

BLUE SUNDAY APRIL 24, 2022

A NEW TRADITION

April is National Child Abuse Prevention Month. As noted in an announcement from the New England Synod, ELCA, the fourth Sunday of April, April 24, 2022, is National Blue Sunday Day of Prayer for Abused Children, and Blue Sunday Child Abuse Prevention is asking the faith community to pray for victims of child abuse (physical, emotional, sexual, spiritual) and for those who help them. As a congregation of the Synod, we stand in solidarity with victims past and present and strive to work for the prevention of child abuse in our circles.

WHY UNILU?

We have survivors of past and present child abuse in our midst - in our classrooms, congregation, shelter, partner organizations, and community. It is our responsibility as adults to protect children from these situations when we are given the opportunity. It is also our duty to provide support to those who have escaped their abuse yet find themselves haunted by it into adulthood. Survivors: you are welcome here, and you are not alone!

Confidential Pastoral Contacts:

Gracious Moyo gmoyo@unilu.org

Imogene Stulken istulken@unilu.org

Note: Pastors Moyo and Stulken are mandated reporters of active child abuse. For more information, see the section on "Reporting."



WHAT IS CHILD ABUSE AND TRAUMA?

THE NUMBERS

Nearly 35 million U.S. children have experienced one or more types of childhood trauma.

Per the CDC: Adverse Childhood Experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years). For example:

- experiencing violence, abuse, or neglect
- witnessing violence in the home or community
- having a family member attempt or die by suicide

ACEs are common. About 61% of adults surveyed across 25 states reported that they had experienced at least one type of ACE, and nearly 1 in 6 reported they had experienced four or more types of ACEs.

Preventing ACEs could potentially reduce a large number of health conditions. For example, up to 1.9 million cases of heart disease and 21 million cases of depression could have been potentially avoided by preventing ACEs.

Some children are at greater risk than others. Women and several racial/ethnic minority groups were at greater risk for having experienced 4 or more types of ACEs.

ACEs are costly. The economic and social costs to families, communities, and society totals hundreds of billions of dollars each year.

Here are some strategies to preventing ACEs:

Strengthen economic supports to families

Promote social norms that protect against violence and adversity

Ensure a strong start for children

Teach emotional resilience skills

Connect youth to caring adults and activities

Intervene to lessen immediate and long-term harms

Child Maltreatment

Facts at a Glance

2014

Child Maltreatment

- In 2012, U.S. state and local child protective services (CPS) received an estimated 3.4 million referrals of children being abused or neglected.¹
 - CPS estimated that 686,000 children (9.2 per 1,000) were victims of maltreatment.*
 - Of the child victims, 78% were victims of neglect; 18% of physical abuse; 9% of sexual abuse; and 11% were victims 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 U.S. children experience some form of child maltreatment in their lifetimes.²
- The total lifetime economic burden resulting from new cases of fatal and nonfatal child maltreatment in the United States is approximately \$124 billion.³

Deaths from Child Maltreatment

- In 2012, an estimated 1,640 children died from child maltreatment (rate of 2.2 per 100,000 children).¹
- Of the children who died from maltreatment in 2012, 70% experienced neglect and 44% experienced physical abuse either exclusively or in combination with another form of maltreatment.¹
- Of child maltreatment fatalities in 2012, 70% occurred among children younger than age 3.¹
- The fatality rate for boys was 2.5 per 100,000 and for girls was 1.9 per 100,000.¹
- The 2012 rates of death per 100,000 children was 4.7 for African Americans, 4.7 for Pacific Islanders, 2.2 for American Indian/Alaska Natives, 1.7 for Hispanics, 1.6 for non-Hispanic Whites, and 0.6 for Asians.¹

* Unique count of victims.

+ Each victim could be counted for multiple forms of maltreatment.

