Understanding and Dealing with Family Violence

Guidelines for Ministry Leaders

Violent and abusive behaviour is a significant community and family issue today. Ministers are often among the first people to whom victims of abuse turn for help, but frequently they do not know what to do to appropriately deal with this issue.

As church leaders we need to acknowledge and address the existence of abuse among the members of our congregations by providing help and healing for both victims and perpetrators.

We believe that it is time for us to take a strong stand against all forms of abuse. We must seek to prevent the church from becoming a haven for abusers. Instead, the church must become known as a place where those harmed by physical, emotional or sexual abuse will find the help they need. To remain silent and non-active in the face of these problems is to further abuse those who need our continued support and ministry.

Included in this resource is information for pastors and lay leaders on how to understand and deal with domestic violence and child sexual abuse. It is not an exhaustive resource on these topics, but it is designed to provide basic information on how to recognise the symptoms of abuse, how to appropriately respond to the needs of victims and what process to follow in helping individuals to find the help they need in their moment of crisis and distress.

SPD Family Ministries Committee,
March 2004

DOMESTIC VIOLENCE

Domestic violence includes spouse or partner abuse, child abuse, incest and sexual abuse, marital rape, physical abuse, emotional/psychological abuse, financial abuse, social isolation and spiritual abuse. All are of concern to ministers.

The victim of violence, at the hands of an intimate friend, family member or spouse, lives in daily fear for his/her safety and his/her life. The victim never knows when s/he will be assaulted next, or what behaviours or remarks might precipitate a violent incident. S/he spends her days believing that violence will happen and that s/he will be unable to prevent or avoid it.

Those who inflict violence on their partners come from every imaginable race, class, profession and occupation, age, geographic and religious group. Abusers continue to abuse because society ignores, accepts or fails to prosecute their behaviour.

Historically, violence in the home has been overlooked because domestic situations were considered private. Friends, co-workers and even relatives may never witness or suspect violence in families because it only happens in the privacy of the home.

THE CYCLE OF VIOLENCE

Many people who work with violent families have noted a pattern or cycle of violence. While there is no uniformity on how long a phase lasts, Lenore Walker suggests that there is a pattern: the tension building phase, the explosion or acute battering incident, and the calm, loving respite.

In phase one, the tension builds. In this phase the abuser becomes increasingly edgy. The victim, noticing this behaviour, may try to calm or appease the abuser in ways that have worked in the past.

There may be minor outbursts of violence for which the abuser may quickly apologise. Usually the victim forgives and assumes the guilt for these incidents. The victim will rarely become angry because s/he fears that his/her anger would serve to escalate the violence. The abuser is aware of his/her inappropriate behaviour even if s/he doesn't acknowledge it. This serves to make him/her even more fearful that s/he will leave him. He attempts to keep her captive by being more abusive, possessive and controlling. His ability to defend these assaults or to placate his victim become less effective. The tension builds to a point where an assaultive explosion is inevitable.

Phase two is the shortest and most violent part of the cycle. It may begin with the abuser attempting to teach the victim a lesson, not with the intent of doing her physical injury, although this is the result of his unrestrained rage. At the end of the episode the abuser cannot fully understand or remember what has occurred. Although the victim will often let her anger out during this phase, she does not usually fight back because she believes that to do so will only bring her more abuse and injury. Although most victims are seriously beaten at the end of this phase, they consider themselves "lucky" for surviving and will often placate the abuser by denying the extent of their injuries.

Phase three is a period of calm. Some victims, sensing that phase two is inevitable, will "encourage" its appearance and completion because they know that once the violence of phase two is over, phase three brings the "reward" of a kind, caring, if not contrite, partner/ family member. The abuser is usually sorry for his/her behaviour even if s/he does not acknowledge this. S/he promises never to do it again and the victim wants to believe him. S/he may even become especially helpful and compromising in his/her behaviour. Just prior to this phase

a victim may have sought outside help, perhaps in connection with treatment for injuries. The appearance of the idealized, loving partner/family member during this phase provides him/her with a glimpse of what s/he hopes for - that people who truly love one another can overcome all odds. The apparent calm and bless of phase three often undercuts a vic-tim's interest in seeking and utilizing help. The cycle of violence inevitably continues as phase one behaviour unfortunately reappears.

Not all violent situations follow this pattern. Some abusers have been known to wake their victims up with physical assaults. In some cases, violence occurs only sporadically while other abusers engage in violent behaviour of some form on a consistent or daily basis.

SOME COMMON CHARACTERISTICS OF AN ABUSER

- have intense, dependent relationships with their victims
- have low self-esteem
- believe all the myths about domestic violence
- are traditionalists, believe in stereotyped male and female sex roles
- have limited tolerance for frustration and severe reactions to stress
- often present a dual-personality - loving or violent
- have difficulty acknowledging or describing feelings
- deny and minimise their violent behaviour
- do not believe their violent behaviour should have negative consequences
- are extremely jealous, possessive, controlling and fear they will be abandoned
- are depressed and vulnerable to drug and alcohol abuse
- history of DV or child assault in family of origin
- history of suicidal thoughts or suicide attempts
- impulsiveness, temper tantrums, jealousy, possessiveness, excessive dependence on partner, immature
- need to keep strong control over family and spouse's activities

CHARACTERISTICS OF A VICTIM

While victims are different from one another in circumstances and characteristics and vary as much as non-abused individuals from one another, there are some characteristics that appear to be common to victims of domestic violence. And these characteristics often correspond to the needs of their violent abusers.

Victims appear to:

- believe all the myths about domestic violence
- be traditionalists about home, family unity and sex roles
- accept responsibility for the batterer's behaviour
- have low self-esteem

- feel guilt, self-blame and self-hatred and deny legitimacy of their own feelings and needs
- show martyr-like endurance and passive acceptance
- hold unrealistic hopes that change is imminent
- become increasingly socially isolated
- act compliant, helpless and powerless
- define themselves in terms of other people's needs
- have a high risk for drug and alcohol addictions
- exhibit stress disorders, depression and psychosomatic complaints
- exhibit chronic complaints of poor health and frequently visit the doctor
- have a history of suicidal thoughts or suicide attempts
- use of tranquillizers or abuse of alcohol
- have suspicions that they are perpetrating child abuses
- have sleeping difficulties
- be severely agitated, anxious, nervous, depressed
- have erratic and inconsistent behaviour
- have flashbacks and nightmares
- have eating and sexual disorders
- a distrust of people in authority
- have confused thinking, inability to make decisions, lack of eye contact

CHILDREN WHO WITNESS DOMESTIC VIOLENCE

Children often appear:

- sad, fearful, depressed and/or anxious
- aggressively defiant or passively compliant
- to have limited tolerance for frustration and stress
- to become isolated and withdrawn
- to be at risk for drug and alcohol abuse, sexual acting out, running away
- to have poor impulse control
- to feel powerless
- to have low self-esteem
- to take on parental roles
- to have psychiatric disorders eg ADD(H), ODD, CD
- to have difficulties at school eg reduced academic performance
- to have night time difficulties
- to have physical complaints
- to have self destructive, accident prone
- to act out escapist behaviour eg running away, AOD abuse, pregnancy
  Domestic violence may be kept from relatives, neighbours, clergy and others, but children in a violent home know what is happening.

