Evidence-Based Interventions for Child Physical Abuse and Family Conflict

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Defining Child Physical Abuse

- CPA is not a formal diagnosis/disorder (social/legal judgment based on experiences)
  - It reflects a range of behaviors that differ in behavioral topography, frequency, severity, and temporal stability
- Definitions vary by
  - local standards and official definitions
  - context in which abusive behavior is being examined
  - level of empirical rigor used in crafting a definition
- National Incidence Study (NIS-3) - child physical abuse (Sedlak)
  - present when child <18 years has experienced an injury (harm standard) or risk of an injury (endangerment standard) as a result of having been hit with a hand or other object or having been kicked, shaken, thrown, burned, stabbed, or choked by parent or parent-surrogate.
- National Child Abuse and Neglect Data (NCANDS) study (different state definitions)
  - number of victims of physical acts that caused or could have caused physical injury.
- At other end of continuum of force is corporal punishment (Straus)
  - “the use of physical force with the intention of causing a child pain, but not injury, for the purposes of correction or control of the child’s behavior.”

Sedlak AJ, Broadhurst DD: The third national incidence study of child abuse and neglect. US Department of Health and Human Services, Washington, DC, 1996.

Child Maltreatment 1998: Reports from the states to the National Child Abuse and Neglect Data System. U.S. Department of Health and Human Services, Washington, DC, 2000, Appendix B, p. 8.

Straus MA: Beating the devil Out of Them: Corporal Punishment in American Families. Lexington Books, Lexington, MA, 1994, p. 4.

Common Ground: Child Abuse & Child Aggression

Child	Abuse	Aggression
aggression/behavioral dysfunction	x	x
poor social competence/skill	x	x
negative attributions (blame, bias)	x	x
anger/anxiety/depression/PTSD	x	x
limited peer/family relationships	x	x
neurobiological problems	x	?

Common Ground: Child Abuse & Child Aggression

Parent	Abuse	Aggression
▪ aggression; coercive parenting	x	x
▪ limited positive parenting	x	x
▪ misattributions/negative expectations	x	x
▪ anger/sadness/PTSD	x	?
Family		
▪ coercion/conflict	x	x
▪ social isolation, poor problem-solving	x	x
▪ few psychosocial/financial resources	x	x
▪ system involvement (multiple?)	x	?

Understanding Context of Abuse

Feature	Sexual	Physical
Societal norm - act	Unacceptable	Permissible
Clinical target	Anxiety	Aggression
	Depression	Hostility
Perpetrator	Out of home	In home
Caregiver	Non-offending	Offending
Family	Supportive	Non-supportive
Safety risk	Low	High (injury)
Target	Child	Caregiver/child

Some Challenging Behaviors in Physical Abuse Cases

- Disinterest
- Abuse minimization
- Dismissiveness
- Challenge authority
- Anger, hostility
- Aggressive gestures/threats

“Family Focused Interventions” for CPA: Common Characteristics

- Focus on safety and “stopping the abuse”
- Work with child and caregiver/family together
- Teach specific skills to reduce distress and promote adaptive behavior
- Scientific evaluation of outcomes in physical abuse cases that shows clinical benefits

Evidence-Based Treatment Approaches

- **Parent-Child Interaction Therapy (**PCIT) - Mark Chaffin (PCIT for CPA); Anthony Urquiza (PCIT)
- **Alternatives for Families: A Cognitive Behavioral Therapy (**AF-CBT) - David Kolko, Elissa Brown
- **Combined Parent-Child Cognitive Behavioral Therapy (**CPC-CBT) - Melissa Runyon
- **Multisystemic Therapy for Child Abuse and Neglect (**MST-CAN) – Cynthia Swenson

Parent-Child Interaction Therapy (PCIT)

- Focus: preschool and school age children
- Uses 2-stage approach over 12-20 sessions
  - Phase 1: Child-Directed Interaction (CDI)-aims to restructure the parent-child relationship and provide child with secure attachment to caregiver
  - Phase 2: Parent-Directed Interaction (PDI)-aims to increase child behavior management skills
- Parent is taught/coached in behavioral skills: praise, reflection, imitation, description, and enthusiasm (PRIDE)
- Skills are observed/coached through one-way mirror in session
- Parents provided with immediate feedback about progress and are given homework to complete
- Skills are gradually expanded from structured implementation in treatment sessions to structured sessions in home to more unstructured situations and then to use in public situations

