

In 2007, it was determined that 3.2 million allegations of child abuse or neglect were reported to Child Protective Service agencies across the United States. Of those 3.2 million allegations, 61.7% made it to the report stage, and 25% resulted in confirmed abuse or neglect. Nationally, the most common forms of confirmed child abuse are neglect (59.0%), physical abuse (10.8%), sexual abuse (7.6%), and emotional or psychological maltreatment (4.2%) (U.S. Department of Health and Human Services, 2009).

In Texas, several of the most common characteristics of child victims, abusers, and reporters of abuse include:

Highest Prevalence in Texas during 2008

- **Confirmed victims**
 - *Gender:* Female (51.3%)
 - *Age:* 1 to 3 years (24.1%)
- **Confirmed perpetrators**
 - *Relationship:* Parent (78.7%)
 - *Gender:* Female (58.0%)
 - *Age:* 26-35 years (37.1%)
 - *Marital Status:* Married (30.1%)
- **Type of confirmed allegation**
 - Neglectful Supervision (60.5%)
- **Person reporting abuse/neglect**
 - School Professional (19.5%)

(Texas Department of Family and Protective Services [TDFPS], 2009)

Bandera County was the only county in the KCF area of interest to see an increase in confirmed child abuse cases for 2008. Bexar, Comal and Kendall Counties all experienced a decrease in confirmed abuse cases since 2007. All counties except Bandera saw an increase in child population, and the number of confirmed child

abuse victims in Bandera County was drastically higher than the increase in population.

2007/2008 Texas Child Population Data			
State/County	2007	2008	Percent Change
Texas	6,376,086	6,442,738	+1.0%
Bandera	4,287	4,266	-0.7%
Bexar	416,742	419,165	+0.8%
Comal	22,549	22,797	+1.1%
Kendall	7,061	7,097	+0.5%

(TDFPS, 2008; TDFPS, 2009)

2007/2008 Texas Confirmed Victims Data			
State/County	2007	2008	Percent Change
Texas	71,344	70,589	-1.1%
Bandera	56	68	+17.6%
Bexar	6,733	6,612	-1.8%
Comal	246	220	-10.6%
Kendall	44	36	-18.2%

(TDFPS, 2008; TDFPS, 2009)

Types of Treatment

Treatment following child abuse varies based on the type of abuse, the relationship of the perpetrator, and the setting of the abuse. If the abuse takes place at home, the child will be removed from the home. Depending on the needs of the child, he or she will be placed in a hospital, emergency shelter, or foster care. After an assessment by medical and mental health professionals, further treatment is determined by the symptoms presented by the child. Treatment may take place in outpatient mental health facilities, residential treatment facilities, therapeutic group homes, or therapeutic foster care (Child Help, 2009). For example, severe physical injuries, such as Shaken Baby Syndrome,

are treated in the hospital. Less pervasive injuries, such as minor burns or cuts, receive outpatient hospital treatment. Emotional, sexual, and psychological injuries are most often treated using mental health counseling.

Effective Treatment Options

Counseling treatment for children is normally established using two general tracks: child-focused interventions and family, parent or child/parent-focused interventions.

- **Cognitive-Behavioral Therapies** are professional counseling techniques that have proven to be effective for children and adolescents. These approaches include:
 - Teaching children stress management and relaxation skills to help them cope with unpleasant feelings and physical sensations
 - Exposure Strategies – talking about the traumatic event and the child’s feelings
 - Creating a coherent “narrative” or story of what happened
 - Correcting untrue or distorted ideas about what happened and why
 - Changing unhealthy and wrong views that have resulted from the trauma
 - Involving parents to help practice new strategies at home
 (National Child Traumatic Stress Network, n.d.)
- **Play Therapy** is a structured approach that builds on the normal communicative and learning processes of children. It provides a safe psychological distance from the problem(s) and allows expression of thoughts and feelings appropriate to the child’s development. A therapist helps the child:
 - Learn to communicate with others
 - Express feelings
 - Modify behavior
 - Develop problem-solving skills
 - Learn a variety of ways of relating to others
 (Association for Play Therapy, 2009)
- **Filial Therapy** is a family focused play intervention that utilizes the parent-child relationship to facilitate healing:
 - Caregivers are taught non-directive play techniques
 - Structuring – creating special play area and time

- Empathic Listening – reflect the action and emotion of the child’s behavior in the play room
 - Child-Centered Imaginary Play – watch and follow the child’s journey
 - Limit Setting – rules should ensure safety but be kept to a minimum
 - Not appropriate therapy option when the parent is the abuser
- (Daneker & Hunter-Lee, 2006)

- **Art Therapy** is the use of various art forms for self expression and reflection in a therapeutic setting:
 - Safe, developmentally appropriate way to communicate/express thoughts, fears and experiences
 - *Art as therapy*
 - Uses the creative process of making art to improve physical, emotional, and mental well-being
 - *Art in therapy*
 - Emphasis is placed on creation of an image to provide basis for discussion with therapist

(American Art Therapy Association, 2009)

No matter the type of treatment chosen, therapy ideally accomplishes seven goals:

1. Help children talk and think about abuse without embarrassment or anxiety
2. Allow children to express feelings about the abuse
3. Reduce the intensity and frequency of symptoms
4. Clarify and change distorted or unhealthy thought patterns
5. Help children develop healthy attachments to others
6. Provide children with self-protective strategies
7. Reduce the children’s sense of stigma and isolation; expose children to other victims of abuse

(Lipovksy, n.d.)

