for a sexual purpose; and that to protect children from sexual exploitation it is necessary to prohibit the production of material which involves or is derived from such exploitation and to exclude all such material from the channels of trade and commerce.

➤ Colo. Rev. Stat. §18-6-403

Normative Sexual Behavior

Sexual Curiosity & Exploration

- The following stories are typical tales of early **sexual curiosity** that may be developmentally related:
 - A mother laughs about how much her son “loves his penis,”
 - Two 5-year-old girls surprise the parent who finds them inspecting each other’s genitals
 - A distraught mother wishes she had not told her 7-year-old daughter “where babies come from” after the girl is found lying on top of a friend.
- Although sexual interest observed in young children can be unsettling, experts have long advised parents to remain calm when children explore this side of life.

Poole & Wolfe (2009) *from* Kuehnle & Connell (Eds.)
“Evaluation of Child Sexual Abuse Allegations”

Sexual Curiosity & Exploration

- Data from the United States, Finland, Sweden, and the Netherlands reveal some consistent patterns:
 - First, 2- to 6-year-olds frequently express sexual curiosity, act uninhibited about their bodies, and touch themselves.
 - Indeed, parents in the United States report that over a third of young boys and girls have recently tried to look at people undressing, have undressed in front of others, have sat with their crotches exposed, and have touched their own genitals at home.
 - Second, parents observe a significant percentage of children engaging in more explicit behavior that could be construed as sexually inappropriate or concerning.

Sexual Curiosity & Exploration

- Regarding children ages 2 to 6 years, for example, 23% of the boys and 16% of the girls in one sample had been seen masturbating with their hands, 26% of the boys and 18% of the girls had showed their genitals to adults, and 36% of the boys and 19% of the girls had touched their genitals in public (Friedrich et al., 1991)
- Other high frequency behaviors were touching women's breasts and kissing unrelated children (over 40% of the boys and girls)
- If we consider behaviors reported by 20% of caregivers "**developmentally related**," as suggested by Friedrich et al. (1998), the first block of items in the following table lists behaviors that are most often associated with **early curiosity** and **sexual exploration**:

Developmentally Related Sexual Behaviors

Early childhood (2-6 years) U.S. samples:

- Kisses nonfamily members
- Tries to look at people undressing/in the nude
- Undresses in front of others
- Sits with crotch exposed
- Touches genitals at home
- Masturbates or stimulates self in other ways
- Touches breasts
- Shows genitals to adults
- Shows genital to another child

[Friedrich et al.'s (1998) criterion for normative behavior]



Developmentally Related Sexual Behaviors

Middle childhood (7-10 years) U.S. samples:

- Tries to look at people undressing/ in the nude
- Touches genitals at home
- Masturbates (rates > 20% for boys)
- Shows genitals to another child

Late childhood (11-12 years) U.S. samples:

- Is very interested in the opposite sex
- Masturbates
- Fondles non-genital areas (e.g., back, stomach)
- Shows genitals to another child (boys)

[Friedrich et al.'s (1998) criterion for normative behavior]



Developmentally Related Sexual Behaviors

- It is important to consider that tables are often misleading if people assume only listed behaviors are “normal.” This would be an inaccurate conclusion because some children who have no history of trauma nonetheless display infrequent behaviors. For example, few young children put genitals on pictures they draw, but 2% of nonabused 2- to 5-year-olds in one sample did (Friedrich et al., 1998).
- Summary tables also do not adequately convey cultural differences in early sexual behavior. For instance, children of highly educated mothers show higher rates of sexual behavior, possibly because these mothers are less inhibited about bodily functions and less punishing in the face of sexual behavior.
- Other factors associated with higher scores on sexual behavior inventories are family openness about nudity and sexuality, a history of family violence, life stress, and time spent in day care (e.g., Friedrich et al., 1998)



Developmentally Related Sexual Behaviors

Late Childhood Considerations from the Science:

