



PSYCHOLOGICAL AND SOCIAL ASPECTS OF CHILD ABUSE

Department of Forensic Medicine

Department of Medical Law

Medical University of Wrocław

Family violence cannot be explained by pointing to a single factor. It is a consequence of the complex interactions that occur between family members under the influence of social and environmental conditions.

Kevin Browne, Martin Herbert

A SOCIOLOGICAL PERSPECTIVE

Social stress model- violence is a reaction to stress resulting from, among other things, economic circumstances

Cultural models- unequal relationships within the family reflect a hierarchical social structure, and domestic violence reflects structural violence

A PSYCHOLOGICAL
PERSPECTIVE

Individual-centred models - explaining violence in the individual characteristics of the perpetrator (innate or learned)

Interaction-centered models- focusing on the offender's relationship with the victim(s), other people, and the environment.

HOLISTIC CONCEPTS

- They combine sociological and psychological concepts.
- The psychosocial model-child maltreatment is a socio-psychological phenomenon that is multilaterally determined by forces that operate within the individual, within the family, but also in the environment and culture, and that are influenced by both the individual and the family as a whole.

TYPES OF CHILD ABUSE RISK FACTORS - BARTH (2011)

Addictions

Mental illness of a parent

Domestic Violence

The child's problem behaviors

TYPES OF CHILD ABUSE FACTORS-CATEGORIES

Child-related
factors

Family factors

Environmental
factors

CHILD-RELATED RISK FACTORS

- Birth circumstances-premature birth, low birth weight
- Age- the number of reports of child abuse decreases as the age of the child increases
- Gender- girls are more likely to be victims of sexual abuse
- Disability
- Problematic child behavior
- ADHD
- Crying

RISK FACTORS RELATED TO THE CHILD'S FAMILY

- Single parenting
- Unrelated adults
- Foster families
- Other family children in foster care
- Characteristics of mothers
- Psychological functioning of parents
- Experiencing violence by parents
- Violence against other family members
- Addictions
- Educational methods
- Stress

RISK FACTORS RELATED TO THE CHILD'S ENVIRONMENT

- Social isolation
- Social deprivation, poverty
- Violence, pathology in the environment of family residence

FACTORS THAT PROTECT AGAINST CHILD ABUSE

Parent characteristics-high intelligence, positive relationship with own parents, physical attractiveness, good interpersonal relationships

At the family level-healthy children, supportive spouse, good relationships within the marriage, economic security

In relation to society- social support, few stressful events, belonging to a faith group, positive school experiences, therapeutic intervention

Cultural norms-a culture that promotes caring for children, opposition to violence

TRANSGENERATIONAL
EFFECTS



THE BEATEN BEAT THOSE WHO WILL BEAT

*We inherit not only genes but also traumas from our
ancestors.*

- Findings on the propensity to use violence are inconclusive.
- Violence cannot be considered in isolation from other phenomena and the life history of an individual.
- The child learns that violence is a natural part of close relationships.
- If a child who has been physically punished grows up to be a "decent human being," it is not because he or she has been beaten, but in spite of it.

THE EFFECTS OF CHILD SEXUAL ABUSE



SHORT-TERM EFFECTS OF CHILD SEXUAL ABUSE

- Emotional consequences
- Consequences in the form of sexual symptoms
- Consequences seen in the behavior of victims
- PTSD and ASD

EMOTIONAL CONSEQUENCES

- Anxiety
- Mood disorders, depression
- Overactivity
- Feelings of guilt, powerlessness, loss
- Shame
- Anger
- Low self-esteem

CONSEQUENCES IN THE FORM OF SEXUAL SYMPTOMS

- Most characteristic of victims of sexual abuse
- Excessive sexualization of behavior
- Compulsive masturbation
- Broad knowledge about sexuality
- Sexual aggression against younger children
- Seductive behavior

Symptom	Percentage of victims presenting a particular symptom
Aggression	
-antisocial aggression	21,0
-crime	8,0
School Problems	18,0
Behavioral problems:	
-hyperactivity	17,0
-regression, immaturity	23,0
-criminal acts	11,0
-general	15,0
	37,0
Self-destructive behavior:	
-substance abuse	11,0
-self-harm	15,0

Source: cited for: Kendall-Tackett et al. (1993)