A home that is characterised by physical, emotional, sexual or property abuse is a frightening, debilitating and unhealthy place. The children in such a home are often unable to be children. They worry about protecting their parents, siblings etc. They are concerned that they not become an additional source of stress or

problem, and fear for their own safety and security. They have the burden of carrying around a tremendous family secret.

Children from violent homes often suffer from depression. Some become isolated. Many do not want to bring friends home because of the shame and unpredictability of violence. They may spend much time away from home and get into trouble for truancy, petty crimes or disturbances. Children from violent homes often experience nightmares, sleep disturbances and nighttime bed wetting. A child's ability to handle his or her school work the next day is often adversely affected. Domestic violence incidents often occur during late evening hours, just at the time a child is getting ready for bed, and often wakes them up with shouts and noise. Needing to feel secure and safe themselves and to know that their parents will return safely, they can refuse to be left and/or they will be disruptive in school.

Children from violent homes often feel responsible for everything bad that happens to themselves or to their parents. If they were neater, quieter, helped more or were smarter in school, maybe the violence would stop.

In all cases, a child is being educated in a regimen of violence. There is some correlation between being raised in a home where domestic violence occurred and becoming an abusing or abused spouse. One study reported 33 percent of the victims and 49 percent of their abusers had witnessed violence between their family of origin.

WHY DO ABUSED PEOPLE STAY?

Some people expect to grow up, get married and be taken care of by a partner. Because they cannot imagine living under different circumstances and because they love their partner or family member when s/he is not violent, some stay, enduring years of violence. Often people are confused by the mixed messages of violence and love.

For some people, physical punishment in their childhood was rare or mild, but their homes were controlled, traditional and authoritarian. Other people experienced violence in their childhood homes and appear to expect it in their homes and relationships. Both groups of people cling to the hope that it will never happen again and that the batterer's promise to stop is true.
Victims of DV often hold fiercely to conventional views of marriage and sex-stereotypical roles. They believe they are responsible for their partner or family member's well-being. They make excuses for his/her behaviour. They believe it is their responsibility to insure the peace and success of the family. These people think they can change their partner or family mem-ber's behaviour by acting more loving or being better partners themselves. They believe they can save their partners. Violence for many has been interpreted as "their cross to

bear."

Victims of DV also stay because they are socially and economically dependent on their abusing partner. Some victims with children often stay because they cannot imagine how the children will be fed and clothed without the income from their spouse. Others believe that a violent parent is better than no parent at all. Some victims have been told that the family must stay together at all costs.

These reasons combine into what author Lenore Walker has called "learned helplessness." The victim becomes passive and submissive because s/he believes that s/he has no control over the relationship's violence or his/her own children's safety.

MYTHS ABOUT DOMESTIC VIOLENCE

There are many myths, or commonly held misconceptions about the nature of domestic violence.

Although all are untrue, these beliefs by the general public serve to continue the victim's sense of isolation and being misunderstood, and maintain the distance between otherwise sympathetic Christians and those who deserve our compassion and concern.

Myth 1: Only a small percentage of the population is affected by domestic violence

Incidents are seriously under reported. It is seldom identified as a separate crime and therefore doesn't show up in statistics. Studies indicated that up to a third of the population may be involved.

Myth 2: Victims are Masochistic

Other do not understand why the victim does not leave, and assume the victim in some way gets pleasure from the beatings. Psychological studies of the victim involved do not support this belief. There are many reasons for staying but pleasure from the abuse is not one of them.

Myth 3: Victims are Crazy

This myth again focuses blame on the victim and his/her supposed negative personality characteristics. Again it is not supported by psychological studies. "Crazy" behaviour adopted by the victim is usually his/her best attempt to survive in a very difficult situation.

Myth 4: Domestic Violence is a Lower Class Phenomenon

Statistics do not accurately reflect the distribution of this problem as lower class

victims are more likely to come to the notice of helping agencies. Middle class victims fear embarrassment and damage to their partner or family member's career. Increasing media attention is resulting in more and more middle class victims revealing the extent of the problem for them.

Myth 5: It is a Problem that Occurs more in Minority Groups than White Anglo-Saxon Groups
Recent studies show that patterns do not vary between the different sub-cultures.

Myth 6: Victims are Uneducated and have Few Job Skills
The education of victims ranges from basic to doctorates. Most look to their home lives for status and satisfaction rather than their careers. They are often willing to change or give up jobs if it will curtail their partner or family member's violence.

Myth 7: Abusers are Violent in All Their Relationships
Only about 20% of DV abusers exhibit violence in other relationships. Most appear very reasonable and "respectable" outside the family.

Myth 8: Abusers are Unsuccessful and Without Resources to Cope with the World
Many abusers have educational, professional, and work related resources and skills which they use well outside the home (eg Doctors, Lawyers, Politicians etc). They typically lack personal resources necessary to form and maintain relationships.

Myth 9: Drinking Causes Violence
In a North American study over 50% of the victims felt there was an association between drinking and their partner's violence. There is no evidence of a casual relationship, however, and there is plenty of violence that occurs without alcohol being involved. However in the aboriginal community there appears to be a link between alcohol and DV.

Myth 10: Police Can Protect the Victims
Most victims do not experience the police as protective. The attitudes of some police preclude effective intervention and their presence can often make things worse.

Myth 11: The Abuser is not a Loving Family Member
The abuser is often loving, sensitive and playful, and it is this side of his/her personality which induces the victim to stay.

Myth 12: Once a Victim, Always a Victim
This is attached to the belief of the victim as a masochistic victim who will continue to seek violent relationships. Studies of victims who have left show that they are very careful to choose a different relationship next time, and may choose to remain alone rather than risk another violent relationship.

Myth 13: The Relationship will get Better (if you ignore it, it will go away)
These relationships are stubbornly resistant to change and rarely change spontaneously. Even with the best therapeutic help change is usually a slow and difficult process.

Myth 14: Victims Deserve to get Beaten
It is widely believed that the victim's "nagging" or other unreasonable behaviour pushes the abuser to breaking point. Studies do not support this. Even if the victim does nag or act unreasonably there is no justification for the use of physical force.

Myth 15: Victims Can Always Leave Home
It is difficult for many people to understand why the victim does not leave. There are many factors that operate to make him/her leaving very difficult. Victims are brought up to believe that their true fulfillment comes from being partners and parents; family, ministers and counsellors often encourage them to stay; they do not feel they have the physical resources (money, house) to provide for their children. Finally many victims are pursued and further abused when they leave and are kept in a double bind whereby they are beaten if they stay and killed if they leave.

Myth 16: Legal Services - All People are Treated Equal
Victims on lower income have to take what they are given (solicitors). Some abusers are able to turn to Barristers. Victims on middle income can't afford solicitors because whatever money they receive out of a settlement would have to be paid on legal costs - so again they lose.