- In late childhood, inhibition about childish exploration is often accompanied by curiosity about adult sexual behavior. Therefore, five developmentally related behaviors increase in frequency from middle to late childhood:
 - talking about sex,
 - kissing and hugging,
 - looking at pornographic pictures or nudity on television,
 - sexual teasing
 - general interest in the opposite sex

Friedrich et al., 1998; Larsson & Svedin, 2002

Vignette

- 38 year old mom reports that she found her 5 year old son playing doctor with his 6 year old female cousin. Mom described how she went to her son's room to tell him dinner was ready and when she opened the door to make her announcement she observed her son showing his penis to his cousin.
- **QUESTION:** Is it developmentally related sexual behavior – i.e., sexual curiosity / exploration – or is it something else?

Hypothesis Generation & Testing

- Evaluating the reported sexual behaviors of children requires hypothesis generation and hypothesis testing (Poole, 2016).
 - Hypothesis generation means sifting through the data and developing testable questions.
 - Hypothesis testing involves:
 - (a) **PRIMARY-ISSUES** – testing alternative hypotheses regarding the matters under investigation (i.e., Did something terrible happen or not?)
 - (b) **DISAMBIGUATION** – testing alternative interpretations of children’s reported utterances

Comparative Analysis with the Relevant Scientific Literature

Problematic Sexual Behaviors

Sexual Behavioral Problems

- Chaffin et al. (2008) defines sexual behavior problems as: “Sexual behavior that is developmentally inappropriate (e.g., age-inappropriate) and/or potentially harmful to the self or others” (citing to Silovsky & Niec, 2002)
- Tarren-Sweeney (2008) measured caregiver-reported sexual behavior problems of 4- to 11-year old children (N=347) as reported in the baseline survey (2000 through 2003) of the Children in Care Study (CICS) and found that most of the children who engaged in problematic sexual behaviors had corresponding psychopathology, conduct problems, inattention, and interpersonal behavior problems suggestive of severe attachment disturbances.

Sexual Behavioral Problems

- The task of defining sexual behavioral problems has been made easier by identification of normative child sexual behavior within age and gender groupings, using standardized measures such as the **Child Sexual Behavior Inventory** (Friedrich, Fisher, Broughton, Houston, & Shafran, 1998)
- Child sexual abuse was found to predict only a moderate proportion of the variance in sexual behavioral problems among a large population sample (Friedrich et al., 2003).
- Given the secrecy surrounding child sexual abuse, it is difficult to obtain valid estimates of children's exposure to inappropriate sexual behaviors (Ricci et al., 2005)
- If there is a direct and strong relationship between child sexual abuse and sexual behavioral problems, then research estimates of the effect size will be diluted by undetected child sexual abuse (Friedrich et al., 2005)



Sexual Behavioral Problems

- In one sample, children with a history of substantiated sexual abuse were 3 times as likely as non-abused children to show their genitals to children and 14 times as likely to imitate intercourse.

Friedrich et al., 1992

- Due to findings such as these, age- inappropriate sexual behavior and knowledge have long been considered the most specific behavioral markers of sexual abuse.

Brilleslijper-Kater, Friedrich, & Corwin, 2004

Sexual Behavioral Problems

- Both early (before age 4 years) and late (between age 4 and 8 years) reports of physical abuse consistently increased the odds of both boys and girls engaging in problematic sexual behaviors. The pattern differed by gender with physical abuse predicting sexual intrusiveness and exhibitionism in boys and boundary problems (e.g., hugging adults they don't know well) in girls (Burgess, 2018).
- The cumulative scientific literature suggests the most problematic sexual behaviors that may be indications of sexual abuse are:
 - Simulated intercourse
 - Simulated oral copulation
 - A child putting his/her genitals in another child's mouth
 - Masturbating with exposed genitals in public settings
 - Inserting an object into a child's vagina or anus for sexual stimulation

Vignette

- 8 year old girl is referred to a Child Advocacy Center based on a report from her mother who observed her daughter masturbating by inserting an object into her vagina and “making sexual noises”
 - **QUESTION:** Is the reported behavior of the girl an indication of sexual abuse? Or, is it something else? (**NOTE:** sexual behaviors that fall outside of normal sexual curiosity and exploration for the child’s age group are suggestive of sexual abuse)