PTSD AND ASD

- PTSD- post-traumatic stress disorder
- ASD- acute stress disorder

At least three symptoms from the following:

- a. Subjective feelings of numbness or emotional alienation
- b. Reduced awareness of surroundings
- c. Derealization
- d. Depersonalization
- e. Dissociative amnesia (Bryant, Harvey 2003)

LONG-TERM EFFECTS
OF CHILD SEXUAL
ABUSE

- In the area of emotional functioning
- In the area of sexual functioning
- In the area of social functioning
- Transgenerational effects of abuse

EFFECTS IN THE AREA OF EMOTIONAL FUNCTIONING

Depression

Suicidal
thoughts and
attempts

Self-harm

Anxiety
disorders and
phobias

Dissociation

EFFECTS IN THE AREA OF SEXUAL FUNCTIONING

Problems
with sexual
adjustment

Sexual anxiety

Feeling guilty

Lack of
satisfaction

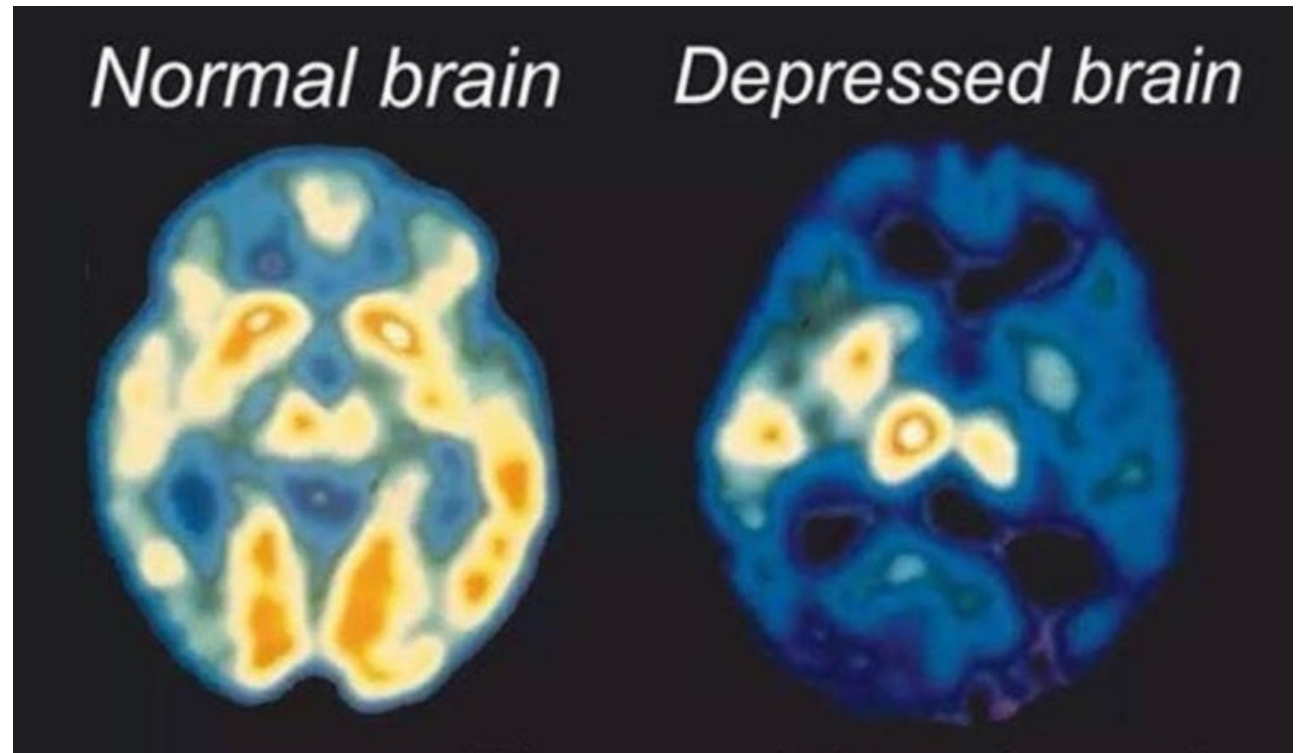
Inability to
experience
pleasure

Compulsive
desire for sex

EFFECTS IN THE AREA OF SOCIAL FUNCTIONING

- Fear of men/women
- Anxiety in social situations
- Difficulties in Partner Relationships
- Withdrawal
- Re-victimization

EFFECTS OF
TRAUMA ON BRAIN
STRUCTURE AND
FUNCTION



NEURAL DARWINISM (NEURONAL)

A process in the development of the nervous system involving the maintenance of synaptic connections that are used and the dying of synapses that are not used.