Myth 17: Violent Abusers are Psychopaths
There is no evidence to support the belief that violent abusers have this degree of pathology. Common personality traits are emerging, but they are amenable to change.

Myth 18: Violence is a Healthy Release and is Understandable
It is arguable that it is healthy for people to be aware of and to deal with their anger. There are strategies for doing this which achieve the "release" without endangering people.

Myth 19: Abusers Enjoy the Abuse
They typically feel genuine remorse about the abuse.

Myth 20: Abusers Won't/Can't Change
Whilst it is usually difficult to get them into therapy there is a good possibility of change once they are in therapy.

Myth 21: Regret and Remorse on the Part of the Abuser Means He has Changed
The regret and remorse, whilst genuine, is part of the cycle and is not indicative of change. The abuser usually has little insight into the complex motives for his/her behaviour and does not realise that change does not follow automatically just because s/he says he'll never do it again.

Myth 22: It is Best to Keep the Family Together to Work on the Problem
The family system in violent relationships is extremely enmeshed. Often it is necessary to have a physical separation of at least 6 months before the dynamics change. Work with the family can be done very effectively if the family is apart.

Myth 23: Once You Split Up You'll Never get back Together
Separation can be a significant means of creating a new basis for the relationship which will enable productive reconciliation.

Myth 24: Abusers cannot Control their Violence
They often believe this. It is the belief of this myth which enables them to continue to avoid taking the responsibility for it. They are quickly able to take control when taught some strategies.

Myth 25: Violence would not be a Problem if Families would return to the 'Traditional' Family Model
Abusers already adhere to this model very strongly, and espouse a very rigid view of family structure and male-female roles.

GUIDELINES FOR MINISTRY LEADERS

Problems associated with domestic violence are difficult to work through. Usually patterns of abuse have existed for a long time, and unless you are a professionally trained counsellor, you should not enter into a long-term counselling or therapy situation. You are in a unique position to relate and minister to all parties and these pastoral relationships need to be preserved. Your response to the religious crisis caused by domestic violence can be a great resource for victims. However, your first concern must be the safety of the victim.

1. Ask the question.Victims rarely come and announce they have been abused. They often speak in terms that are general or vague. Develop

some ways that you are comfortable with for asking specific questions such as, “Are you in danger?” “What does he do when s/he gets angry?” “Are you worried about the safety of you and your children?” Listen to the victim and understand their situation; uncover abuse; recognize panic and fear. Take seriously their assessment of a life-threatening situation and the potential danger to them from their partner or family member’s violence. Do not discount their fears that s/he may try to kill him/her if s/he leaves, or that if s/he stays s/he may end up dead.

2. Believe the victim.Victims will often tell you the minimal truth, not an exaggerated version. There are many things a victim fears and the fear of not being believed is a strong one. This fear will be compounded in religious settings when his/her partner or family member chairs a board, sings in the choir or is a “pillar of the community,” all of which are very likely. It is important for him/her to break the silence by describing what is happening to her. Telling you the story is embarrassing for him/her. S/he is not likely to exaggerate.
3. Listen to and affi rm his/her feelings. It is crucial that you respond with affirmation and without judgment to a victim. Listen without assigning blame. Active and respectful listening may be more important than giving theological answers. Listening carefully and attentively can help you discern what is important to the person in crisis. The important thing is to learn, from inside the victim’s own theology, what will be helpful to him/her for his/her safety and wellbeing. You can discuss theological differences when the person is not in crisis.
4. Unequivocally challenge violence.It is often difficult for victims of domestic violence to come forward because of our tendency to “victimize the victim.” It is important to state clearly that violence is not acceptable. Do not ask a victim questions such as “What did you do to provoke him/her?” A victim is not responsible for the violence in the relationship. Confront the victim with the reality of the situation: s/he can’t make him/her stop and neither can you. S/he can, however, declare that s/he will leave if he does it again, or that s/he will not come back until s/he gets help. Support faith statements that address the victim’s safety, wellbeing and empowerment. A victim may say, “I believe that God never sends us anything we can’t handle.” This sincere belief may be both an obstacle and an opportunity. One the one hand, it implies that God has sent this abuse, that it is God’s will, that we must put up with and endure the “cross that God has seen fit to lay upon us.” This first implication could stand in the way of the victim’s safety. On the other hand, it also implies that God knows this person has resources for dealing with the abusive situation. It may be more helpful to affirm this part of the statement and say, “ Let’s name the resources you think God has given you to deal with it.”
5. Encourage him/her to fi nd a safe place for herself if s/he is in physical danger. Such a place could be the home of a friend or relative, a shelter, a motel or a church-family refuge.
6. Offer the victim alternatives from which to choose. His/her vision may be

so clouded from a life of abuse that s/he may not be able to see her options. Some of these options may be individual counselling, career counselling, support groups, education, separation, help for the abused, divorce or legal aid or counsel.

7. It is extremely important that a victim make his/her own choices and make them in his/her own time. Support him/her even if you disagree with her decision. If s/he decides to stay in the relationship, it is appropriate to share with him/her your concern for her safety and to discuss ways s/he can increase his/her safety. It is not appropriate for you to tell him/her

   what s/he has to do or should do. Beware of your tendency to want to rescue the victim. It is imperative for him/her to make his/her own choices: whether to stay or leave, and how to do it.

8. Help him/her discover and develop his/her own resources – money, friends, relatives, employment, stress reduction. Encourage him/her to make contact with the nearest shelter.
9. Confront what is happening to any children who are involved in this relationship.

   Are they being abused by either parent or caregiver? Does s/he want this kind of future for them? Sometimes concern for the welfare of children can motivate a victim to act. In many states there is a legal obligation to report any known child abuse.

   Have it as your goal to involve him/her in a domestic violence program as soon as possible. In addition, a victim counsellor or lay leader or victim's group can provide further support s/he may need to deal with her situation.

10. Continue to support him/her. It is important that you not give a victim resources and then exit the scene, particularly if s/he has been an active member of your congregation. Maintain contact by checking with her periodically to see how s/he is doing and offer more information on resources.
11. Assure confidentiality. Let him/her know that you will not discuss this matter with anyone else without his/her permission. Agree that you will not call on them at home and bring up the subject. Doing either of these may increase his/her danger as well as increase his/her fear and distrust.
12. Confront the abuser. Once a victim's safety has been assured, you can be instrumental in assisting the abuser to take responsibility for his/her actions. Many local domestic violence programs have services for abusers, as do some local community health agencies. You can direct him/her to these programs where s/he can get help and learn to live violence-free. When confronting the abuser, remember s/he may vehemently deny any wrongdoing and may not even be able to remember the episodes of violence. You will need to be patient with him/her, yet

unrelenting in your statements that the violence must cease today. The abuser may have a long history of violence in his/her own family and will need help in seeing his/her behaviour clearly and beginning to identify the patterns of violence in his/her life. This should be a learning process to effect change and NOT an exercise in finding excuses for the violent behaviour. There is no short term solution to a life of violence, therefore it should be your goal to involve him in an abuser's program as soon as possible. It is just as important for you to maintain contact with the abuser to offer hope and support as it is for you to support the victim.