Research

- Chaffin et al (04): RCT - parent-child dyads randomized to 1 or 3 groups (PCIT, PCIT with individualized enhanced services, or treatment as usual via standard community-based parenting groups)
  - PCIT reduced rates of re-abuse (vs. standard community group)
  - PCIT conditions associated with fewer negative parent behaviors
  - All conditions helped to increase positive parent behaviors
  - Additional services did not improve efficacy of PCIT
- Timmer et al. (05) -- PCIT with maltreated children (pre-post)
  - Reduced problem behavior, increased compliance
- Chaffin et al. (11): RCT: 2 Orientations x 2 Treatment conditions
  - Self motivation and PCIT: most reduction in child welfare reports
- PCIT has extensive support for efficacy with child behavior problems in young children (see Eyberg et al., 2008)
  - Decrease behavior problems, increase parent skill and decrease parent stress, high satisfaction, maintenance of gains (6 yrs.)

Alternatives for Families: A Cognitive Behavioral Therapy (AF-CBT)

- Focus: Conflict & coercion (verbal/physical aggression and abuse, family conflict) in school-age (5-17 yrs.)
- Parameters: 17 topics in 3 phases (abuse specific and general skills)
- Format: Caregiver & child meet individually or jointly
- Phases: Engagement, Individual Skill Building, Family Applications
- Skills: Engagement strategies, psychoeducation about force, affect regulation (anger/anxiety), cognitive restructuring, positive parenting and non-physical punishment skills, social skills, abuse clarification, imaginal exposure, family communication & problem solving skills

Research

- Kolko (96): RCT: IND-CBT vs. FAM TX (vs. Usual Care)
  - IND-CBT & FAM TX: gains in abuse risk, use of physical force, parental aggression, child behavior problems, family conflict/cohesion
- Kolko et al. (11): Agency study: AF-CBT sustainability & benefits
  - Greater use of AF-CBT related to parent (greater child safety, child well being) and clinician reports (safety, respect for peers, prognosis)
- Kolko et al. (12): RCT: Staff training in AF-CBT vs. routine agency training (usual care)
  - Training: enhanced CBT knowledge, and use of AF-CBT abuse specific and general skills
- Kolko et al. (10, 12): RCT: Modular AF-CBT for behavior problem children in primary care (vs. triage and referral to local provider)
  - AF-CBT: greater service use, completion, and satisfaction; more improvement in individual target behavior problems.

Combined Parent-Child Cognitive Behavioral Therapy (CPC-CBT)

- Focus: Abuse cases with PTSD symptoms (3-17 yr. olds)
- Parameters: 16 sessions (16-20 wks) in individual (90 mins) or group (2-hrs)
- Format: Parent & child meet individually with clinician and end with all of them together (together time later increases)
- Phases: Engagement, Skill Building, Family Safety Planning, and Abuse Clarification
- Skills: Engagement strategies/motivational interviewing, psychoeducation, positive coping skills in parents and children, family communication skills and positive parenting skills, family safety planning, abuse clarification process

Research

- Runyon et al. (09): Pilot study data (pre-post data) for children and parents after group sessions
  - Reductions in child PTSD; less physical punishment and parental anger; fewer child behavior problems
- Runyon et al. (10b): RCT to full CPC-CBT program or just parent CBT (no child)
  - CPC-CBT -- greater gains in children's PTSD and positive parenting skills (maintained at 3-mo follow-up)
  - Parent CBT only – greater reduction in physical punishment

Multisystemic Therapy for Child Abuse and Neglect (MST-CAN)

- Focus: Aggression and violence (school-age and adols.)
- Parameters: Treatment is 6-9 months
- Format: Treatment is comprehensive, home-based, and tailored to family needs
- Follows 9 principles (e.g., family is major agent for changing youth behavior; functional assessment driven)
- Skills: address risk factors across child, parent, parenting, family and social network, family safety plan, functional analysis of the use of force or physical discipline, treatment for anger management, treatment for trauma/PTSD and substance abuse, family communication training, clarification of abuse

Research

- Swenson et al. (10): MST-CAN compared to enhanced outpatient treatment
  - MST-CAN 16 Months post-baseline:
    - Youth showed greater reductions internalizing symptoms, total behavior problems, PTSD symptoms
    - Caregivers showed greater reductions in psychiatric distress and greater increases in social support
    - Parenting outcomes included fewer reductions in appropriate discipline
    - Youth experienced less re-abuse
- MST has a long history of successful efficacy trials with behaviorally dysfunctional adolescents (e.g., Brunk et al., 1987)

