



Honor Thy Children

Archdiocese of Louisville continuing education for the awareness and prevention of child abuse

SAYING NO TO HUGS

Prevention starts with understanding

As we approach the holiday season families will be making time to gather. It's also a time when relatives may want to share a hug. But what if your child doesn't want to hug grandma or

grandpa? Don't force them say experts. Lori Day, an educational psychologist and author, describes this typical family interaction.

"Children can be fickle and unpredictable at family gatherings," and adds, "It is important that parents affirm the boundaries their children set, even if it means running from great-grandma."

Day points out that when parents force children to hug relatives they teach the children they have no bodily autonomy and the needs of adults come before their own.

Empowering children to say "no" in situations where the person making them uncomfortable is

someone close or a loved one, is an effective tool in preventing child abuse. Even if there is no immediate threat, there may be in the future.

While the idea of not forcing a hug at a family gathering may seem trivial to some, establishing boundaries early is key.

Day argues, that learning to draw the line early — even over something seemingly small, like hugging Uncle Joe at Thanksgiving — will teach children they have a say in their bodily autonomy, and give them

IT'S OK TO SAY NO TO HUGS

Give children the choice to hug or kiss someone - or not. Then respect their decisions.

Offer alternatives to hugs and kisses that allow children to say hello without touching others, such as waving hello.

Explain what you are doing to family and friends, such as you're teaching them they are to make decisions about his/or her own body

According to the U.S. Department of Justice, 82% of sexual assaults are committed by someone familiar to the victim, and the majority of sexual assaults happen before a child reaches 18. Beyond rape, many of the acts that comprise sexual assault involve coercive sex, the act of badgering or pressuring someone into sex through verbal threats, promises or emotional abuse.

greater courage to say "no." And if this helps to protect children or adults from future domestic violence, dating violence and sexual assault, wonderful. Day says, "When we teach children to defer to adults about something so basic as a hug, we chip away at their self-esteem and put them at risk for abuse. We are teaching them that they don't have the power to say 'no' to an adult."

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If you need support or someone to talk to:

- ☉ Prevent Child Abuse Kentucky or Indiana: 800.CHILDREN/800.422.4453 www.pcaky.org www.pcaain.org
- ☉ Childhelp National Child Abuse Hotline 800.4.A.CHILD 800.422.4453 www.childhelp.org

Signs of Possible Sexual Abuse

- Unexplained pain, itching, redness or bleeding in the genital area
- Increased nightmares or bedwetting
- Withdrawn behavior
- Angry outbursts/mood swings
- Loss of appetite or difficulty swallowing
- Sudden/unexplained avoidance of certain people or places
- Sexual knowledge, language or behavior that is unusual for the child's age.

HONOR THY CHILDREN TRAINING

Those employed or volunteering with youth must undergo a background check every 5 years as well as attend the "Honor Thy Children Training" that addresses child abuse, how to recognize it and how to report it. See your parish/school Safe Environment Coordinator if you have not sat-

isfied either of these requirements. The "Honor Thy Children" training is a one time requirement and is normally completed within 30 days of beginning service. Each training session lasts 2 hours. The background check MUST be completed BEFORE any service/employment begins.

NEGLECT IS A FORM OF ABUSE

Child neglect—a very common type of child abuse—is a pattern of failing to provide for a child's basic needs, whether it be adequate food, clothing, hygiene, or supervision. Child neglect is not always easy to spot. Sometimes, a parent might become physically or mentally unable to care for a child, such as with a serious injury, untreated depression, or anxiety. Other times, alcohol or drug abuse may seriously impair judgment and the ability to keep a child safe.

Older children might not show outward signs of neglect, becoming used to presenting a competent face to the outside world, and even taking on the role of the parent. But at the end of the day, neglected children are not getting their physical and emotional needs met.

There are four types of child neglect:

(1) Physical Neglect: Physical neglect generally involves the parent or caregiver not providing the child with basic necessities (e.g., adequate food, clothing and shelter).

(2) Educational Neglect: Educational neglect involves the failure of a parent or caregiver to enroll a child of mandatory school age in school or provide appropriate home schooling or needed special educa-

tional training, thus allowing the child or youth to engage in chronic truancy.

(3) Emotional Psychological Neglect: Includes actions such as engaging in chronic or extreme spousal abuse in the child's presence, allowing a child to use drugs or alcohol, refusing or failing to provide needed psychological care, constantly belittling the child and withholding affection.

(4) Medical Neglect: Medical neglect is the failure to provide appropriate health care for a child (although financially able to do so), thus placing the child at risk of being seriously disabled or disfigured or dying. Even in non-emergency situations, medical neglect can result in poor overall health and compounded medical problems.

Some signs to look for are ill-fitting, filthy, or inappropriate clothes for the weather. Their hygiene is consistently bad (unbathed, matted and unwashed hair, noticeable body odor). Other signs include untreated illnesses and physical injuries or the child is frequently unsupervised or left alone. Being frequently late or missing from school should be cause for notice as well.