13. DO NOT SUGGEST MARRIAGE or COUPLES COUNSELLING. Unless the violence has completely stopped and the abuser has gone through an abuser's program, couples counselling could increase the level of violence a victim experiences. S/he faces the fact that if s/he talks about the situation s/he will be beaten later. Not being able to talk about the situation nullifies the counselling process. The immediate goal is not to save the marriage, but to stop the violence.
14. Give him/her the gift of time and be prepared for frustration. A victim needs time to sort through a lot of religious, social, emotional and economic issues. S/he deserves time and patience from you as s/he does this. S/he will know when the time is right for him/her to act. Provide support and help rebuild his/her sense of self-worth, self-confidence and the belief that s/he can make it on her own. Respectfully offer alternatives to faith statements that are keeping victims trapped. A good way to do this is to make "I" statements. If you say, "I am confident that God doesn't want you to suffer," or "I do not believe that God is punishing you for sin" you may be heard as offering possibilities to victims, rather than shaming and blaming them for believing the wrong thing. Connected with ideas of sin may be the victim's feeling that s/he must forgive the abuser and stay in the abusive situation. Respectfully suggest that if abuse is ongoing, it means that the abuser has not repented and that forgiveness is not appropriate. You may suggest that forgiveness is the end, not the beginning of the healing process. You may suggest that forgiveness is up to God, not up to the victim.

THE IMPORTANCE OF MINISTRY LEADERS RESPONDING TO DOMESTIC VIOLENCE

The response of the religious community to domestic violence is important for many reasons. Ministers and professionals deal with the entire family and their responses can hurt as well as help.

Hurtful responses:

1. Many times the religious community and ministers affirm and uphold the institution of marriage over and against the needs of the individuals in the marriage, often minimizing the pain of the individual and making divorce or separation difficult.

2. Ministers may also exacerbate the problem of domestic violence by upholding a notion of sacrificial love (based on Jesus' example from the cross) that encourages victims to crucify themselves by their needs in the name of "love".
3. Ministers may also worsen the situation by offering spiritual help for real-world problems. A victim who needs transitional housing so s/he can leave a battering relationship may be told that s/he and the partner or family member only need to attend religious services more regularly and pray for help.

4. Ministers may also underestimate the danger and the seriousness of the problem and thus may force a victim into a premature reconciliation in a relationship where in reality his/her life may be in danger.
5. Religious communities may also exacerbate the problems of domestic violence when they do not affirm alternatives to the married status. Victims may feel that they have no positive options outside of this marriage, and thus must put up with violence in order to maintain a positive role in the community.
6. Many victims who attend religious services and hear women described as the "weaker vessels," the cause of evil in the world, or as second-class members of the faith community may come to believe that they deserve the violence and punishment that they receive at the hands of their "faithful and loving" husbands.

Helpful responses:

Our cultural images of marriage and family are firmly embedded in the religious community, which validates traditional relational norms and values. Because this community has had such an important role in shaping (for better or worse) our images of marriage and family relations, it also has the opportunity, indeed the responsibility, to help shape positive and creative ones.

1. Ministers can take strong public stands against the use of force and violence in families.
2. Ministers can play a unique and necessary role in the alleviation of domestic violence. For example, they are present in most communities, even the smallest rural communities, and may be able to offer counselling and shelter in situations where no other social services are available.
3. Ministers may also find that victims turn to them for economic reasons. Frequently kept without resources by the abuser, the victim may feel that s/he cannot afford to see an expensive psychologist or therapist.
4. Ministers may find that because of their relationship with all parties involved in the domestic violence - the victim, the abuser, relatives, and friends - that they are in a good position to speak out against the acceptance of violence and to encourage each to obtain assistance in stopping the violence.
5. The role of the minister in the community enables them to create and support a network of service providers, both secular and religious, that

could be mobilized to help victims, abusers and their families in crisis.

CHILD ABUSE

The term “child abuse” refers to physical abuse, emotional abuse, sexual abuse and neglect. The abuse can be a one-off event or an escalating pattern of behaviour and lifestyle over a period of time.

Physical abuse may include beatings, violent shaking, human bites, strangulation, suffocation, poisoning or burns. The results may be bruises and welts, broken bones, scars, permanent disfigurement, long-lasting psychological damage, serious internal injuries, brain damage or death. Physical abuse of children is usually not limited to one physical attack on a child.

Emotional abuse - a pattern of behaviour that attacks a child’s emotional development and sense of self-worth, such as constant criticizing, belittling, insulting, manipulation; also, providing no love, support or guidance.

Sexual abuse - the sexual exploitation of a child by an older person, as in rape, incest, fondling of the genitals, exhibitionism, or pornography. It may be done for the sexual gratification of the older person, out of a need for power, or for economic reasons.

Neglect - the failure to provide a child with basic needs, including food, clothing, education, shelter and medical care; also abandonment and inadequate supervision.

Physical abuse rarely occurs alone; emotional abuse occurs at the same time and accounts for many of the observed effects on the child’s emotional development.

CAUSES OF CHILD ABUSE

There is no single cause of any of the four types of child abuse. Research suggests that, in general, child abuse occurs in an environment where several factors (individual, familial, societal and cultural) combine.
Individual influences may include: poor self esteem and problem solving skills, alcohol or drug abuse, ill health, unrealistic expectations of children, beliefs about the superiority of men and a lack of appreciation of and regard for victims.

Family influences may include the ways in which families communicate and solve problems, parents’ belief in extremely harsh discipline, and domestic violence.

Community influences include: poor access to public transport and health services, housing difficulties, isolation caused by living in a remote area, and isolation as a result of cultural differences.

Cultural influences include: the high tolerance of Australians towards violence in sport and personal violence; violence on TV; and attitudes to or beliefs about men's sexuality.

UNDERSTANDING CHILD SEXUAL ABUSE

Child sexual abuse occurs when a child is used as an object for the sexual gratification of an adult by a misuse of the adult's power and control through manipulation, exploitation, threats or physical force.

Child sexual abuse also occurs when a child is used as an object of sexual gratification by a minor under 18 years old who is temporarily taking on the parental role (for example, a babysitter).

An example of manipulation is, "If you take off your clothes and play with me, I'll let you have two desserts."

An example of exploitation is, "This is just my way of showing you I love you',

An example of a threat is, "If you don't let me play this game with you, I'll tell your dad what a bad girl you were tonight."

SPECTRUM OF CHILD SEXUAL ABUSE

Sexual activity between an adult and a child may range from exhibitionism to intercourse, often progressing through the following spectrum of behaviour.

It is important that ministers understand the whole spectrum of sexual behaviours and all the words, to describe these behaviours and the parts of the body involved.

Nudity
The adult parades nude around the house in front of all or some of the family members. Stepfather paraded around the house nude in front of his 16 year old stepdaughter, despite protests from her mother that his behaviour was provocative and seductive. He claimed that the mother had a "dirty mind" but later on the child revealed the secret of a 3-year old sexual relationship with the stepfather.

