

In 2015, it was determined that 4.0 million allegations of child abuse or neglect were reported to Child Protective Service agencies across the United States, representing 7.2 million children. Of those 4.0 million allegations, an estimated 2.2 million referrals were screened in as appropriate for CPS response. Nationally, the most common forms of confirmed child abuse were neglect (75.3%), physical abuse (17.2%), sexual abuse (8.4%), and emotional or psychological maltreatment (6.9%). Approximately 1,585 children died as a result of abuse and neglect (Child Welfare Information Gateway, 2017).

In Texas, several of the most common characteristics of child victims, abusers, and reporters of abuse include:

**Highest Prevalence in Texas during 2016**

- **Confirmed victims**
  - Gender: Female (30,469)
  - Gender: Male (28,021)
  - Age: 1-3 Years (13,704)
- **Confirmed perpetrators**
  - Relationship: Parent (36,915)
  - Gender: Female (108,985)
  - Age: Over 45 (12,086)
- **Type of confirmed allegation**
  - Neglectful Supervision (185,967)
- **Person reporting abuse/neglect**
  - School (56,980)

(Texas Department of Family and Protective Services [DFPS], n.d.)

Texas experienced a slight increase in the number of confirmed cases of child abuse between 2015 and 2016. Fortunately, all but

one of the counties in the KCF area of interest (Bandera) saw a marked decrease in confirmed child abuse cases. All counties saw slight changes in child population, but the number of confirmed child abuse victims did not directly correlate with those changes.

2015/2016 TEXAS CHILD POPULATION DATA			
State/County	2015	2016	Percent Change
Texas	7,311,923	7,407,636	+1.3%
Bandera	3,914	3,899	-0.4%
Bexar	496,981	509,711	+2.6%
Comal	28,014	28,367	+1.3%
Kendall	8,482	8,543	+0.7%

(DFPS, n.d.)

2015/2016 TEXAS CONFIRMED VICTIMS DATA			
State/County	2015	2016	Percent Change
Texas	66,721	58,644	-12.1%
Bandera	46	47	+2.2%
Bexar	4,941	4,550	-7.9%
Comal	489	382	-21.9%
Kendall	43	30	-30.2%

(DFPS, n.d.)

**TYPES OF TREATMENT**

Treatment following child abuse varies based on the type of abuse, the relationship of the perpetrator, and the setting of the abuse. If the abuse takes place at home, the child will be removed from the home. Depending on the needs of the child, he or she will be placed in a hospital, emergency shelter, or foster care. After an evaluation by medical and mental health professionals, further treatment is determined by the symptoms presented by the child. Treatment may take place in outpatient mental health facilities, residential treatment facilities, therapeutic group homes, or therapeutic foster care (Childhelp, n.d.). For

example, severe physical injuries, such as Shaken Baby Syndrome, are treated in the hospital. Less pervasive injuries, such as minor burns or cuts, receive outpatient hospital treatment. Emotional, sexual, and psychological injuries are most often treated using mental health counseling.

### EFFECTIVE TREATMENT OPTIONS

Counseling treatment for children is normally established using two general tracks: child-focused interventions and family, parent or child/parent-focused interventions.

➤ **Cognitive-Behavioral Therapies** are professional counseling techniques that have proven to be effective for children and adolescents. These approaches include:

- Exposure Strategies – talking about the traumatic event and the child’s feelings
- Involving parents to help practice new strategies at home
- Teaching children stress management and relaxation skills to help them cope with unpleasant feelings and physical sensations
- Changing unhealthy and wrong views that have resulted from the trauma
- Correcting untrue or distorted ideas about what happened and why
- Creating a coherent “narrative” or story of what happened

(National Child Traumatic Stress Network, n.d.)

➤ **Play Therapy** is a structured approach that builds on the normal communicative and learning processes of children. It provides a safe psychological distance from the problem(s) and allows expression of thoughts and feelings appropriate to the child’s development. A therapist helps the child:

- Learn to communicate with others
- Express feelings
- Modify behavior
- Develop problem-solving skills
- Learn a variety of ways of relating to others

(Association for Play Therapy, 2016)

➤ **Filial Therapy** is a family focused play involvement that utilizes the parent-child relationship to facilitate healing:

- Children may:
  - Understand their own feelings better
  - Become able to express their feelings more appropriately
  - Have a more healthy self-esteem and increase their self-confidence
- Caregivers are taught non-directive play techniques:
  - Learn new skills for encouraging cooperation from their children
  - Increase their listening skills and develop open communication with their children
  - Develop self-confidence as parents
- Not appropriate therapy option when the parent is the abuser

(Substance Abuse and Mental Health Services Administration [SAMHSA], 2016)

➤ **Art Therapy** is the use of various art forms for self-expression and reflection in a therapeutic setting. “Current and emerging research in mind-body medicine, allied health and integrative healthcare demonstrates that art therapy is an effective, health-enhancing intervention and form of treatment” (Malchiodi, 2017). Art is a safe, developmentally appropriate way to communicate/express thoughts, fears and experiences. It can be used several ways in treatment including:

- *Art as therapy*
  - Uses the creative process of making art to improve physical, emotional, and mental well-being.
  - Art making allows imaginative self-expression which leads to healing
- *Art in therapy*
  - Emphasis on symbolic communication and reveals emotions and other aspects of human experience
  - Images seen as a means to communicate issues, emotions, and conflicts

(American Art Therapy Association, 2013; Malchiodi, 2017)