Characteristics of Victims

- In 2012, 27% of victims were younger than 3 years, 20% of victims were age 3-5 years, with children younger than 1 year having the highest rate of victimization (21.9 per 1,000 children).¹
- The rates of victimization in 2012 were 8.7 per 1,000 children for boys and 9.5 per 1,000 children for girls.¹
- The 2012 rates of victimization per 1,000 children were 14.2 for African Americans, 12.4 for American Indian/Alaska Natives, 10.3 for Multiracial, 8.7 for Pacific Islanders, 8.4 for Hispanics, 8.0 for non-Hispanic Whites, and 1.7 for Asians.¹

Characteristics of Perpetrators

- Four-fifths (80.3%) of perpetrators were parents, 6.1 percent were relatives other than parents, and 4.2 percent were unmarried partners of parents.¹
- In 2012, 82% of perpetrators were between the ages of 18 and 44 years inclusive. Fewer than 3% of perpetrators were aged <18 years; 19% were aged 18–24 years; 40% were aged 25–34 years; 23% were aged 35–44 years; 9% were aged 45–54 years; and 4% were aged 55–75.¹
- In 2012, 54% of perpetrators were women and 45% of perpetrators were men.¹

References

1. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. Child Maltreatment 2012 [online]. Washington, DC: Government Printing Office; 2012. Available from <http://www.acf.hhs.gov/sites/default/files/cb/cm2012.pdf>.
2. Finkelhor D, Turner HA, Ormond R, Hamby SL. Violence, crime, and abuse exposure in a national sample of children and youth: an update. *JAMA Pediatr* 2013; 167(7):614-621. doi:10.1001/jamapediatrics.2013.42.
3. Fang X, Brown DS, Florence CS, Mercy JA. The economic burden of child maltreatment in the United States and implications for prevention. *Child Abuse and Neglect* 2012; 36:156-165.

HOW DOES CHILD ABUSE AFFECT THE BODY OVER TIME?

Prolonged stress can harm the most basic levels of the nervous, endocrine, and immune systems; can alter brain structure and messaging systems; can impact other organ systems in the body; and can even alter the physical structure of DNA. These changes to the brain in turn can affect such things as attention, impulsive behavior, decision-making, learning, emotional regulation, and responses to stress in the future. CDC research shows more than 60 percent of American adults have as children experienced at least one ACE, and almost a quarter of adults have experienced 3 or more ACEs, likely an underestimate.

Experiencing child sexual abuse is an ACE that can affect how a person thinks, acts, and feels over a lifetime, resulting in short- and long-term physical and mental/emotional health consequences.

Examples of physical health consequences include:

- **sexually transmitted infections (STIs)**
- **physical injuries**
- **chronic conditions later in life, such as heart disease, obesity, and cancer**

Examples of mental health consequences include:

- **depression**
- **posttraumatic stress disorder (PTSD) symptoms**

Examples of behavioral consequences include:

- **substance use/misuse including opioid misuse**
- **risky sexual behaviors, meaning behaviors that could result in pregnancy or STIs such as not using condoms or other contraceptives, or sex with multiple partners**
- **increased risk for suicide or suicide attempts**

WHO IS AFFECTED BY CHILD ABUSE?

ACEs are common across all populations. Some populations are more vulnerable to experiencing ACEs because of the social and economic conditions in which they live, learn, work, and play. Importantly, having even a single ACE is associated with the risk for using illicit drugs, abusing alcohol, or attempting suicide.

Child sexual abuse is a significant but preventable public health problem. Many children wait to report or never report child sexual abuse. Although estimates vary across studies, the data show:

- **About 1 in 4 girls and 1 in 13 boys experience child sexual abuse at some point in childhood.**
- **91% of child sexual abuse is perpetrated by someone the child or child's family knows.**
- **The total lifetime economic burden of child sexual abuse in the United States in 2015 was estimated to be at least \$9.3 billion, although this is likely an underestimate of the true impact of the problem since child sexual abuse is underreported.**

Another outcome commonly associated with child sexual abuse is an increased risk of re-victimization throughout a person's life. For example, recent studies have found:

- **Females exposed to child sexual abuse are at 2-13 times increased risk of sexual victimization in adulthood**
- **Individuals who experienced child sexual abuse are at twice the risk for non-sexual intimate partner violence**



KNOW THE SIGNS

Child abuse is often not a single act but a repeated pattern of behavior. Below are some commonly recognized physical and behavioral warning signs that may indicate a child is being neglected or abused. Please note the signs listed are not the only indicators of child abuse and neglect and if present do not always mean a child is being abused or neglected.