Verbal Comments
The adult makes verbal suggestions about sex, or comments about the child's

body - eg whenever grandfather came to visit, he would comment on the size of Jenny's breasts, and ask her if any boys "had done it to her yet." He would also suggest to her that she "do it with him."

Disrobing
The adult disrobes in front of the child. this generally occurs when the child and the adult are alone - eg twice a week, while viewing television, father allowed his bathrobe to slip open, which exposed his naked body to his preadolescent daughter while her mother was attending a regularly scheduled meeting out of the home.

Genital Exposure
The adult exposes his or her genitals to the child. Here the perpetrator directs the child's attention to the genitals - eg father came into his 11 yearold daughter's bedroom, where he opened the front of his pants. He exposed his penis to her and requested that she "rub it."

Observation of the Child
The adult surreptitiously or overtly watches the child undress, bathe, excrete, urinate - eg several times a week over a period of 8-10 years, the parents of an adolescent son and daughter gave their children enemas and then watched them excrete.

Photographs of the Child
The adult takes photographs of the child in a sexualized position - eg Jane's father started taking photographs of her with a see-through dress being blown up around her thighs. He then started taking photographs of her genital area and then of her engaged in a sexual act with her brother.

Use of Pornography
The adult shows the child pornographic literature or videos, or involves the child in creating pornography - eg John's uncle used to always show pornographic videos when John visited with him and he'd make him sit and watch them with him. He then started to masturbate John while they were watching the videos.

Kissing
The adult kisses the child in a lingering and intimate way. this type of kissing should be reserved for adults. Even very young children sense the inappropriateness of this behaviour and may experience discomfort about it - eg during the interview, the adolescent reported to the clinician: "My father tried to french kiss me."

Fondling
The adult fondles the child's breasts, abdomen, genital area, inner thighs or buttocks. The child may similarly fondle the adult at his or her request - eg "when I was eight years old, I was sleeping in my bedroom and woke up because my father was rubbing me all over."

Masturbation
The adult masturbates while the child observes; the adult observes the child masturbating, the adult and child observe each other (mutual masturbation) eg a sixteen year old adolescent discusses her nine year old history of sexual assault. Several times a week she masturbated her stepfather to ejaculation. Although he attempted mutual masturbation, she refused.

Fellatio
The adult has the child fellate him or the adult will fellate the child. This type of oral-genital contact requires the child to take a male perpetrator's penis into his or her mouth or the adult to take the male child's penis into his or her mouth - eg nine year old Jimmy told his mother, "Uncle Mark made me suck on his thing (penis) and then he'd .... suck on mine."

Cunnilingus
This type of oral-genital contact requires the child to place mouth and tongue on the vulva or in the vaginal area of an adult female or the adult will place his or her mouth on the vulva or in the vaginal area of the female child - eg the police officer asked six year old Tommy to draw a picture of his mother and place X's where she made him kiss her. The child marked X's where she made him kiss her. The child marked X's on the stomach, chest and "pussy" (child's own word), making the largest X in the genital area.

Digital (finger) Penetration of the Anus or Rectal Opening
This involved penetration of the anus or rectal opening by a finger. Perpetrators may thrust inanimate objects such as crayons or pencils inside as well. Pre-adolescent children often report a fear about "things being inside them" and "broken" - eg Christopher, a small child, revealed to his therapist that his mother had put her fingers into his rectum. He drew a picture describing this.

Penile Penetration of the Anus or Rectal Opening: Sodomy
This involves penetration of the anus or rectal opening by a male perpetrator's penis. A child can often be rectally penetrated without injury due to the flexibility of the child's rectal opening
- eg fourteen year old Steve was sexually assaulted by his father penetrating

Steve's rectum with his penis.

Digital (finger) Penetration of the Vagina
This involves penetration of the vagina by the finger. Inanimate objects may also be inserted -eg when questioned by the clinician, four year old Barbara said that mother's boyfriend put " ....a pen in my pookie" (vagina).

Penile Penetration of the Vagina
This involves penetration of the vagina by a male perpetrator's penis - eg thirteen year old Jennifer was taken to a doctor by her mother for an examination due to several missed menstrual cycles. Upon examination it was discovered that Jennifer was five months pregnant. She then disclosed that father had "been having sex with me."

"Dry Intercourse"
This is a slang term describing an interaction in which the adult rubs his penis against the child's genital area or inner thighs or buttocks - eg Sally's mother told the clinician that her husband was "dry screwing" her daughter. He rubbed his penis against her buttocks but did not penetrate.

Forced sexual activity with an animal: Bestiality
This is when the child is forced to masturbate an animal or have sexual activity with an animal
- eg Katie's father would threaten her with being beaten if she didn't fondle the family dog. The typical scenario is a progression from less intimate types of sexual activity (such as exposure and self-masturbation) to actual body contact (such as fondling) and then to some form of penetration. Oral penetration may be expected to occur early in this progression, which is often followed by digital penetration of the anus or vagina. Ejaculation by a male perpetrator sometimes against the child's body can occur at any time in this progression.

Reference: Finkeihor, David: Child Sexual Abuse: New Theory and Research. MacMillan, New York, 1984.

SYMPTOMS AND CONSEQUENCES

Reactions to trauma will differ according to many things, including the nature of the assault, age, and life experiences of the victim, as well as upon the victim's relationship to the perpetrator (for instance, stranger, family member, boss, co-worker, acquaintance).

This is no less true for victims of sexual violence than for victims of other crises.

There are, however, some characteristic patterns of reactions to abuse within broad developmental categories.

CHILDREN

Most children do not understand what has happened or is happening in abuse, nor are they able to explain verbally the nature of their discomfort. Symptoms may include:

- physical trauma to genital area
- sexually transmitted disease
- fear of a particular adult
- withdrawal
- clinging behaviour
- refusal to leave home or unwillingness to return home (in case of incest)
- eating disorders, including loss of appetite, compulsive eating, or food hoarding
- change in sleep patterns
- nightmares
- bed wetting and encopresis (soiling underwear)
- excessive masturbation
- regression
- frequent genital or urinary tract infections
- agitation
- hyperactivity
- unexplained gagging
- sexually suggestive behaviour or explicit knowledge of sexual acts beyond the developmental stage of the child
- somatic complaints such as nausea and vomiting Children react strongly to the distress of an adult, believing that they are at fault for causing this distress. It is therefore important to remain calm and to phrase questions in an appropriate language. For example, a child can be asked if anyone has touched him/her, or forced him/her to touch them, in ways that make them feel bad or ashamed.
- It is also important not to blame or judge the perpetrator to the child, because there is often love and loyalty involved. Many children do not want the perpetrator harmed but do want the abuse to end.

