



# Supervised Visitation Monitor Training

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## Helping Families- Issues Relating to Substance Abuse, Child Abuse, Sexual Abuse, and Domestic Violence, Part II

Hi. Welcome to part thirty-seven of the Supervised Visitation Monitor Training, brought to you by Family & Children’s Counseling Services, Inc.

In this segment, we will discuss issues related to child abuse AS IT RELATES TO OUR ROLE.

### Child Abuse

Federal law mandates the definition of child abuse be defined by each state. The states define child abuse according to civil and criminal law.

Think back to our chapter on Mandated Reporting. Do you remember that I told you to find the laws in your state? That’s because what’s reportable in one state is not necessarily reportable in another.

For example, some states allow spanking. Other states allow spanking with guidelines, such as only with a hand and only on the rear.

This also means that a Parent’s behavior may prompt a ‘willful harm against a child’ charge, along with several months or more of Supervised Visitation... while another Parent’s exact same behavior will go unnoticed.

And it’s only because of their address. State laws differ. And, cultural norms about acceptable discipline differ.



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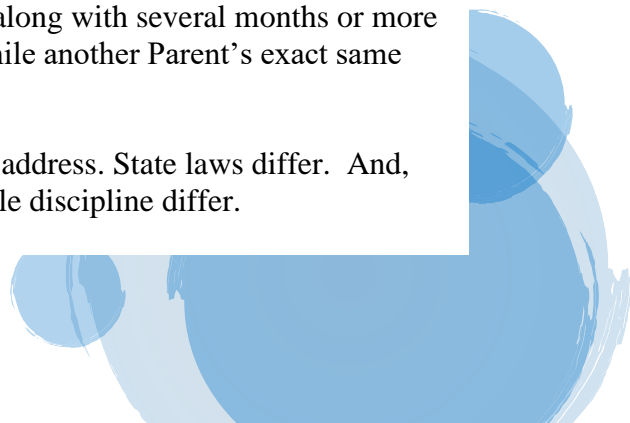


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Think back to our segment on Culture. Parenting styles are shaped by culture. And culture is shaped, in part by parenting styles.

The World Health Organization, acknowledging world culture, defines abuse as “physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power.” (Krug, Dahlberg, Mercy, Zwi & Lozano, 2002, p. 59).

Please learn the child abuse reporting laws for your State. And if you happen to move to another State, you will need to learn and follow those laws.

### **Types of Abuse**

Child abuse or maltreatment can happen in different domains:

- 1) Physical
- 2) Sexual
- 3) Emotional/ Psychological
- 4) Neglect.

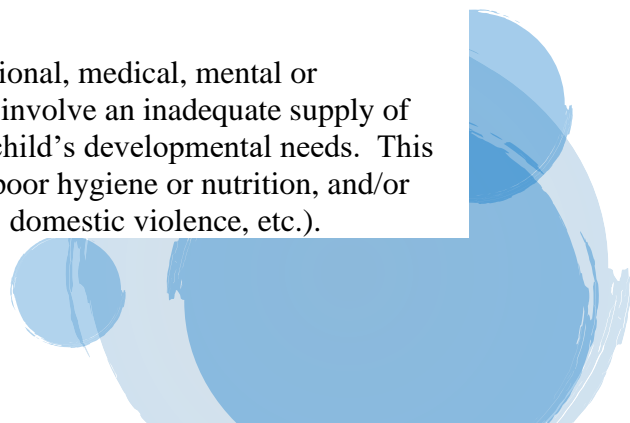
Some children have experienced abuse in more than one category.

Physical abuse can include hitting, slapping, punching, kicking, pinching or shaking.

Sexual abuse is when the child is used as an object for sexual fulfillment by the perpetrator.

Emotional abuse can include ridicule, yelling, name calling, threats, giving the “silent treatment,” rejection and/or failure to provide adequate emotional nurturing and support. Some states including parental conflict (domestic violence) as emotional abuse of a child. This may be called “failure to protect” and/or “secondary violence.”

Neglect can be physical, emotional, medical, mental or educational and will typically involve an inadequate supply of care or resources to meet the child’s developmental needs. This could be lack of supervision, poor hygiene or nutrition, and/or exposure to harm (drug abuse, domestic violence, etc.).





Please keep in mind that poverty does not necessarily equal neglect. Neglect involves the failure to provide a resource or failing to access a resource.

### **Effects of Abuse**

Some children who have experienced abuse may develop Post Traumatic Stress Disorder. Others may have symptomology without an actual diagnosis: hypervigilance, nightmares, an exaggerated startle response, or irritability, for example.

Some will struggle with the ability to regulate their own emotions, aggression toward others, delinquency, depression, anxiety, low self-esteem, developmental delays, or a pervasive sense of shame.

