CHILD ABUSE. CASE STUDY

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Abstract: *The family represents for the child, the universe of his existence, and the parents, the family are the stability poles of this universe. When the family environment, rather than being one of comfort and safety becomes a place of deprivation, pain and violence, the child is the one who will suffer the most from the effects of these disorders and conflicts.*

This work refers to the counselling of abused children and includes a case study on a case of sexual abuse of a minor. We offer practical suggestions on how parents and school can intervene in the education of children so that they grow to become happy, balanced and efficient adults.

Keywords*: sexual abuse, maltreatment, case study, psychological counseling.*

1. INTRODUCTION

The family has the central role in ensuring the necessary conditions for the transition through the stages of childhood development, conditions underlying the individual's personality structure. How it interacts, the affective climate and its socio-cultural model are important in social integration and the establishment of social components.

For most parents, getting to understand children, is the work of a lifetime, because each child is different in a unique way. When a child feels misunderstood, rejected and manipulated, he can develop bitterness, conflict or rebellion at the psychological level. Often this happens when parents force severely their ideas on how the child should be educated.

Completely dependent on adults an with their personality in training and development, with a still unstable character, children can easily be target for aggressive behavior and antisociality trends from the adult embodied in various manifestations which have adverse consequences on the development of children's personality.

The treatment and rehabilitation of children victims of abuse is a guarantee for a future adult balanced and adjusted, preventing the perpetuation of the abuse. The abuse requires psychological, medical and social intervention and recovery, conducted by a team of specialists who can use specific techniques.

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2. DETERMINANT FACTORS OF ABUSING MINORS

In explaining the phenomenon of child abuse some researchers focus on the pathology of the author of ill-treatment as the main etiology and they identify the following issues:

high scores on the psychopathology measurements, cognitive distortions, negative perceptions and unrealistic expectations towards children.

Some families who aplly maltreatment are known by social professionals. It is very difficult for an abused child who comes from this environment to evolve. Even if the fact of growing up in an environment where violence reigns is an educational model, not all adults who were mistreated in their childhood become violent partners or parents. Conversely, not all adults who mistreat their children come from an environment where violence was exercised.

The focus is on family-related factors and environmental context, especially on the low level of education, unemployment, poverty, lack of social support. Parents who maltreat their children in a chronic manner prove a lower social participation. Their children are also less involved socially. A mother who lacks social support is likely to have relational problems with her child more than a mother who is not isolated. The dysfunctional social network of the family can participate in the etiology of chlid maltreatment.

Often this may be an act of transitory maltreatment related to the moment of crisis. For example, in the event of a divorce, the father can become violent towards the children and the mother can become depressed due to the problems she has to overcome. Once the crisis is over, the parents can restore an effective educational system, without violence or neglect.

3. SEXUAL ABUSE

Child sexual abuse can be defined as any participation by the child or a teenager in activities inappropriate to his age and psychosexual development, which he/she is unable to understand, activities the child is being put to through coercion, violence or seduction or which violate social taboos. This abuse includes: attracting, convincing, use, corruption, and forcing minors to participate in sexual activities or assisting another person during activities that serve adults to obtain pleasure.

Children who have been abused are under the terror of physical and mental violence, sexual abuse, severe neglect with serious consequences for their physical and mental development. The child who is abused, assaulted, suffers a distortion of social behavior. In the community the child is withdrawn, fearful, feels threatened, or on the contrary can be aggressive, vindictive, intolerant, domineering.

Assessment and intervention are two components of the process of aid support, each with specific purposes and are aimed at ensuring the biological and psychological needs of the child are met. Knowing the case does not stop at the evaluation stage, but on the other hand, the assessment must be conducted so as not to aggravate the child's condition, but to improve it by its curative aspects. With the accumulation of data about child abuse, it is necessary to clarify the boundaries that professionals must take into account in order to avoid exaggeration or understatements.

In cases of child abuse, the first aspect of the assessment is the *investigation* phase because it aims to gather information to confirm or refute the suspicion of committing ill-treatment by persons who are supposed to take care of the minor. The investigation is done by a professional, following the notification of child protection authorities, by the persons who are aware of any form of violence committed against the child or the child itself. The term of investigation has a legal connotation, referring to the gathering of information that could be used in case of a trial for the criminalization of the persons who have committed maltreatment against children.

The evaluation is a process that aims to establish the truth about what took place, in which circumstances was comitted an abuse or a child was neglected and in which category of maltreatment those facts fall into. Another part of the evaluation is the *diagnosis*, which covers a special assessment area, namely the psychological diagnosis of the child's personality or persons who committed the abuse.