Sequelae of Trauma from Sexual Abuse

- Negative mental health effects that have been consistently associated in the research with child sexual abuse include:
 - Post-traumatic symptoms, depression, substance abuse, helplessness, negative attributions, aggressive behaviors, conduct problems, eating disorders, risky behavior, adjustment difficulties, and anxiety (Cashmore & Shackel, 2013).
 - More recently child sexual abuse has also been linked to psychotic disorders including schizophrenia and delusional disorder (Bendall, et al., 2011).
 - In a large-scale longitudinal prospective study in England, the Avon Longitudinal Study of Parents and Children, Roberts et al. (2004) reported that after adjusting for other childhood adversities, child sexual abuse was associated with “poorer psychological well-being, teenage pregnancy, parenting behaviors, and adjustment problems” (p.525) in their own children (Cashmore & Shackel, 2013).

The background features a dark teal color. In the foreground, there are four stylized human figures with grey faces and colored bodies: a woman with red hair and a red top, a man with teal hair and a teal top, a woman with yellow hair and a yellow top, and a man with green hair and a green top. Above them are four speech bubbles in matching colors: a red bubble, a teal bubble, a yellow bubble, and a green bubble. Each bubble contains three small white dots. The text "Small Group Discussion" is centered in a white, sans-serif font.

Small Group Discussion



QUESTIONS

ANSWERS

Sexual Exploitation

Sexual Exploitation

- A wrongful invasion of the child's right of privacy and results in social, developmental, and emotional injury to the child; that a child below the age of eighteen years is incapable of giving informed consent to the use of his or her body for a sexual purpose; and that to protect children from sexual exploitation it is necessary to prohibit the production of material which involves or is derived from such exploitation and to exclude all such material from the channels of trade and commerce.

Colo. Rev. Stat. §18-6-403

Sexual Exploitation

- **C.R.S. § 18-6-403** – A person commits **sexual exploitation** of a child if, for any purpose, he or she knowingly: (a) Causes, induces, entices, or permits a child to engage in, or be used for, any explicit sexual conduct for the making of any sexually exploitative material
- **MCL 722.622(r)** – Confirmed sexual exploitation means “allowing, permitting, or encouraging a child to engage in [the verbal] depicting of a child engaged in a listed sexual act as that term is defined in section 145c of the Michigan penal code”

People v. Batchelor (1990)

- In July 1987, nine-year-old K.B. stayed overnight at the home of her father, the defendant David Batchelor. While K.B. was sleeping, Batchelor took several “instant” snapshots of K.B., nude from the waist down. The photographs were discovered in August, 1987, by Rosemary Luth, Batchelor's then-fiancee with whom he lived, and Jamie Lyons, K.B.'s mother and Batchelor's former wife. Luth and Lyons discovered the photographs of K.B. wrapped in cloth inside a small box in a locked closet, located downstairs in Batchelor's residence.” When questioned about the origin of the photos, Batchelor told the police: I just took the pictures. I don't know why. I just did. She was asleep, and I got the camera, pulled her panties down and took a picture, changed her position and took more photos. He was charged and convicted of sexual exploitation of a child.

800 P.2d 599 (S. Ct. Co., 1990)

People v. Leaf (2014)

- Father of five year old daughter was charged with child endangerment after CPS discovered that his daughter saw him masturbating to pornography in the middle of the night. He was also charged with destruction of evidence when he destroyed his computer which had child porn on it. Mr. Leaf claimed to investigators that the child pornography was downloaded and viewed by his father-in-law because he has a “problem” that the family did not report to authorities.
- The jury found him guilty on all charges and he was sent to prison for 26 years. In 2021, a New Jersey court of appeals overturned the convictions. Sadly, the father-in-law was never charged with possessing child pornography.