UPCOMING TRAININGS

A current list of trainings is always available at www.archlou.org/safe
All trainings are at 6:30p unless otherwise indicated

11.30.15
St. Patrick

12.7.15
Sacred Heart Model School

1.11.16
St. Gabriel

1.18.16
St. Paul

2.1.16
St. Margaret Mary

Be sure to check archlou.org/safe for a complete list. Dates are subject to change and of course weather delays also effect training dates



REACTIVE ATTACHMENT DISORDER

Attachment is the deep connection established between a child and caregiver that profoundly affects your child's development and ability to express emotions and develop relationships. When children are abused, they sometimes develop Reactive attachment disorder. A child with insecure attachment or an attachment disorder lacks the skills for building meaningful relationships. Attachment disorders are the result of negative experiences in this early relationship. If young children feel repeatedly abandoned, isolated, powerless, or uncared for—for whatever reason—they will learn that they can't depend on others and the world is a dangerous and frightening place. However, with these tools, and a healthy dose of effort, patience, and love, it is possible to repair attachment challenges.

Children with reactive attachment disorder have been so disrupted in early life that their future relationships are also impaired. They have difficulty relating to others and are often developmentally delayed. Reactive attachment disorder is common in children who have been abused, bounced around in foster care, lived in orphanages, or taken away from their primary caregiver after establishing a bond.

Some of the common signs to look for are:

- (1) An aversion to touch and physical affection.** Children with reactive attachment disorder often flinch, laugh, or even say "Ouch" when touched. Rather than producing positive feelings, touch and affection are perceived as a threat.
- (2) Control issues.** Most children

with reactive attachment disorder go to great lengths to remain in control and avoid feeling helpless. They are often disobedient, defiant, and argumentative.

(3) Anger problems. Anger may be expressed directly, in tantrums or acting out, or through manipulative, passive-aggressive behavior. Children with reactive attachment disorder may hide their anger in socially acceptable actions, like giving a high five that hurts or hugging someone too hard.

(4) Difficulty showing genuine care and affection. For example, children with reactive attachment disorder may act inappropriately affectionate with strangers while displaying little or no affection towards their parents.

(5) An underdeveloped conscience. Children with reactive attachment disorder may act like they don't have a conscience and fail to show guilt, regret, or remorse after behaving badly.

Here are some helpful tips when dealing with children cope and making them feel safe.

- **Set limits and boundaries.** Consistent, loving boundaries make the world seem more predictable and less scary to children with attachment problems such as reactive attachment disorder. It's important that they understand what behavior is expected of them, what is and isn't acceptable, and what the con-

sequences will be if they disregard the rules.

- **Take charge, yet remain calm when your child is upset or misbehaving.** Remember that "bad" behavior means that your child doesn't know how to handle what he or she is feeling and needs your help. By staying calm, you show your child that the feeling is manageable.

- **Be immediately available to reconnect following a conflict.** Conflict can be especially disturbing for children with insecure attachment or attachment disorders. After a conflict or tantrum where you've had to discipline your child, be ready to reconnect as soon as he or she is ready.

- **Own up to mistakes and initiate repair.** When you let frustration or anger get the best of you or you do something you realize is insensitive, quickly address the mistake. Your willingness

to take responsibility and make amends can strengthen the attachment bond. Children with reactive attachment disorder or other attachment problems need to learn that although you may not be perfect, they will be loved, no matter what.

- **Try to maintain predictable routines and schedules.** A child with an attachment disorder won't instinctively rely on loved ones, and may feel threatened by transition and inconsistency—for example when traveling or during school vacations. A familiar routine or schedule can provide comfort during times of change.



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No child or adult should ever experience abuse by anyone, especially a church minister. We all have the right to be treated with dignity and to expect our church to reflect the goodness of God in all of its dealings.

We hope that this information is helpful to all in our communities who are working to prevent and respond to childhood sexual abuse. Please let us know if you need further assistance or information by calling or emailing our victim assistance coordinator, Ms. Martine Siegel, at 502/636-1044; victimassistance@archlou.org or the Chancery at 502/585-3291.

We must heed God's call to care for the most vulnerable among us and to continue our efforts toward wholeness and health in dealing with sexual abuse.

BY THE NUMBERS

We often hear about what to do or how to prevent child abuse, but many times it's hard to appreciate just how large the problem is. According to the Department of Health and Human Services, in 2012:

- U.S., state and local child protective services (CPS) received an estimated 3.4 million referrals of children being abused or neglected.
- 686,000 were victims of maltreatment.
- Of the victims, 78% were of neglect, 18% were physical and 9% were sexual. 11% were of other types of maltreatment, including emotional and threatened abuse,

parent's drug/alcohol abuse or lack of supervision.

- CPS reports of child maltreatment may underestimate the true occurrence. A non-CPS study estimated that 1 in 4 US children experience some form of child maltreatment in their lifetimes.

- The total lifetime economic burden resulting from new cases of fatal and nonfatal child maltreatment in the United States is approximately \$124 billion.

Where do the perpetrators come from?

- Four-fifths (80.3%) were parents, 6.1 percent were relatives other than parents, and 4.2 percent were

unmarried partners of parents.
- In 2012, 54% of perpetrators were women and 45% were men.