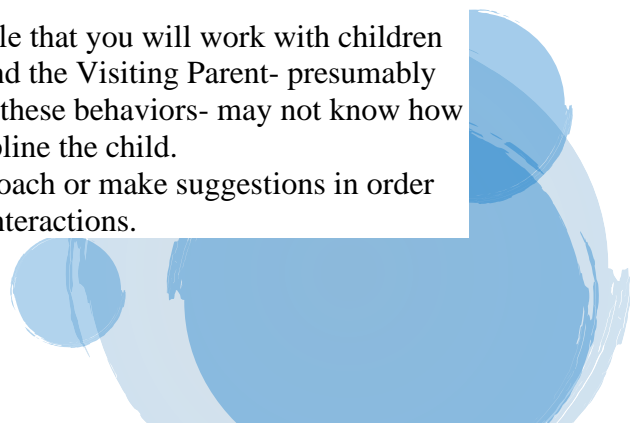
Many children who have experienced abuse from a primary caregiver will develop attachment problems, including anxious, avoidant or disorganized attachment. This happens because the Child's attachment figure provides neither safety nor security.

It's a confusing place for a child: the source of his or her shelter, food, clothing and perhaps occasional nurturing is also the source of fear, rejection and/or pain.

Children with pervasive attachment problems may be diagnosed with an Attachment Disorder. It's interesting that the caregiver contributed to the problems, but the Child is the one who gets a diagnosis. Let untreated, some conditions may worsen into adulthood and manifest as personality disorders.

Children and teens often do not say, "I've experienced many years of abuse and neglect and I would like to rationally discuss my feelings, please." They express themselves through behavior. In fact, trauma reactions in children and teens can often look like ADHD.

Keep this in mind. It's possible that you will work with children who have behavior issues. And the Visiting Parent- presumably the Parent who contributed to these behaviors- may not know how to nurture or effectively discipline the child. As Providers, we can gently coach or make suggestions in order to improve the Parent-Child interactions.





Please note that different States have laws related to Monitored Visits, Facilitated Visits and Therapeutic Visits. We discuss the differences in another chapter. Please know your State and local laws regarding the amount of intervention that is allowed, and the required amount of education or licensure for each level of service.

### **Conflicted Emotions Related to Attachment**

In addition to the behavioral aspects of trauma-response, the Child is often caught in a painful emotional dilemma. The Child wants the abuse to stop but is also (at least somewhat) attached to the Parent.

The Child may feel simultaneously repulsed by and attracted to the Parent. Their attempts to negotiate these two conflicting emotional states can have one or any combination of the following effects:

- The child can go into a freeze state, where he or she has somewhat of a “deer in the headlights” reaction. The child may not participate in the visit or may be very stiff and unnatural.
- The child can go into a parent-pleasing or overly-cooperative state where the child is unnaturally nice and cooperative during visits.
- The child can become rejecting of the parent; refusing to participate in visits and/or act in an overly rude, hateful or uncooperative manner.
- The Child may engage in passive-aggressive behaviors, where the child will pretend to cooperate and connect, but will tell mean jokes, make sarcastic comments and insults, or engage in tough “play fighting.” If confronted on the behavior by the Parent or Monitor, the Child may play dumb, act innocent or apologize – then do it again.

While we do not label or diagnose these behaviors, we document the interactions that reflect these patterns. Attorneys, Mediators, Custody Evaluators, Forensic Psychologists, Therapists and Judges who review our reports will notice and address the relational patterns according to their role in the family’s case.





As Monitors, we don't have the legal or ethical responsibility of addressing deep-seated issues. We can gently suggest and we definitely document. If the Parent-Child interactions get out of hand, we terminate that visit.

## **Parents**

Each of our Parents comes to us with their own history. Some experienced abuse when they were children. Some live with the effects of that abuse in the form of depression, anxiety, substance use and/or personality disorders. Some Parents are facing other struggles, including financial pressures, damaged self-esteem and other concerns as identified in our Chapters on Custodial and Visiting Parents. Please review those chapters for a refresher on each Parent's perspective.

We remember that not all supervised visitation cases are related to overt child abuse. Some Parents are ordered into monitored visits because of drug use or domestic violence.

However, Parents may feel a combination of guilt, anger or hopelessness - albeit for differing reasons

A Parent who has not fully processed their own childhood abuse may get stuck in re-experiencing their own pain and victimization.

Again, our job is not to diagnose or fix a Parent's underlying emotional needs. We offer respect and a safe, neutral visit.

Before moving on to the next chapter, please answer the following questions. Post your answers in the comments section and/or discuss with your Supervisor.

- 1) I had the following response in hearing about child abuse:
- 2) I am taking the following actions to manage my personal responses so that I can remain neutral in my work with families.





## References

Child Maltreatment, Trauma and Self Injurious Behavior.  
[www.ceus4less.com](http://www.ceus4less.com)

<https://www.childwelfare.gov>

Thank you for watching. I'll see you again in our next chapter.

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You can find Melinda's therapy channel, Can We Talk?, at <https://www.youtube.com/canwetalk>

