



Honor Thy Children

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

STABLE PARENT RELATIONSHIPS BENEFIT CHILDREN

Prevention starts with understanding

Child maltreatment is a preventable public health problem affecting millions of families. Child maltreatment includes all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role (e.g., clergy, coach, or teacher). Child maltreatment is a serious problem that can have lasting harmful effects. The few cases of abuse or neglect seen in the news are only a small part of the problem, as many cases are not reported to police or social services. What we do know is that:

- In 2013, an estimated 679,000 children were victims of maltreatment.
- In 2013, more than 1,400 children ages 0 to 17 died from child abuse and neglect—about 74% of deaths occurred among children younger than age 3.
- The total lifetime economic burden resulting

from new cases of fatal and nonfatal child maltreatment in the United States is approximately \$124 billion. Child maltreatment is a



complex problem rooted in unhealthy relationships and environments. The goal for child maltreatment prevention is clear: to stop child abuse and neglect from happening in the first place. New research suggests that safe, stable, and nurturing relationships between parents and other adults, in addition to those positive relationships between parents and their children, may help prevent child maltreatment from one generation to the next. Safe, stable, nurturing re-

lationships and environments are essential to preventing child maltreatment and to assuring that all children can reach their full potential.

We know that healthy relationships between parents and their children are important, but a recent special issue in the *Journal of Adolescent Health* has

shed light on the importance of safe, stable, nurturing relationships between parents and other adults in preventing child maltreatment.

The role of safe, stable, nurturing relationships between adults might be especially beneficial for parents who experienced abuse during their own childhood years. Nurturing relationships can protect against factors that might increase the risk for perpetuating

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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.

AHT - ABUSIVE HEAD TRAUMA

Abusive head trauma (AHT), which includes shaken baby syndrome, is a preventable and severe form of physical child abuse that results in an injury to the brain of an infant or child. AHT is most common in children under age five, with children under one year

of age at most risk. It is caused by violent shaking or with blunt impact. The resulting injury can cause bleeding around the brain or on the inside back layer of the eyes.

Nearly all victims of AHT suffer serious, long-term health consequences such as vision problems, developmental delays, physical disabilities, and hearing loss. At least one of every four babies who experience AHT dies from this form of child abuse.

Research shows that AHT often happens when a parent or caregiver becomes angry or frustrated because of a child's crying. The caregiver then shakes the child and/or hits or slams the child's head into something in an effort to stop the crying.

Crying—including long bouts of inconsolable crying—is normal behavior in infants. Shaking, throwing, hitting, or hurting a baby is never the right response to crying.

You can play a key role in preventing AHT by understanding the dangers of violently shaking or hitting a baby's

head into something, knowing the risk factors and the triggers for abuse, and finding ways to support parents and caregivers in your community.

If you are a parent or caregiver - Understand that infant crying is worse in the first few months of life, but it will get better as the child grows.

- Try calming a crying baby by rocking gently, offering a pacifier, singing or talking softly, taking a walk with a stroller, or going for a drive in the car.

- If the baby won't stop crying, check for signs of illness and call the doctor if you suspect the child is sick.

- If you are getting upset or losing control, focus on calming yourself down. Put the baby in a safe place and walk away to calm down, checking on the baby every 5 to 10 minutes.

- Call a friend, relative, neighbor, or parent helpline for support.

- Never leave your baby with a person who is easily irritated or has a temper or history of violence.

If you are a friend, family member, or observer of a parent or caregiver - Be aware of new parents in your family and community who may need help or support.

- Provide support by offering to give a parent or caregiver a break when needed.



UPCOMING TRAININGS

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

12.1.16

St. James (Louisville)

12.3.16

St. Rita (SPANISH)

4p start time

12.3.16

Good Shepherd (Columbia, KY)

11:00 am (CST) start

12.12.16

St. Margaret Mary

1.16.17

St. Gabriel

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

- Let the parent know that dealing with a crying baby can be very frustrating—especially when you are tired or stressed, but infant crying is normal and it will get better soon.
- Encourage parents and caregivers to take a calming break if needed while the baby is safe in the crib.
- Be sensitive and supportive in situations when parents are trying to calm a crying baby.
- Be supportive of work policies (e.g., paid family leave) that make it easier for working parents to stay with their infants during the period of increased infant crying (i.e., between 4-20 weeks of age).

BENEFIT (CONT.)

abuse (e.g., stress) and they provide models for positive interactions and social support.

