

FAP Parent Tips

April 2009

April is Child Abuse Prevention Month: Choosing Care for Your Children



Selection of child care is an important task for parents. While the vast majority of child care is provided by warm, capable individuals intent on providing a safe, secure, and healthy place for children, there are occasional incidents of child abuse and neglect in child care facilities. Parents and caregivers may also discover that a child has been abused by a spouse, friend, stranger or another caregiver and is in need of special services. What can you do as a parent to protect your child?

Listen to your child: When a young child spontaneously makes comments or asks questions relating to possible abuse, it is important to listen to what the child is saying. Often such statements are made by the child in a comfortable setting and usually to parents or other close adults or children. If the adult shows shock, horror, or disbelief, the child may withhold the information and keep it secret for a long time.

On the other hand, parents and professionals

sometimes tend to simply dismiss such reports made by a child who tries with a limited vocabulary to tell about an experience he or she does not fully understand. Generally, it should be assumed that children, especially preschoolers, do not make up stories in this area.

Know the types of child abuse: Physical abuse is any non-accidental injury which is inconsistent with the explanation given for it, suffered by a child as the result of an act by the person responsible for the care of the child. Physical abuse often occurs in the name of discipline or punishment, and ranges from a slap resulting in reddening of surface tissue lasting more than 24 hours to use of objects such as straps, belts, kitchen utensils, electrical cords, sticks etc. Denial of critical care, or neglect, is the failure on the part of a person responsible for the care of a child to provide for the adequate food, shelter, clothing, emotional support, medical care, or supervision necessary for the child's health and welfare that places the child in a life- or health-threatening situation. Sexual abuse is the commission of a sexual offense with or to a child through the acts of the person responsible for the care of the child. Child sexual abuse can involve one or more different kinds of physical or nonphysical sexual contact. Nonphysical forms include exhibitionism, pornography, and child prostitution. Physical forms can include fondling, molestation, genital or oral stimulation, sexual intercourse, sodomy, and rape. The child victim can be a girl or boy; in most cases knows and trusts the abuser; can be an infant, toddler, preschool or school age child; and is usually afraid to tell about the experience

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FAP Parent Tips is a publication of the MWR FAP Office. For questions regarding the information in this newsletter, contact Shari Hutchinson, FAP Manager, by phone or email to shari.hutchinson.ctr@dla.mil.

for fear of being blamed or punished. Emotional abuse is any interaction with or to a child over a period of time including but not limited to making excessive demands; belittling; rejecting a child; constantly treating children in the same family or group of children unequally; or lack of concern for a child's well-being to the extent that such maltreatment affects the child's physical, social and emotional development.

Recognize physical signs of possible abuse or neglect: Signs of physical abuse include bruises and welts on the face, lips, mouth, torso, back, buttocks, or thighs; clustered forming regular patterns showing shape of article used to make injury; burns on the bottom of the feet, genitals, arms, legs, neck, hands or torso resulting from cigarettes, cigars, matches; hot water; electric burners and irons; ropes; fractures or dislocations on the skull, nose, face or extremities; multiple or spiral fractures; tender or swollen joints; and any fracture in a child under 2 years of age; cuts and bruises on the mouth, gums, lips, eyes, external genitals, back arms, legs, and torso; bald patches on head which may be interspersed with normal hair. Signs of neglect include consistent hunger, poor hygiene, inappropriate dress; consistent lack of supervision especially in dangerous activities or for long periods; unattended physical problems or medical needs; abandonment in parked cars, buses, on field trips, at home, or at the child care facility; underweight appearance, poor growth pattern: e.g. small in stature, failure to thrive. Signs of sexual abuse include torn or stained underclothing; difficulty in walking or sitting; vaginal or rectal bleeding, pain, itching, swollen genitals, and vaginal/penile discharge; unexplained infections in the genital area. Emotional abuse is indicated by inability to accept a child with his potentialities as well as his limitations; consistent belittling, downgrading, rejection, and comparison; unfair demands and expectations.

Recognize physical signs of possible abuse or neglect: Children who have been abused or neglected sometimes show changes in their attitudes and behaviors. However, changes in behavior can be caused by other factors. It is important to understand the basis for changes. Be observant and try to determine the cause. The following are possible signs: change in attitude about leaving parent; clinging, excessive crying, fear of separation; seems anxious when other children cry; recurrent nightmares or disturbed sleep patterns; behavior extremes—aggressiveness or withdrawal; vacant or frozen stare; poor self-concept; feels deserving of punishment; whispering speech; loss of appetite for no apparent reason, or excessive appetite; unusual interest in or knowledge of sexual matters, expressing affection in ways inappropriate for a child of that age; reenactment of abuse using dolls, drawings, or friends; fear of a person or an intense dislike at being left somewhere or with someone; other behavioral signals include: aggressive or disruptive behavior; withdrawal: delinquent behavior; and school failure.

Know what to do if you think your child may have been abused or neglected: Observe and listen to the child without forcing words or images. Believe the child. Support the child. If your child tells you about the incident, explain that you are glad he or she told you. Have the child examined by a physician or other appropriate professional. Immediately report the incident law enforcement officers.

How can I protect my child? Talk to your child every day and take time to really listen. Know where your child is and who he or she is with at all times. Provide health and safety information (e.g. what to do when alone at home, when a stranger asks you to go somewhere, when someone you know wants to touch your private parts). Carefully choose your child's caregiver whenever you are unable to be with your child.

The Family Advocacy Program (FAP) at DSCC is a DOD program dedicated to domestic violence prevention, spousal and child abuse prevention, education, prompt reporting, investigation, intervention and treatment. The program at DSCC provides a variety of services to DSCC, DFAS, tenant organizations, active duty and reserve military and their families to enhance their relationship and parenting skills and improve their quality of life. This mission is accomplished through a variety of groups, seminars, workshops, brief counseling and intervention services to include spousal and child abuse awareness, positive parenting, domestic violence, elder care, depression, grief/loss, couples communication skills, stress management, anger management, healthy communication, sexual assault awareness, and deployment assistance for military and civilians. All services provided by the Family Advocacy Program on DSCC are free and confidential.