Psychological and psychodiagnostic evaluation of abused children as well as their families, is the first duty of a clinical psychologist for children and also the school counselor's, without requiring a process of special training. The objectives of child-centered and family psychological investigation do not replace the medical diagnosis approach, contributing through its own evaluation based on standardized methods, techniques and tools which are validated specifying the type, intensity and psychological consequences of the psychiatric and behavior disorder.

Child's assessment unlike adults', lies in the flexibility of how to approach them, the investigation being based on linking a large number of information, observations and psychodiagnostic objective measurements, testing.

4. CASE STUDY

It is a method of qualitative research with a clinical character – it focuses on a detailed assessment of an individual or group in a real life context, using interviews, questionnaires, testimony, evidence, documents, etc. The individual case study focuses on a person trying to focus on their history, studying contextual influence factors and the specific features to the level of biological and psychological development, attitudes and behaviors manifested in certain type situations, psychological, educational, social and professional needs.

The working algorithm in the individual case study: choice of subject, establishing a plan and methodology for gathering information, documenting on the specificities of the subject, data collection, analysis and synthesis of information, analysis on how the specific needs of the subject can be meet.

CASE STUDY
Psychological evaluation report
Name and Surname: Daria
Date and place of birth: Rupea (11 years old)
Date of the assessment: 2015

Daria (11 years old) is the daughter of D. A. and D. M., in December 2015 she was a rape victim. Currently, the child is under protective measures at D.G.A.S.P.C. or emergency placement at the Center for Community Services, Rupea.

During the discussions with the child, her dispositional state was constant, good, without significant changes. Regarding the rape, Daria initially refuses to recount, but later with support from a psychologist at the center, open up, communicating without any particularly heavy emotions the acts she has been subjected to. At the beginning of her speech, the girl repeated several times that her mother knew nothing. The stating of the facts began with the day of the rape, which she speaks about hastily and without being emotional about the effect that rape has had on her, she also talks about the hospitalization and institutionalizatiom.

Daria also declares that one day, when "*I was losing a lot of blood... my mother washed me and and said to G. (the rapist uncle) that she was gonna take me to the hospital the next day ..."*

Because during the psychological evaluation we found out that Daria was exposed to numerous traumatic and critical situations and she was exposed to situations of neglect by her mother, it was considered necessary to keep the child in a safe environment, and for a period of time, visits from the mother were limited.

Also, given the effects that sexual abuse has on the development of a child - depressive states, anxiety, low self-image, emotional disorders, relationship problems, development of inappropriate sexual behavior when the child becomes an adult, etc., Daria should be included in an intensive program of psychological counseling.

- ***Psychological assessment***

The discussions with the child and the psychological evaluation took place at the Centre for Community Service and were made in the presence of a psychologist. In 2015 (immediately after the abuse) took place the first contact with the child to carry out the psychological assessment, but Daria had a depressive dispositional mood, with frequent episodes of crying, the accommodation in the center had not been yet created - the girl was visited almost daily by her mother and relatives (maternal grandmother, godmother of the child).

- ***Psychological instruments****:*

The psychological observation, history, semistructured clinical interview, Standard Raven Matrices, Rey test memory, language, perception, projective techniques (Person Test, House test, Family test).

- ***Conclusions of the assessment***

The girl sets a good contact with the assessor, building a therapeutic relationship based on emotional security, unconditional acceptance and trust. She communicates easily with the relationship potential broadened in time, collaborating well to the evidence.

Time-spatial orientation, self- and allopsychic good. Laterality and orientation related to the body scheme perceived correctly.

No *movement abnormalities*. Some deficit to maintain and mobilize attention.

Low *Mnemonic capacity* at retaining and reproducing information in MSD; recalling events of MLD with slight hesitation or repetitive defense caused by emotional trauma.

Language - with no disorders in development but with poor vocabulary aquisitions, below the chronological age. The graphic motion and creative composition of language are deficient. Expressive facial expressions and posture consistent with the emotional state.

Thinking - the concrete operational stage shows a slowness at the operational level, the mathematical calculation is done with difficulty. Weak intellect (at the border with the liminar intellect) based on the lack of age appropriate stimulation: QI = 80, VM = 7 years and 8 months, perfectible.

Emotions - mixed emotional disorder with anxiety-depressive and maladaptive components, post-trauma. She presents an increased emotional lability, low resistance to frustration, excessive crying, being easily influenced. Volitional and motivational level raised, supported during the task.