ADOLESCENTS

Although able to verbalize the nature and circumstances of the assault, adolescents often keep information about victimization to themselves, due in part to the nature of the feelings around their developing sexuality, independence, and sense of self. Symptoms may include:

- depression
- sexually transmitted diseases

- somatic complaints such as severe headaches, infections, muscle cramping and dizziness
- eating disorders, including anorexia and bulimia
- fear of pregnancy
- overly seductive or attention-getting behaviour
- multiple runaway * overly restricted by parents or heavy household responsibilities (in cases of incest)
- withdrawal and isolation
- suicide attempts
- self-mutilation such as cutting, burning or tattooing the self
- substance abuse
- truancy
- drop in academic performance
- poor self-image as evidenced by dress, lack of cleanliness and grooming
- prostitution

Questions should avoid implications of “good” or “bad,” especially as it relates to sexuality. Thus questions such as “I am surprised at your behaviour considering the nice family you come from” should be avoided at all costs. One can say instead, “Sometimes a change in grades like this means that a person has some stressful things going on in their life. Is there anything distressing going on with you right now? Is anyone hurting or threatening to hurt you?”

Male victims in particular tend to believe that rape by an older victim should be seen as seduction rather than as a violation, regardless of their real feelings of anger, helplessness, and loss of control. Assault by an older person of the same sex often causes painful and anxie-ty-provoking questions of sexual identity that must be handled calmly and without judgment.

ADULTS

Although we tend to think of victimization as a discrete act, it is actually a process that precedes overt acts of abuse or assault by shaping and reinforcing a link between sex and violence. This process gives rise to many myths and stereotypes about sexual assault.

One consequence of these myths is to blame the victim. Although assault and abuse of adults are reported with increasing frequency, older adults, victims of colour, physically and developmentally handicapped adults, and male victims are still extremely hesitant about reporting to authorities or seeking help from social service agencies.

Although responses to rape vary, people do describe certain feelings and

behaviours consistently. The symptoms of what has been termed rape trauma syndrome include physical, emotional and behavioural reactions such as:

- shock and disbelief
- avoidance of the opposite sex
- fear
- phobic symptoms (ie acrophobia)
- disorganisation
- depression
- disorientation
- self-blame and low self-esteem
- denial
- compulsive and/or eating disorders
- suppression
- nightmares and other sleep disorders
- guilt
- changes in lifestyle
- suicide attempts Because many victims of childhood abuse reach adulthood without healing interventions, they too may exhibit various behaviour patterns and symptoms, which may include:
- a history of abusive relationships
- multiple hospitalizations (physical and/or mental)
- chronic depression
- complete repression of entire portions of earlier life
- amnesia
- homicidal or suicidal tendencies
- multiple personality disorder
- a pattern of multiple victimizations
- compulsive and/or eating disorders
- self-mutilation It must be emphasized that it is a pattern of characteristics in a child, adult, or family that can alert us to the likelihood of assault or abuse. Simply relying on a single behaviour is of little value in most cases. It is also important to remember that sexual assault takes on specific meaning to victims depending on their stage of development in the life cycle.

INDICATORS OF PHYSICAL ABUSE

- a story that does not explain the injury
- inadequate, changing or conflicting history
- delayed or inappropriate treatment for a child's injuries
- the presence of bruises, lacerations, swollen areas or marks on the child's face, head, back, chest, genital area, buttocks, or thighs, or specific lesions such as human bites, cigarette bums, broken bones, puncture marks, or missing hair
- a child who shows signs of minor or severe injuries with increasing frequency
- the presence of numerous injuries in various stages of healing

THE SIZE OF THE PROBLEM

- Over the last 4 years 1999 - 2003 the number of child protection notifications in Australia increased from 107,134 in 1999–00 to 198,355 in 2002–03. From 2001– 02 to 2002–03 the number of notifications increased in all jurisdictions except Victoria, Western Australia and the Northern Territory.
- The number of substantiations in Australia also increased over the last four years, rising from 24,732 in 1999–00 to 40,416 in 2002–03.
- Rates of children aged 0–16 years who were the subjects of child protection substantiations in 2002–03 ranged from 1.8 per 1,000 in Tasmania to 10.1 per 1,000 in Queensland.
- Between 2001–02 and 2002–03 the rates of children who were the subject of a substantiation increased in New South Wales, Queensland, South Australia, Tasmania and the Australian Capital Territory.
- Although the quality of the data on Indigenous status varies between states and territories, Aboriginal and Torres Strait Islander children were clearly over-represented in the child protection system. The rate of Indigenous children in substantiations, for example, was nearly ten times the rate for other children in Victoria and seven times the rate in Western Australia.

CHARACTERISTICS OF SEXUAL ABUSE OFFENDERS

97% of Sexual abuse offenders are heterosexual males.

Research indicates that offenders tend to molest on average many more than one victim during their “career.”

Many offenders cannot stop offending unless they receive professional counselling. This is why it is vital that abused children be able to tell their parents what happened, and that their parents in turn notify the police. Sexual abuse offenders seem to have these common characteristics:

- no close friends
- feelings of inadequacy and low self-esteem
- cannot distinguish between feelings and action, and so can’t control their impulses
- are known to the child or have some sort of relationship with the child
- the vast majority of reported abusers are adults although a small number are juveniles, occasionally of a similar age to the child they are abusing Parents, including step-parents, defacto parents and foster parents, were the abusers in 64 per cent of cases substantiated in Australia in 1991 (Angus and Wilkinson 1993, 1). This means that children are more in danger from someone they know and trust than from a stranger. There are some variations in this overall pattern based on the gender of the child and the type of abuse. For example boys are more likely than girls to be sexually assaulted by someone outside the family (Young and Brooks 1989).

TEENAGE SEXUAL ABUSE OFFENDERS

The majority of teenage sexual abuse offenders are boys. They seem to share these characteristics:

- no close friends
- unable to relate to girls their own age
- use sex as a way of releasing tension
- poor, or no relationship with father Please do not condemn all teenage boys, or cross them off your babysitter list. Before you hire any babysitter, male or female, get to know his or her family. Also become acquainted with any older friends your child makes. Be wary if the relationship becomes exclusive.

SEXUAL PLAY

Sexual play among young children is very common, and represents no danger to healthy development. However, if there is any coercion used - if a child is being held down, or unmercifully being teased for not participating - a parent should intervene. If there is an age difference of five years or so between the children, sexual play is inappropriate and may indeed be abusive.

MYTHS ABOUT CHILD SEXUAL ABUSE

There are many myths held in the community about child sexual abuse.

These myths conceal and deny the impact of the abuse. It is important to know the facts about child sexual abuse so that a constructive response to the problem can take place.
Myth 1: Children and adolescents often lie, make up stories and fantasise about being sexually abused

It is natural for children to fantasise and make up stories. We even encourage them to use their imagination and be creative. However, in 95% of cases of child sexual abused , the children's statements have been found to be true (Faller, 1984). When students report child sexual abuse, therefore, we should assume that they are reporting from experience and that the abuse is real.

Myth 2: Children are fl irtatious and sexy. Young girls are actively seductive and are therefore responsible for adults having sex with them

These statements are adult interpretations of the child's behaviour. They are really expressions of the adult's feelings and should be reworded as "I find children sexy and flirtatious" or "I find her seductive." Moreover, many children are rewarded for behaviour which is cute, charming or sexy and can be encouraged to behave in these ways, which in turn, can lead to sexual

exploitation. This myth shifts the blame from the abuser to the child victim. We should remember however, that the adult or more powerful person remains responsible for his/her own behaviour at all times.