Other Related Interventions

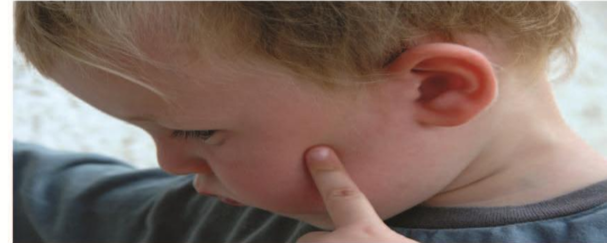
- Child Parent Psychotherapy (CPP) – Alicia Lieberman
- Cognitive Behavioral Intervention for Trauma in Schools (CBITS) – Lisa Jaycox
- SafeCare – John Lutzker
- Trauma Focused CBT (TF-CBT) – J. Cohen, A. Mannarino, & E. Deblinger

Other Information/Materials

- National Child Traumatic Stress Network (www.nctsn.org)

NCTSN The National Child Traumatic Stress Network

Child Physical Abuse Fact Sheet



What is physical abuse?

The precise definition of child physical abuse varies among states, the District of Columbia, and the US territories. All these entities agree that physical abuse occurs when a parent or caregiver commits an act that results in physical injury to a child or adolescent, such as red marks, cuts, welts, bruises, muscle sprains, or broken bones, even if the injury was unintentional. Physical abuse can occur when physical punishment goes too far or a parent lashes out in anger.

Even forms of physical punishment that do not result in physical injury are considered physical abuse and are outlawed in some states. For example, in Arkansas, Minnesota, and the District of Columbia, hitting a child with a closed fist is considered physical abuse. In Arkansas, hitting a child on the face or head is also called physical abuse.[1] (For more information on state laws, go to www.childwelfare.gov/systemwide/laws_policies/statutes/defineall.pdf.)

Physical Abuse Myths and Facts

Myth: Child physical abuse is rare.

Fact: In 2007, there were approximately 149,000 cases of child physical abuse reported in the 50 states, the District of Columbia, and Puerto Rico. Actual rates of child physical abuse are probably higher, since not every case is reported.[2]

Who is physically abused?

Children of all ages, races, ethnicities, and socioeconomic backgrounds are at risk for physical abuse. Physical abuse affects both boys and girls across neighborhoods, communities, and countries around the world. Children ages 4–7 and 12–15 are at the greatest risk of being physically abused. Very young children are most susceptible to receiving serious injuries.[2]

How can you tell if a child is being (or has been) physically abused?

It can be difficult to determine from a child's behavior or emotional state whether abuse has occurred. The best way to know if a child has been abused is if the child tells you.

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Q&A

Questions & Answers About Child Physical Abuse

An Interview with
DAVID KOLKO, PHD

Dr. David Kolko is a member of the National Child Traumatic Stress Network; Professor of Psychiatry, Psychology, and Pediatrics at the University of Pittsburgh School of Medicine; and Director of the Special Services Unit at Western Psychiatric Institute and Clinic, a service for court-referred youth and their families in the Pittsburgh area. He has conducted research on the assessment and treatment of child antisocial behavior/conduct disorder, adolescent sex offending, child firesetting, child physical abuse, and family violence.

Q: **What is child physical abuse?**

A: Although the actual definitions vary by state, we would consider child physical abuse to be any physical act by a caregiver that results in a child being hurt or injured. Usually physical abuse is not a one-time event, but a pattern of repeated, deliberate acts. Caregivers may not understand that what they are doing is abusive. They may consider it "normal punishment" that is warranted by the child's misbehavior. Physical abuse is often accompanied by other forms of child maltreatment, such as emotional abuse and neglect.

Q: **How widespread a problem is child physical abuse in the United States?**

A: In 2006, 16% (142,041) of all victims of child maltreatment (885,245) that were reported to child protective services in the U.S. suffered from child physical abuse (U.S. Department of Health and Human Services, 2008). This number represents only those children whose situations were reported. It's very likely that many more children are physically abused than the number that are reported.

Q: **Aside from the physical damage, what are the effects of physical abuse on children?**

A: The impact of physical abuse on a child's life can be far-reaching. It is especially devastating when a parent, the person a child depends on for protection and safety, becomes a danger. Some children develop traumatic stress reactions. Some become anxious and depressed. Many physically abused children become aggressive themselves or have other behavioral problems. They may do unto others what they've experienced themselves.