In re Morgan (1998)

- “This child is in danger of being emotionally harmed by her mother due to the ongoing allegations of the natural mother. Specifically, this child's mother has continually accused the natural father of sexual abuse of this child. Child has been repeatedly subjected to numerous sexual abuse examinations, which reveal no evidence of abuse.”
- “Mother has become obsessive in her belief of child being molested and has even photographed child's genitals. Mother harbored a suspicion that Father was sexually abusing Morgan. For this reason, Mother continually subjected the child to physical examinations purportedly to substantiate the suspicion”

716 A.2d 658 (Super. Ct. Penn. 1998)

In re Morgan (1998)

- “Mother's actions, testimony established, resulted from her mental illness, **Factitious Disorder by Proxy**. Without a doubt, there was clear and convincing evidence offered at the hearings that Morgan was in imminent risk of child abuse by Mother through the threat of sexual exploitation”
 - **NOTE:** *Sexual exploitation in this type of FDP case presentation specifically means an intentional act by an adult that encourages, entices, cajoles, or coerces a child to engage in the verbal depicting of a child engaged in a sexual act with an adult.*

In re Morgan (1998)

- **(In re Morgan – cont'd)** The expert hired by CYS, Dr. Croyle, testified why the mother's behaviors was considered sexual exploitation by the Court: *“In similar situations like this documented in literature, the worst case scenarios move from indications of a suspicion, now a normal redness being perceived as some sort of sexual abuse indicator, to perhaps invasive activities where actual physical characteristics or actual physical harm is perpetrated by the individual who has the disorder, so that then actual findings are realized. In some cases there are indications where mothers provided medications, consequently result in physical symptoms that would mimic anything from diabetes to heart condition to whatever. In other situations there have been, in surrounding accusations of sexual abuse, there have been invasive materials placed in vaginal areas to cause scars or tears.”*



In the Matter of N.C. (2013)

- At the initial separation of the parents, the mother kidnapped the parties' 3 children and took them to a domestic violence shelter.
- Mother falsely accused the father of sexually abusing the children and domestic violence as a ploy to obtain temporary sole custody in her initial divorce complaint.
- Mother had the children forensically interviewed and medically examined for sexual abuse 12 times.
- All of the children denied being sexually abused and told the interviewers they did not witness any domestic violence.



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- Mother falsely accused the father of sexually abusing the children and domestic violence as a ploy to obtain temporary sole custody in her initial divorce complaint.
- Mother had the children forensically interviewed and medically examined for sexual abuse 15 times.
- All of the children denied being sexually abused and told the interviewers they did not witness any domestic violence.

In the Matter of N.C. (2013)

- Custody evaluation was ordered after the children were found by law enforcement (100 days of no contact with the father).
- Court evaluator reported that the allegations of sexual abuse and domestic violence were false and recommended that primary physical custody be placed with the father based on his conclusion:
 - ❑ **“It does appear that the major factor in determining primary physical custody should revolve around which parent is more willing to facilitate relatedness on the children’s part with the other parent, and, at this point in time, that parent is the father.”**

In the Matter of N.C. (2013)

- At trial, the custody evaluator testified that:
 - ❑ **“The continued subjecting of the children to questioning about sexual abuse by the mother and others acting on her behalf is emotionally abusive and confusing to the children because it is not fitting with the reality of what the children’s experience is. This would be one of the processes that’s involved in making people crazy.”**
- Following trial, the Court awarded joint physical custody of the children to the parents. However, the mother kidnapped the children again and moved to another county 200 miles away and renewed her campaign of having the children re-evaluated for sexual abuse and utilized several third party alienating professional participants to help her.

In the Matter of N.C. (2013)

- Child protective services in the new jurisdiction filed a petition for emotional abuse against the mother after she failed her polygraph examination for “**coaching**” and after CPS discovered that the mother had taken her 9 year old daughter to a pediatric surgeon to have holes cut her hymen because one of the prior urogenital examinations revealed that it was “**imperforate**” (meaning it had no holes in it).
- During the termination proceedings against the mother, the State’s expert testified that the mother had engaged in **Munchausen by proxy** child abuse which she described as “the falsification of physical or psychological signs of symptoms, or induction of injury or disease in a proxy who is presented to others as ill, impaired, or injured according to the DMS-5 under the diagnosis – **Factitious Disorder Imposed on Another**”

What Does the Science Say?