In the second trimester, severe trauma to the mother caused by domestic violence, among other things, causes a reduction in the volume of gray matter in some areas of the brain. Disruption of neurogenesis during this period can lead to schizophrenia.



- Another vulnerable period is late childhood and early adolescence.
- A strong increase in neuronal volume that lasts until age 7, after which the number of neurons decreases by about 30% due to processes of neural Darwinism.



- Late adolescence-high tendency to engage in risky behaviors.
- The developing brain during this period is particularly susceptible to environmental influences.



- The mechanism leading to trauma-induced disorders (ranging from minor functional changes to volume decreases in certain brain structures) is, in most cases, stress.

Table 1. The 10 Leading Causes of Child and Adolescent Death in the United States in 2016, in Order of Frequency.*

Cause of Death	No. of Deaths	Rate per 100,000 (95% CI)	Percent of Deaths
All causes	20,360	26.06 (25.70–26.42)	
All injury-related causes	12,336	15.79 (15.51–16.07)	60.6
Motor vehicle crash	4,074	5.21 (5.06–5.38)	20.0
Firearm-related injury	3,143	4.02 (3.88–4.16)	15.4
Homicide	1,865	2.39 (2.28–2.50)	
Suicide	1,102	1.41 (1.33–1.50)	
Unintentional	126	0.16 (0.13–0.19)	
Undetermined intent	50	0.06 (0.05–0.09)	
Malignant neoplasm	1,853	2.37 (2.27–2.48)	9.1
Suffocation†	1,430	1.83 (1.74–1.93)	7.0
Suicide	1,110	1.42 (1.34–1.51)	
Unintentional	235	0.30 (0.26–0.34)	
Drowning	995	1.27 (1.20–1.36)	4.9
Drug overdose or poisoning	982	1.26 (1.18–1.34)	4.8
Suicide	123	0.16 (0.13–0.19)	
Unintentional	761	0.97 (0.91–1.05)	
Congenital anomalies	979	1.25 (1.18–1.33)	4.8
Heart disease	599	0.77 (0.71–0.83)	2.9
Fire or burns	340	0.44 (0.39–0.48)	1.7
Unintentional	272	0.35 (0.31–0.39)	
Chronic lower respiratory disease	274	0.35 (0.31–0.40)	1.3

* Data were obtained from the Wide-ranging Online Data for Epidemiologic Research system of the Centers for Disease Control and Prevention,² according to the codes of the *International Classification of Diseases, 10th Revision (ICD-10)*,³ for the leading causes of death among children and adolescents. Age was restricted to children and adolescents 1 to 19 years of age. Crude rates (deaths per 100,000) were calculated with a population denominator of 78,134,923, with 95% confidence intervals (CIs) presented. All data are calculated for 2016, the most recent year with available data. See Table S1 in the Supplementary Appendix for more data regarding intent (homicide, suicide, unintentional, or undetermined).

† Suffocation includes such incidents as suffocation or strangulation due to bed linen, the mother's body, pillows, or plastic bags. It also includes aspiration or obstruction of the airway by a food bolus, a foreign body, or vomitus. The category also includes intentional self-harm by hanging and intentional violence by strangulation or suffocation. For a complete list of ICD codes and definitions, see Figure S3 in the Supplementary Appendix.

Za jaki procent przyczyn śmierci w poszczególnych grupach wiekowych odpowiadają samobójstwa (rok 2019)?

WIEK	7-12	13-18	19-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85 plus
POLICJA	4	95	360	402	475	519	452	453	391	451	533	403	280	150	133	144
BUSC	226	484	1350	1847	2897	4469	6152	8589	12102	20295	36382	47606	46881	41548	57054	124600
PROCENT	1,77%	19,63%	26,67%	21,77%	16,40%	11,61%	7,35%	5,27%	3,23%	2,22%	1,47%	0,85%	0,60%	0,36%	0,23%	0,12%

Suicide by age - statistics Poland 2019-Institute for Research and Analysis of the Activities of Local Government Units