Pet Therapy

Pet therapy for abused children is not new, but has certainly come of age in recent years. The purpose of pet therapy is to help children transition into a normal lifestyle and routine. Pet therapy assists children in forgetting their problems while also focusing on building feelings of trust, empathy,

respect and self-esteem. Through pet therapy children are encouraged to engage in group behavior which is fundamental for easing their trauma, and for rebuilding relationships with people. Activities such as walking the dog, brushing its coat, bringing the dog water, and rewarding the dog for following basic obedience commands all aid in the well being of the child (Hearts in Harmony, 2009). Pets can also provide unconditional love, and in many cases, abused children have never experienced that before.

Obstacles to Treatment

Interestingly, most scientific research has focused on appropriate therapy for sexual abuse victims, while fewer studies have examined treatment benefits for those experiencing neglect and emotional abuse (Lipovsky, n.d.). Other challenges that impede the treatment of child abuse include:

- **Child victim obstacles**
 - Fear and anxiety
 - Lack of trust towards professionals
 - Developmental limitations (cannot speak or understand emotions)
- **Family obstacles**
 - Lack of resources
 - Lack of trust towards professionals
 - Lack of motivation for treatment
 - Lack of acknowledgment about abuse
- **System obstacles**
 - Duration of investigations and court proceedings
 - Poor coordination between criminal justice system and treatment system
 - Lack of communication
 - Lack of resources

(Lipovsky, n.d.)

Treatment Programs

There are a wide variety of organizations with both specific and wide-reaching programs designed to provide treatment, support, and resources for abused children and their families.

In the San Antonio region, quite a few non-profit organizations provide varying types of child abuse treatment. Baptist Child & Family Services, The Children's Shelter, St. Jude's Ranch for Children and St. Peter-St. Joseph Children's Home offer emergency shelter(s), residential facilities, and day-to-day therapy services. Family Violence

Prevention Services offers counseling for abused children in addition to emergency services for battered women, while the Rape Crisis Center for Children & Adults treats those who have faced sexual abuse. Other agencies that provide a variety of counseling services for abused children include Joven, Roy Mass' Youth Alternatives, Inc., Jump-Start Performance Co. (Healing Arts Project), Family Service Association, and ChildSafe (aka Alamo Children's Advocacy Center).

A large collaborative project at ChildSafe in San Antonio is called the CARE project, or Child Abuse Resource Enhancement. Begun in 1998 and designed for sexually abused children up to the age of 18, thirty community partners provide multi-dimensional services including counseling, peer activities, mentoring, and family support. The goals of the CARE project are decreased emotional distress and decreased risky health behaviors, such as teen pregnancy, violent relationships, abusive behavior, and substance abuse (ChildSafe, n.d.).

One unique spin-off from the CARE project is the Healing Arts Project, begun in 2000 as a collaboration of nine arts and human service agencies that use art therapy to reduce the emotional stress and isolation of abused and neglected children (The Healing Arts Project, n.d.). Current partners involved in this collaboration include: Baptist Children's Home, Boys and Girls Clubs (Calderon and Eastside Branches), Christus Santa Rosa Hospital, Family Violence Prevention Services, Inc., Jump-Start, SAY Si!, Seton Home, and St. Peter- St. Joseph Children's Home (The Healing Arts Project, n.d.). Many researchers agree that art therapy is one of the most effective therapies for children because it is a non-verbal, non-threatening way to communicate (Pifalo, n.d.).

Advocacy for proper child abuse treatment

In addition to these non-profit programs, there is a nationwide Court Appointment Special Advocate (CASA) Association. These trained community volunteers speak on behalf of abused children during the court process to ensure that the children are receiving proper treatment and services and are not reliving their traumatic experiences needlessly. Local association branches are the Child Advocates San Antonio (CASA) in Bexar County, the Children's Advocacy Center of Comal County, Inc. (CACCC), CASA of Central

Texas in Comal County, and the Hill Country CASA, Inc. in Bandera and Kendall Counties (Texas CASA, n.d.)

Some of these child abuse organizations offer a Multidisciplinary Investigative Team (MDT) approach, consisting of both investigative entities (CPS, Law enforcement, and prosecution) and follow-up care entities (Connections, CASA, Crisis Center). For example, the investigative entities of the CACCC conduct videotaped forensic interviews and provide them to the follow-up entities, allowing the victims to tell their story only once. The MDT's also meet monthly to discuss the progress of each case; making the victims less likely to fall through the system's cracks and gain the treatment they need and deserve (Children's Advocacy Center of Comal County, 2006).

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