- Perpetrators of MBP who present their proxies as suffering from non-existent psychological symptoms often use “projective identification” as a way of translocating themselves into the proxy in order to exercise omnipotent control in the service of evading feelings of helplessness (Grotstein, 1985, p. 123).
- In MBP perpetrators, projective identification and omnipotent control are indissolubly linked and reinforce each other under conditions of intense, primitive hatred (Kernberg, 2004, pp. 187-188).
- The utilization of these defensive mechanisms can result in a loss of ego boundaries whereby the perpetrator and the proxy “fuse in a chaotic [or delusional] way” (Kernberg, 1975, p. 56).

What Does the Science Say?

- Children exposed to MBP sexual exploitation abuse may form a **folie et deux [delusional disorder in a pathologically enmeshed sick bond]** with the MBP perpetrator as in the following appellate cases:
 - In re Morgan (Penn. Super. Ct. 1998)
 - Holmes v. Holmes (Mo. Ct.App. 2014)
 - In re J.F. and A. F. (W.Va. Ct.App. 2012)

Holmes v. Holmes (2014)

- Mother in this case of Munchausen by proxy subjected the child to numerous examinations and forensic interviews for non-existent sexual abuse.
- The guardian ad litem recommended that the custodial arrangement for the child be with the father because allegations of paternal sexual abuse were never substantiated and the trial court found that father did not sexually abuse the child. Rather, it was determined by the court that the mother and the maternal grandmother had been coaching the child to falsely report sexual abuse.

436 S.W.3d 599 (Mo. Ct.App. 2014)

In re J.F. & A.F. (2012)

- Termination of parental rights case involving false allegations of sexual abuse by a MBP perpetrator.
- Mother's parental rights were terminated based on her false accusations that father sexually abused the children, and that mother subjected them to repeated sexual abuse examinations and evaluations.
- In its adjudicatory order, the circuit court found that petitioner "has severe mental health issues," and that she "suffers from **Factitious Disorder by Proxy**," which disorder may cause petitioner to directly, physically harm the children in order to manufacture evidence of sexual abuse.

2012 WL 4069520 (W.Va. Ct.App. 2012)

In re J.F. and A.F. (2012)

- Based upon its review of the extensive evidence below, the circuit court further found that petitioner “has taken innocent acts and manipulated them into something dirty and wrong, and she has taken her innocent children and sexualized them beyond their ages.”
- As such, the circuit court adjudicated petitioner as an abusive parent due to the substantial emotional abuse inflicted upon the children by her multiple allegations of sexual abuse, and her actions in repeatedly subjecting the children to related examinations.
- Evidence was sufficient to support finding that there was no reasonable likelihood that mother could substantially correct the conditions of abuse because she continued to allege that father sexually abused the children despite the court's finding that mother had fabricated those allegations.

Sexual Exploitation

People v. John Stoll

- Adult children came forward and described how investigators coerced them into lying about being sexually abused – a form of child sexual exploitation

Excerpt from the Sean Penn documentary: “Witch Hunt”



Discussion





QUESTIONS

ANSWERS

Enticement & Grooming Behaviors of Perpetrators

Prevalence

- **Winters and Jeglic (2017)** write that empirical research has found that nearly half of sexual offenders who commit sexual acts against children utilize what are known as “grooming” behaviors (citing to Craven, Brown & Gilchrist, 2006).
- **Winters et al. (2022)** report that approximately 30-45% of child sexual abusers use sexual grooming tactics.