➤ **Pet Therapy** assists children in forgetting their problems while also “nurturing their emotional development and enhancing the quality of their lives” (Gabriel’s Angels, 2016a). Seven core behaviors addressed include:

- *Affiliation*: how to join with others, be more adaptive and creative as part of a group
- *Attachment*: develop a sense of safety and trust through interaction with a gentle, non-judgmental animal
- *Confidence*: develop a sense of competence through performing tasks without assistance; learning from mistakes
- *Empathy*: recognize their own emotions and develop an awareness and understanding of the common feelings that most people or animals experience
- *Respect*: ability to recognize and honor the value of themselves and others
- *Self-regulation*: managing their feelings, words, and actions
- *Tolerance*: ability and willingness to understand and accept differences (Gabriel's Angels, 2016b)

No matter the type of treatment chosen, therapy ideally accomplishes seven goals:

1. Help children develop healthy attachments to others
2. Provide children with self-protective strategies
3. Allow children to express feelings about the abuse
4. Help develop and strengthen skills for managing painful and unwanted experiences, and minimizing unhelpful responses to them
5. Help children talk and think about abuse without embarrassment or anxiety
6. Clarify and change distorted or unhealthy behavior patterns
7. Reduce the intensity and frequency of symptoms (Lipovsky, n.d.)

#### **OBSTACLES TO TREATMENT**

Interestingly, most scientific research has focused on appropriate therapy for sexual abuse victims, while fewer studies have examined treatment benefits for those experiencing neglect and emotional abuse (Lipovsky, n.d.). Other challenges that impede the treatment of child abuse include:

#### ➤ **Child victim obstacles**

#### Child Abuse Treatment Research Brief

- Fear and anxiety
- Lack of trust towards professionals
- Developmental limitations (cannot speak or understand emotions)
- **Family obstacles**
  - Lack of resources
  - Lack of trust towards professionals
  - Lack of motivation for treatment
  - Lack of acknowledgment about abuse
- **System obstacles**
  - Duration of investigations and court proceedings
  - Poor coordination between criminal justice system and treatment system
  - Lack of communication
  - Lack of resources

(Lipovsky, n.d.)

#### **TREATMENT PROGRAMS**

There are a wide variety of organizations with both specific and wide-reaching programs designed to provide treatment, support, and resources for abused children and their families.

In the San Antonio region, quite a few non-profit organizations provide varying types of child abuse treatment. Baptist Child & Family Services, The Children's Shelter, St. Jude's Ranch for Children and St. Peter-St. Joseph Children's Home offer emergency shelter(s), residential facilities, and day-to-day therapy services. Family Violence Prevention Services offers counseling for abused children in addition to emergency services for battered women, while the Rape Crisis Center treats those who have faced sexual abuse with a wide variety of family-focused options including Play Therapy (Family Violence Protection Services, n.d.; Rape Crisis Center, 2016). Other agencies that provide a variety of counseling services for abused children include Joven, Roy Mass' Youth Alternatives, Inc., Family Service Association, and ChildSafe.

A large collaborative program at ChildSafe in San Antonio is called the CARE project, or Child Abuse Resource Enhancement. ChildSafe connects families with community partners who provide multi-dimensional services

including counseling, peer activities, mentoring, and family support. The goals of the CARE program are to “build healthy assets which have shown effective in enhancing relationships and contributing to a person’s ability to thrive. Some examples of the assets...are peaceful conflict resolution, personal power, safety, and family support” (ChildSafe, n.d.).

#### **TRAUMA INFORMED CARE**

Physical and sexual abuse often lead to mental health and co-occurring disorders such as chronic health conditions, substance abuse, eating disorders, and HIV/AIDS, as well as contact with the criminal justice system. Trauma-informed care recognizes the role that trauma has played in the lives of the victims. Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.

Treatment programs recognize:

- The survivor’s need to be respected, informed, connected, and hopeful regarding their own recovery
- The interrelation between trauma and symptoms of trauma
- The need to work in a collaborative way with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors

(Substance Abuse and Mental Health Services Administration [SAMHSA], 2015)

One specific treatment model, the Sanctuary Model, is designed to help children who have experienced the damaging effects of

interpersonal violence, abuse, and trauma. “The developer indicates that the Sanctuary Model’s approach helps organizations to create a truly collaborative and healing environment that improves efficacy in the treatment of traumatized individuals, reduces restraints and other coercive practices, builds cross-functional teams, and improves staff morale and retention” (SAMHSA, 2015).

#### **ADVOCACY FOR PROPER CHILD ABUSE TREATMENT**

In addition to treatment programs, there is a nationwide Court Appointment Special Advocate (CASA) Association. These trained community volunteers speak on behalf of abused children during the court process to ensure that the children are receiving proper treatment and services and are not reliving their traumatic experiences needlessly. Local association branches are the Child Advocates San Antonio (CASA) in Bexar County, the Children’s Advocacy Center of Comal County, Inc. (CACCC), CASA of Central Texas in Comal County, and the Hill Country CASA, Inc. in Bandera and Kendall Counties (Texas CASA, 2017).

Some of these child abuse organizations offer a Multidisciplinary Investigative Team (MDT) approach, consisting of both investigative entities (CPS, law enforcement, and prosecution) and follow-up care entities (Connections, CASA, Crisis Center). For example, the investigative entities of the CACCC conduct videotaped forensic interviews and provide them to the follow-up entities, allowing the victims to tell their story only once. The MDT’s also meet monthly to discuss the progress of each case; making the victims less likely to fall through the system’s cracks and gain the treatment they need and deserve (CACCC, 2017).

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