Physical abuse is often accompanied by other forms of child maltreatment, such as emotional abuse and neglect.

Children who've been physically abused often have social problems. They don't do very well at developing and maintaining friendships. They don't trust authority figures. They don't feel good about themselves or see themselves as

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Physical Punishment:

What Parents Should Know

As a toddler, Jesse was a handful. To keep him under control, his parents would hit him on the hand or thigh. When he started preschool and his teacher complained that he'd disrupted the classroom, his parents would spank him as punishment. In kindergarten, Jesse started getting into fights with other boys in his class. His father said, "If he thinks he's big enough to whip somebody at school, I'm going to whip him." His mother agreed with this approach. After all, her parents had spanked her, sometimes with a belt, and she'd turned out fine.

Physical Punishment as a Form of Discipline

Managing children's behavior is one of the biggest challenges parents face. By the time their children have reached the age of four, most American parents have used some form of physical punishment, such as spanking, hitting, or another kind of physical force.[1] Many parents think that physical punishment is an acceptable form of discipline. More than two-thirds of American adults agreed or strongly agreed that children sometimes need a "good hard spanking."[2]

Physical punishment may seem the best solution for managing a child's most challenging or upsetting behaviors. It may even seem like the only solution for serious misbehavior. But child behavior research shows that there are actually far more effective methods of discipline. Spanking may work temporarily to stop children's problem behaviors, but it may not change their behavior in the long run.[3]

By the time Jesse was in second grade, he was fighting at school, at home, and in the neighborhood. One Friday, Jesse's father found out that Jesse had gotten into trouble again at school and lied to his parents about it. He set out to spank Jesse and hit him across the mouth as punishment for all his lying. When Jesse started talking back to him, he hit Jesse on his back and butt. When Jesse wouldn't stop talking back, his father hit him harder and harder. When it was all over, Jesse was crying hysterically.

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Raising Well-Behaved Kids:

What Parents Should Know

My kids just won't listen.

Spanking stops my kids temporarily, but then they just act up again.

I lose my temper with my children and feel terrible afterwards.

Raising well-behaved kids is hard. There is no "right way" to do it, but there are some methods that work better than others. This handout is designed to provide some helpful hints, and set the tone for a peaceful and happy home.

Notice the first signs of anger.

It's important to remain calm when you discipline your children. It's hard to think carefully about the best course of action to take once you're mad. When you react out of anger, your response may be more a way of releasing your anger (by hitting and screaming) than an effective way of teaching your child to change a behavior.

Common anger signs include:

- Clenching your teeth or fists
- Breathing fast
- Pounding heart
- Hot face or ears
- Not thinking clearly
- Wanting to hit something
- Cracking or loud voice

TAKE CHARGE: During the next week, pay attention to times you are angry and how your body feels when you are angry.

Each person expresses anger differently. Learn the signs that *you* are getting angry.

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The Hope of

Family Focused Interventions for Child Physical Abuse

INFORMATIONAL VIDEO PRESENTATION

NCTSN The National Child Traumatic Stress Network

Closed Captioning Enabled

Video: The Hope of Family Focused Interventions for Child Physical Abuse

- "Using the case of one family that sought treatment, this video outlines the causes and consequences of child abuse, and describes how family-focused interventions can help families make a new beginning."

Varied Goals of Treatment

- For Caregivers:
  - Engage in behavior change process
  - Improve parenting practices-efficacy/appropriateness
  - Develop greater capacity for self-control
  - Process incident or use of coercion/escalation
- For Children:
  - Increase positive and reduce negative behavior
  - Regulate affect; enhance social/problem solving skills
  - Process traumatic events and promote safety
  - Prevent future exposure to violence/recidivism

Limitations and Issues

- Sample heterogeneity
- Varied sample sizes
- Evaluation of both clinical (well being) and safety (re-abuse rates) outcomes
- Characteristics of “responders”
- Independent replication
- Intervention models vary
  - complexity (number of skills, topics)
  - training methods (coaching with child vs. individual therapy)
  - content type (behavioral vs. cognitive behavioral)
  - treatment Individualization

Research Directions

- Replication studies
- Applications with larger samples, new settings and staff
- Evaluation of moderators and mediators
- Dismantling studies – core components
- Cost-effectiveness analyses
- Dissemination and implementation research
- Increase access to effective treatments/materials
- Use of technology

Contact Information

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