Operational Definitions

- **Winters et al. (2022)** – Suggested that an operational definition of the construct of grooming has yet to be universally accepted. After analyzing 13 prior definitions, they developed the following definition:
 - Sexual grooming is the deceptive process used by sexual abusers to facilitate sexual contact with a minor while simultaneously avoiding detection.
 - *Prior to the commission of the sexual abuse, the would-be sexual abuser may select a victim, gain access to and isolate the minor, develop trust with the minor and often their guardians, community, and youth-serving institutions, and desensitize the minor to sexual content and physical contact.*
 - *Post-abuse, the offender may use maintenance strategies on the victim to facilitate future sexual abuse and/or to prevent disclosure. (p. 933)*

Operational Definitions

Three of the 13 definitions are included here to help evaluators develop a better understanding of the modus operandi of child sexual offenders:

- **Leberg (1997)** – “The offender’s plan to make the victim less likely to resist, to make others unaware of what he is doing, or even to make them likely to help him, without their knowledge, to molest a child.” (p. 25)
- **Gillespie (2002)** – “The process by which a child is befriended by a would-be abuser in an attempt to gain the child’s confidence and trust, enabling them to get the child to acquiesce to abusive activity” (p. 411-412).
- **Crave et al. (2006)** – “A process by which a person prepares a child, significant others, and the environment for the abuse of this child. Specific goals include gaining access to the child, gaining the child’s compliance, and maintaining the child’s secrecy to avoid disclosure. This process serves to strengthen the offender’s abusive pattern, as it may be used as a means of justifying or denying their actions.” (p. 297)



Enticement & Grooming Behaviors

Spenard & Cash (2022) –

- An early indicator of CSA is the presence of grooming behaviors in an adult-child relationship (Bennett & O'Donohue, 2014).
- Researchers generally agree that grooming consists of an offender using inappropriate behaviors (i.e., isolating, manipulating, corrupting, and/or desensitizing a child) to increase the chance of sexually abusing a child (Bennett & O'Donohue, 2014; Craven et al., 2006)

Enticement & Grooming Behaviors

Winters et al. (2020)

- The goals of grooming are to gain initial cooperation of the victim, decrease the likelihood of discovery, and increase the likelihood of future sexual contact (Lanning & Dietz, 2014)
- These pre-offense behaviors are thought to be a deliberate process that is highly complex and nuanced, with behaviors often mirroring normal adult/child interactions (Knoll, 2010; McAlinden, 2013).
- It should also be noted that individuals who sexually abuse children may groom themselves (personal grooming) and other people (familial and institutional/community grooming), in addition to the child.

Enticement & Grooming Behaviors

Winters et al. (2020)

- Personal grooming involves the process whereby the offender grooms themselves in order to justify, minimize, or deny their behaviors (Craven et al., 2006; McAlinden, 2006).
- The purpose of familial grooming is to gain the trust of caregivers in order to increase access to the victim and decrease the likelihood of disclosure.
- An offender may also engage in community or institutional grooming, such as becoming a respected member of society or seeking careers or volunteer positions that allow access to children (e.g., Boy Scouts, schools, foster care; McAlinden, 2006; Sullivan & Beech, 2002; Van Dam, 2001).

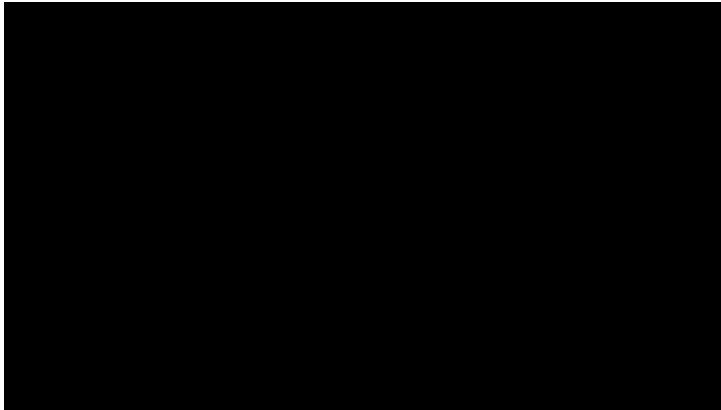
Enticement & Grooming Behaviors

Winters and Jeglic (2017)