Myth 3: Most child sexual abuse is committed by people who are strangers to the child

The evidence from notifications and disclosures is that most sexual abuse is committed by people related to and/or well known to the child. In fact, surveys have shown that 85% of offenders are well known to the child (Sgroi, 1975). The danger of this myth is that it focuses on the relatively small amount of sexual abuse ccurring outside the home, and hides the large amount of abuse occurring within the home.

Myth 4: Incest and sexual abuse only happens to bad girls. You just have to look at their behaviour: They all turn out bad sorts

This myth confuses cause and effect. While it is true that many sexually abused girls exhibit anti-social behaviour, such behaviour is generally the result of the sexual abuse rather than the cause. Many victims are socialized into seductive patterns of behaviour by their abusers. Most end up with extremely low self-esteem and their behaviour usually reflects this. There is also a false suggestion in this myth that the sexual abuse is the child's fault (it is happening to her because she is bad).

Myth 5: Incest occurs mostly in poor, problem families

The research consistently indicates that child sexual abuse occurs in all kinds of families irrespective of socio-economic status, size or level of education (Scutt, 1983). There have been cases of child sexual abuse which have gone unnotified for some time because the family was not seen as the "type of family where that sort of thing happens." This attitude has led in the past to a greater proportion of reported cases of child sexual abuse being from the lower socio-economic groups. There is now a growing awareness that child sexual abuse occurs across all strata of society.

Myth 6: The victim of child sexual abuse is usually a teenage girl

Child sexual abuse happens to girls and boys of all ages. It can begin for the child at any age from a few weeks old. Research suggests that the average age of girls experiencing sexual abuse is 9.8 years and boys 10.3 years. 75% of victims are girls (Goldman and Goldman, 1986).
Myth 7: Incest is an accepted part of some cultures

Anthropological research suggests that all present day cultures have a taboo against incest, there is no evidence to indicate that incest is an acceptable part of any cultural group who reside in Australia. Claims that incest is normal for a cultural group serve to protect the perpetrators and to justify non-intervention by

people who find out about the incest.

Myth 8: Normal men need regular sex. The reason men are forced to have sex with their daughters is because their wives are denying them sex

No-one has the right to impose him/herself on, or to demand sex from, another victim, man or child. Furthermore, research indicates that most abusive men have sexual relations with their daughters or sons in addition to, rather than instead of, their wives (and/or other adults) (Herman and Hirschman, 1981).

Myth 9: Mothers know, either consciously or unconsciously, that the sexual abuse is happening

Evidence shows that in most cases mothers do not know that the sexual abuse is happening (Finkelhor, 1986). Sexual abuse of children is rarely committed in front of a witness and is usually accompanied by threats and inducements to the child to keep it a secret. Often this is quite specifically “not to tell mummy.” This myth carries an inference that since the mother knows consciously, or should know through something like intuition, that the abuse is occurring, she should do something to stop it. It tends to shift the blame to the mother and away from the person actually at fault - the perpetrator. This is obviously unjust.

Myth 10: Incest refl ects a caring relationship.

When the incestuous relationship is deeply caring and loving, it is not harmful to the child. This myth serves the interests of perpetrators, not children. Many perpetrators report having loving, caring and affectionate feelings for the children they sexually abused. Such feelings towards children are natural and acceptable; however, expressing them sexually is not. Children do not report the sexual advances as indicating love, care or affection, but rather report being afraid, angry, confused and unhappy. The fact that the perpetrator appears gentle, caring and loving to the child may, in the long term, be one of the most damaging aspects of the incest.

Myth 11: The man is sick: he’s “depraved”

There is a certain comfort in believing that adults who sexually abuse children are psychotic, mentally ill, and in need of psychiatric care. However, while the behaviour of the abuser may be deviant and abnormal, this should not be confused with his/her mental state. The research indicates that most perpetrators of child sexual abuse are of normal intelligence, with good employment histories and no outstanding psychopathology (de Young, 1981). Most are married men, holding down steady jobs and from every class and background. In other words, they appear normal in their day today lives (Williams, 1981).

Myth 12: Notifi cation causes more harm than good

This implies that child sexual abuse is more acceptable than any problems which may arise because of notification. Child sexual abuse is always harmful.

Failure to notify allows the abuse to continue, thereby sentencing the child to further harm. Sometimes intervention raises new problems which have to be coped with, but they are never as harmful as the abuse. Notification is the first step in ending the child's victimization.

WHAT TO DO IF YOU SUSPECT ABUSE

GO TO A PRIVATE PLACE AND TALK TO THE CHILD

Many children believe they are still keeping the offender's secret even though their eating and/or sleeping patterns have changed, or their behaviour has become noticeably regressive or different in some other way. If you observe these behaviour changes and suspect the child has been sexually abused, ask him or her, "I'm wondering if someone has been touching you in a way you don't like or don't understand."

A child who has not been abused will probably react with surprise or disbelief that you could even think such a thing. If he/she has not been abused, but is behaving in a way which tells you something is wrong, asking if they have been abused may help them talk about what is really bothering them.

A child who has been abused may not admit it immediately. Remember they have been subjected to threats, bribes and extorted promises to keep the matter secret. Confronted by such a question, the abused child may retreat from you, look at the floor, cry or show other symptoms of nervousness. At this point you might say why you are asking, "You've been having nightmares and you're not eating well. That's why I've been wondering if something is wrong." If you remain gentle and calm, the child may begin to tell what happened, probably in a tentative, sketchy manner at first.

BELIEVE THE CHILD

Children do not lie about being abused. They cannot imagine, on their own, such a thing. In a private, quiet place listen to what your child has to say. Gently ask questions such as, "Has someone been touching you in a way that makes you feel bad?" As difficult as it may be, try to remain calm. You may feel outrage towards the offender, but a child would probably interpret this reaction as your being upset with them.

REASSURE THE CHILD

Tell them that they are right to have told you, that they have done nothing wrong, and that you will protect them from the offender. Reassure them by talking with them, holding them, helping them get to sleep, whatever they need - for as long as they need. If the child needs you to be with them for the rest of

the day, stay with them.

CALL CHILD PROTECTIVE SERVICES OR THE POLICE

You must report the child's experience to either the police or Child Protective Services as soon as possible. Use your judgment as to when and how to call. Some children are vastly reassured by hearing an adult call to report; others are upset by this. In this second case, it will be best to wait until the child is otherwise occupied before you call CPS or the police. Either way, be sure to tell the child that a police officer, and a person from an agency which helps children, will be coming to hear their story.

OFFER CONTINUING LOVE AND SUPPORT

The child may be burdened with guilt, feeling responsible for both the offence and all the difficulties attendant on them revealing what has happened. This feeling is magnified when the offender is a family member and the household is forcibly separated as a result of their disclosure.
Most often, the prosecutor's case against the offender is based primarily on the victim's statement. It may seem to both you and the child that too many repetitions of the story are required, or that the child is questioned too closely. Your job during this time is to be by the child's side, offering your constant love and support. You may need to reassure your child quite often that this process is necessary to make sure that they and other children are safe and that the offender gets the help they need.