Child maltreatment in one generation is associated with child maltreatment in the next, but the cycle can be interrupted. It is important to know that past child maltreatment does not define a person

What You Can Do...Here are some steps you can take to incorporate findings from this research into your work:

- Enhance safe, stable, nurturing relationships in your prevention efforts—not only between parents and children, but also between parents and other adults (including romantic partners, friends, neighbors, and relatives).
- Work on skills building and training

RISK FACTORS FOR ABUSE

A combination of individual, relational, community and societal factors contribute to the risk of child abuse and neglect. Although children are not responsible for the harm inflicted upon them, certain characteristics have been found to increase their risk of being maltreated. Risk factors are those characteristics associated with child abuse and neglect—they may or may not be direct causes.

Some of the top risk factors for victimization include:

- Children younger than 4 years of age
- Special needs that may increase caregiver burden (e.g., disabilities, mental retardation, mental health issues, and chronic physical illnesses)
- So who is at risk for perpetrating abuse?
- Parents' lack of understanding of children's needs, child development and parenting skills
- Parents' history of child maltreatment in family of origin

to enhance parents' ability to access and maintain healthy relationships, recognizing that parents who experienced maltreatment during childhood may need extra support in this area.

- Add a module to existing multicomponent programs (e.g., nurse-family partnerships) to enhance and promote supportive and nurturing adult relationships for parents.
- Establish partnerships with social services and other prevention organizations to coordinate efforts. Given that child maltreatment is associated with longer term behavioral and health problems (e.g., substance abuse), it is necessary to have a comprehensive response.

- Substance abuse and/or mental health issues including depression in the family
- Parental characteristics such as young age, low education, single parenthood, large number of dependent children, and low income
- Nonbiological, transient caregivers in the home (e.g., mother's male partner)
- Parental thoughts and emotions that tend to support or justify maltreatment behaviors
- Family structure can also put a child at risk. Factors such as:
 - Social isolation
 - Family disorganization, dissolution, and violence, including intimate partner violence
 - Parenting stress, poor parent-child relationships, and negative interactions
- Where you live can also put children at risk. Community factors such as
 - Community violence

MONTHLY SAFE ENVIRONMENT TIP

Is someone going to be alone or placed in a supervisory position with children or other vulnerable persons within your parish/school at any time?

They **MUST** have a background check and have attended a Safe Environment Training

Do not leave members of your parish/school in a vulnerable position. Ensure you know who is working in your parish/school.

When was the last time you conducted a thorough review of your school/parish?

Should you have any questions or need additional guidance please contact Scott Fitzgerald, Coordinator of Safe Environment Services 502.471.2132

- Concentrated neighborhood disadvantage (e.g., high poverty and residential instability, high unemployment rates, and high density of alcohol outlets), and poor social connections. On the flip side, identifying and understanding protective factors counterbalance the negative such as:
 - within the family :
 - Supportive family environment and social networks
 - Nurturing parenting skills
 - Stable family relationships
 - Household rules and child monitoring
 - Parental employment
 - Adequate housing
 - Access to health care and social services
 - Caring adults outside the family who can serve as role models or mentors

Archdiocese of Louisville Office of Safe Environment

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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.

SEXUAL VIOLENCE AND TEENS

Sexual violence refers to any sexual activity where consent is not obtained or freely given. Anyone can experience or perpetrate sexual violence. Most victims of sexual violence are female. Perpetrators are usually someone known to the victim and can be a friend, intimate partner, co-worker, neighbor, or family member of the victim.

There are many types of sexual violence. It includes physical acts, such as unwanted touching and unwanted sexual penetration. Sexual violence also includes acts that do not involve physical contact between the victim and the perpetrator—for example, sexual harassment, threats, and peeping.

In a nationwide survey, 7.3% of high

school students reported having been forced to have sex. More female (10.5%) than male (4.2%) students reported experiencing forced sex in their lifetimes.



Some factors are associated with a greater risk for perpetrating sexual violence. However, the presence of these factors does not mean that

sexual violence will occur.

Some risk factors for perpetration (harm to someone else): Using alcohol excessively, having sex at a young age, having sex without a personal connection and having sex with many different partners.

Other's could include: acting without thinking and behaving in ways that are hostile, unfriendly, and don't consider the feelings of others. Having friends that think it's ok to do sexual things with another person without their consent, witnessing or experiencing violence as a child or being exposed to social norms, or shared beliefs, that sexual violence is acceptable.