Initially, in the family drawing only the parents and an older brother appeared, which indicates that the child has not established mentally, a well mapped place within the family.

Backed by questions and open discussion, she places herself in the drawing next to her mother, which may indicate a relation of attachment of the child to the mother. Projective tests and behavioral observations indicate a relation of attachment of the child both to the mother and brother, grandmother, sister, father and godmother.

The psychosocial maturation level - immaturity, low capacity for integration in the community, low adaptability to the new environment, low self-image, interracting problems, the development of a age-inappropriate sexual behavior.

The level of personal autonomy - presents age-appropriate self-care skills, which she practice by initiative in the center, tracing the limits of personal space.

There were identified feelings of anger or fear when confronted with remembering the abuse or after the exposure to allegations of a sexual nature. Severe disturbance of mood or emotions (eg. Long and frequent periods of depression, irritability, anxiety). The emergence of regressive behaviors (eg. Thumb sucking, baby language, enuresis). Increased mistrust towards others, manifested by social isolation and difficulty in maintaining close relationships.

Individual counseling in cases of sexual abuse

Long term goals

Stopping every sexual victimization of children, understanding, controlling emotions and behavior as consequences of resolving the trauma related to sexual abuse, resulting in abilities to establish and maintain close interpersonal relationships. Establishing appropriate limits and general rules for the family to minimize the possibility of sexual abuse in the future. Obtaining healing within the family system, proven by the verbal expression of forgiveness, the desire of liberation and to overcome the situation, eliminating denial from the girl and the family, placing the responsibility for the abuse to the aggressor and providing support for the victim. Building self-esteem and self-confidence, by showing an increased number of positive statements about herself and a wider participation in extracurricular activities.

Short term goals

Full descriptions of the abuse, identifying the nature, frequency and duration of the abuse; identifying and expressing feelings related to the abuse; renouncing of secrecy and informing significant family members about the abuse; verbal demonstration of knowledge regarding the sexual abuse and its effects; verbalization of how the sexual abuse has influenced the life of the victim; decrease (intensity) of expressed feelings of shame or guilt and strengthening the belief in her innocence relate to the sexual abuse; stabilized mood and emotional intensity reduction of the sexual abuse.

Greater support and acceptance from family, improving socialization and increased number of friendly relations; the establishment and acceptance of appropriate limits on privacy within the family.

Specific interventions on sexual abuse (*specific recommendations for the case under study*)

- The sustained growth in the level of confidence of the child in individual sessions by using eye contact, active listening, and unconditional positive glances, empathetic acceptance, aiming to boost her ability to identify and verbalize her feelings.
- Encouraging and supporting the child to express and clarify feelings associated with the sexual abuse, the use of individual therapeutic sessions to give the child the opportunity to express herself and work with her feelings;
- Using dolls with anatomical details to allow your child to verbalize and show how she was abused;
- Advising the family members to establish limits on privacy within the family;
- Identifying all ways in which significant family members will support the child;
- Guidance towards a group made up of children with similar experiences to get support for internalizing the belief that she is not the only one who went through what happened to her;

- Psychological evaluation of the child and / or other family members in order to detect severe psychological disorders;

CONCLUSIONS

After analyzing the clinical history and the observation of personal evolution of institutionalized abused minors, we found increased prevalence of comorbidity of disorders due to stress with other pathological disorders. The factors with increased risk of triggering various disorders or behavior changes over time leading to social isolation, hostility, depression, etc., may be represented by the experience of abuse in infancy. Our study indicates that physical, sexual, emotional abuse of the child coexist with physical, emotional, medical, educational neglect, these methods of ill-treatment occurring in high levels and are repetitive and require protection of the abused child.

Counseling children aims to optimize self-awareness and personal development and remission of emotional, cognitive and behavioral problems. Group and individual psychological counseling of the child or family, informing parents about the possibilities of reintegration in the family environment, instrumentation of the therapeutic team with teaching methods and techniques for implementing recovery programs, awareness of the benefits of continuous activities are part of the conceptualization of the problems of the beneficiaries.

Psychotherapeutic interventions, supportive psychotherapy, psychodrama, integrative therapy, cognitive - behavioral therapy, relaxation methods and techniques are applied depending on the psycho-emotional , relational problem of every child - victim of an abuse.

Children need to be recognized values, to be rewarded for their achievements, understood when they are wrong and should be helped and supported to find appropriate solutions to the problems they face, in order to become balanced and responsible adults.

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