- 1. Injuries such as bruises, welts, cuts, burns, or fractures-either unexplained or where the injury is not consistent with the explanation**
- 2. Injury in an area where children don't usually get hurt**
- 3. Repeated injury suggesting a pattern of abuse**
- 4. Delay in seeking medical treatment**
- 5. Attempts by a caretaker to hide an injury or seclude the child**
- 6. Chronic depression/withdrawal**
- 7. Poor self-esteem**
- 8. Extreme change in weight or appearance**
- 9. Difficulties at school or with peers**
- 10. Apathy**
- 11. Depression**
- 12. Hostility**
- 13. Lack of appetite or obesity or other eating disorders**
- 14. Lack of adequate food, shelter, clothing**
- 15. Lack of personal hygiene**
- 16. Lack of medical or dental care**
- 17. Lack of school attendance**
- 18. Lack of supervision (i.e., young children left at home with either no caretaker or inappropriate caretaker)**
- 19. Child is exposed to drug/alcohol abuse, domestic violence, or a known sexual predator**

REPORTING

Anyone may report cases of suspected child abuse. Under Massachusetts law, the Department of Children and Families (DCF) is the state agency that receives all reports of suspected abuse or neglect of children under the age of 18. DCF depends on reports from professionals and other concerned individuals to learn about children who may need protection.

(Remember: If it is an emergency, please call 911 first and make a report of the problem, then follow up with a call to DCF.)

Some people are required by law to report suspected abuse to DCF. These people are called Mandated Reporters. State law requires professionals whose work brings them in contact with children to notify DCF if they suspect that a child has been – or is at risk of being – abused or neglected.

1. All medical personnel, including dentists
2. Mental health/human service providers
3. Daycare workers
4. School personnel
5. Foster parents
6. Therapists
7. Youth workers
8. Coaches
9. Police, firefighters, EMTs
10. Court personnel
11. Clergy members

Mandated reporters who fail to make a report can be charged with a criminal offense and punished by a fine of not more than \$1,000. Anyone who files a report in good faith is protected by law from civil liability.

**IT'S NEVER TOO LATE TO
REPORT ABUSE YOU OR SOMEONE
YOU LOVE IS EXPERIENCING.**

WHAT CAN I DO?

DO SAY:

"I BELIEVE YOU. IT'S NOT YOUR FAULT. YOU'RE NOT ALONE. THIS SHOULDN'T HAVE HAPPENED TO YOU. I SUPPORT AND STAND BY YOU. IF YOU NEED SOMEONE TO WALK WITH YOU I WILL."

DON'T SAY:

"THE PAST IS THE PAST. IT WAS A LONG TIME AGO. I GOT OVER IT, WHY DON'T YOU? I TURNED OUT FINE, GET OVER IT. IT DOESN'T LOOK LIKE YOU'RE ABUSED. I DON'T BELIEVE YOU."

Some of the best tools for supporting survivors are believing, validating, and educating.

Donate: Children's Trust of MA <https://childrenstrustma.org/>

Volunteer: MA Society for the Prevention of Cruelty to Children

mspcc.org

MA CASA: macasa.org

More Resources:

Rape, Abuse, & Incest National Network rainn.org

Find a Therapist <https://www.psychologytoday.com/us/therapists>

Boston Area Rape Crisis Center <https://barcc.org/>

Survivors of Incest Anonymous <https://siawso.org/>

Survivors of Incest Anonymous Phone Line

<https://www.siacominghomephoneline.org/>

Fenway Health Violence Recovery Program

<https://fenwayhealth.org/care/behavioral-health/violence-recovery/>

Cambridge Health Alliance <https://www.challiance.org/services-programs/mental-health-and-substance-use/trauma-services/victims-of-violence>

McLean Hospital Mental Health Care <https://www.mcleanhospital.org/>

Impact Boston: Abuse prevention, Self-defense, Assertive communication, Conflict de-escalation <https://impactboston.org/>