PROTECT CHILD'S PRIVACY

After the formal investigation by the police or the statutory body for children, siblings need to hear a brief, calm statement about what has happened. Other persons in the child's world
- peers, teachers, relatives - can be told briefly and should also be asked to listen if the child wants to talk, but not to open any discussions themselves. Too many children who have experienced sexual abuse are treated as spectacles or as topics for gossip. Preserve the child's integrity as much as possible.

GET SUPPORT FOR YOURSELF

Besides experiencing fear and outrage over what has happened, you may feel afraid about the consequences of the disclosure, especially if the offender is a close family member, friend or church member. The child desperately needs your calm strength at this time. Seek professional assistance from those skilled in

dealing with sexual abuse. You need to obtain emotional and professional support while you deal with this issue. Don't try to bear this burden alone.

REMEMBER: The responsibility for the abuse lies solely with the offender. The fault is not with the child.

RESEARCH ON PHYSICAL AND SEXUAL ABUSE (Journal of Marital & Family Therapy, Oct '93 p 378)

Recent literature on sexual and physical abuse indicates that these extreme forms of mistreatment can place an individual at risk for developing the symptoms that are described in the DSM-IV as post-traumatic stress disorder (PTSD) (American Psychiatric Association [APA}, 1987; Figley, 1985; Finkelhor, 1987; Frederick, 1985; Goodwin, Cheeves & Connell, 1990; Lindberg & Distad, 1985; Meek, 1990; Van der KoIk, 1987). Some of the common characteristics or symptoms of PTSD are the following: (a) reexperiencing the traumatic event in an emotional, psychological, or physical sense that can include nightmares, dissociation, flashbacks, or distressing recollections; (b) avoidance of situations or people that remind the survivor of the trauma; (c) various symptoms of increased arousal such as sleep problems, outbursts of anger, or difficulty concentrating (APA, 1987).

Research on physical and sexual abuse as well as other forms of trauma contains evidence that there are numerous ways that symptoms can emerge (Brown & Finkelhor, 1986; Figley, 1985; Horowitz, 1976, 1986; Krugman, 1987; Laufer, Brett & Gallops, 1985; Miller-Perrin & Wurtele, 1990; Williams, 1987). There can be an acute reaction that is short in duration, a delayed response that can occur several years or decades after the event, a chronic reaction, or a combination of several of these responses. Researchers have reported that many victims of trauma exhibit subclinical symptoms in that they do not meet all of the requirements for PTSD but they are nevertheless experiencing significant distress (Laufer et al., 1985; Williams, 1987).
Other authors have proposed that over time the initial reactions to trauma can develop into associated problems which often include depression, anxiety and somatic symptoms, as well as characteristics of borderline, antisocial, passive-aggressive and other personality patterns (Goodwin et al., 1990; Hunter, 1990; Krugman, 1987; Laufer et a!., 1985; Miller-Perrin & Wurtele, 1990; O'Connor, 1986; Wheeler & Walton, 1987). Consequently, clients who have experienced physical and sexual abuse and later seek therapeutic assistance may present with PTSD or a variety of other clinical problems such as depression, personality disorders, or other interpersonal issues.

Dean Busby Ed Glenn Gary Steggell Darren Adamson

ABUSE, NEGLECT AND EXPLOITATION OF THE ELDERLY

The importance of educating service and care providers about indicators of abuse cannot be overemphasized. These can include the following, although on its own one sign is not an indicator of abuse:

PHYSICAL APPEARANCE

- Burns, especially located in unusual sites
- Bilateral bruises on upper arms (from shaking)
- Clustered bruises on trunk (from repeated striking)
- Bruises resembling an object
- Old and new bruises (injury repeated)
- Bone fractures or signs of fracture
- Lacerations, welts, black eye
- Bedsores
- Unhealed sores, untreated injuries
- Tremors
- Broken glasses or frames
- Lack of prosthetic devices
- Clothing inappropriate for weather, filthy, torn, too big, rags
- Lack of clothing
- Same clothing all the time
- Shoes on wrong feet
- Odorous
- Fleas, lice
- Rash, impetigo, eczema
- Malnutrition
- Wheezing, persistent cough
- Unintentionally noncommunicative
- Untreated medical conditions
- Decayed teeth
- Swollen eyes
- Severe or constant pain
- Swelling of legs
- Coldness in parts of body
- Red, painful eyes (glaucoma)
- Swelling of joints accompanied by weakness or fever
- Vomiting
- Shortness of breath
- Sudden weight loss or gain
- Blood in excretions
- Loss of sight or hearing
- Heat exhaustion

- Incontinence
- Dehydration
- Intentional or unintentional overmedication by caregiver
- Hair thin as though pulled out
- Scars
- Dilated pupils

BEHAVIOUR

- Recent or sudden changes in behaviour
- Unjustified fear or unwarranted suspicion
- Refusal to discuss situation or communicate need for help
- Unwillingness to talk
- Unreasonable excuses
- Denial of problems
- Unaware of how much money they receive and regular monthly expenses
- Changes in will or in representative payee or in power of attorney
- Payment of exorbitant prices for services, repairs, rent
- Depleted bank account with nothing to show for it
- Large amount of purchases on time payment plan
- Chronic failure to pay bills
- Frequent requests at end of month for supplemental income

ENVIRONMENT

- Hazardous condition, such as poor wiring, rotten porch, unventilated gas, broken glass, no locks, roof leaks
- Many outdated medications from different doctors
- Medicines not clearly marked
- Fecal/urine smell
- Soiled bedding or furniture
- Evidence of restraints
- Food is not present, inadequate, or spoiled
- Empty bottles of liquor
- Lack of electricity, water, heat, toilet, cooking facilities, refrigeration
- House infested with fleas, lice, roaches, rats
- Burst water pipes
- Frequent moving
- Disappearance of personal property or household items
- Home too cold or too hot
- Overcrowding

BEHAVIOUR OF FAMILY OR CAREGIVER

- Marital or family discord
  Continuous friction
  Striking, shoving, beating, name-calling, scapegoating
  Conflicts with others in community
- Hostile, secretive, frustrated, shows little concern, poor self-control, blaming elderly client
- Denial of problems
- Arguments within extended family on care provided to client
- Manipulates client into paying bills, loaning money
- Alcohol or drug use by family
- Family has other ill members
- Resentment by caregiver
- Caregiver lacks knowledge of client's condition and needed care
- History of mental illness in the family
- Client left alone for extended periods of time
- Excessive payments for care
- Unusual household composition
- Caregiver does not provide needed personal care
- Withholds food, medication
- Client locked away Caregiver does not allow visitors and/or family does not interact with client
- Resentment, jealousy
- Unrealistic expectations of client
- Someone other than caregiver brings client for treatment
- Prolonged interval between injury and treatment
- Doctor-hopping
- Explanation of injury not feasible or consistent
- Other unreported injuries found
- Sudden appearance of previously uncaring relatives
- Transfer of property, savings, insurance, wills
- Unexplained cash flow