- Proposed a model of grooming behaviors in five overarching stages that may be involved in the complex process of sexual grooming, including:
 1. Selecting a victim
 2. Gaining access and isolating the victim
 3. Developing trust with the child and others
 4. Desensitizing (i.e., corrupting) the child to sexually explicit matters, conduct, and/or contact
 5. Maintenance behaviors following the commission of sexual abuse

Enticement & Grooming Behaviors

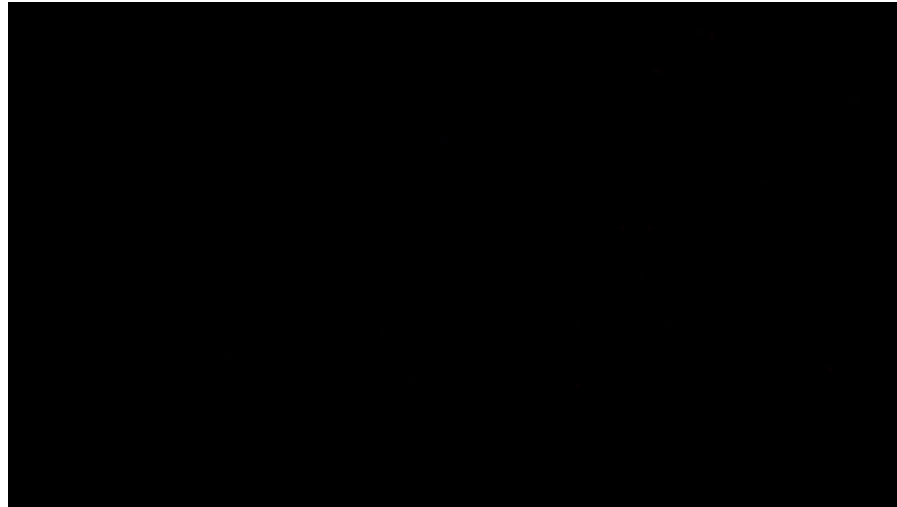
- **“Leaving Neverland”** – sexual abuse survivors Wade Robson and James Safechuck talk about how they were groomed by Michael Jackson and told to keep it a secret and lie about it if the police found out.



Enticement & Grooming Behaviors

People v. Michael Jackson

Interview with Martin Bashir – Part I



Enticement & Grooming Behaviors

People v. Michael Jackson

Interview with Martin Bashir – Part 2



Enticement & Grooming Behaviors

People v. Michael Jackson

Interview with house keeper **Adrian McManus**



Enticement & Grooming Behaviors

People v. Michael Jackson

Audio Transcript of Michael Jackson's security guard **Ralph Chacon's** testimony describing Michael Jackson's sexual assault of **Jordan Chandler** in the early 1990s

Ralph Chacon: They had, like, probably maybe 20 different type of computer games, the first floor, and also with the top, the top floor had different type of games.

Mr. Sneddon: Have you been in that building before?

Ralph Chacon: Yes, sir.

Mr. Sneddon: And do you know whether or not that building has a cellar?

Ralph Chacon: A what, sir?

Mr. Sneddon: A cellar?

Ralph Chacon: Um, I want to say that had a wine cellar, yes, sir.



Ralph Chacon



Enticement & Grooming Behaviors

People v. Michael Jackson

LAW SUIT:

- **Jordan Chandler's** parents sued Michael Jackson for sexual battery, seduction, willful misconduct, and intentional infliction of emotional distress. The lawsuit was settled on January 25, 1994, with \$15,331,250 to be held in a trust fund for Jordan, \$1.5 million for each of his parents, and \$5 million for the family's lawyer, for a total of approximately \$23 million.

The background features a dark teal color. In the foreground, there are four stylized human figures with grey faces and colored bodies: a woman with red hair and a red top, a man with teal hair and a teal top, a woman with yellow hair and a yellow top, and a man with green hair and a green top. Above them are four speech bubbles in matching colors: a red bubble, a teal bubble, a yellow bubble, and a green bubble. Each bubble contains three small white dots. The text "Small Group Discussion" is centered in a white, sans-serif font.

Small Group Discussion



QUESTIONS

ANSWERS



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Blending Science and Law

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