

JESUS

SOMEONE WHO CARES

Mentor's Guide for Victims of Abuse & Neglect



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Introduction:

A hurtful, angry, verbal assault...a cigarette burn to the buttocks...an inappropriate touch...starvation. Child abuse and neglect is more common than we think. It is estimated that more than 2.5 million cases of child abuse and neglect are reported each year. Of these reports, 35 percent involve physical abuse, 15 percent involve sexual abuse and 50 percent involve neglect. Recent studies revealed that one in four girls and one in eight boys will be sexually abused before they are 18 years old. About one in 20 children is physically abused each year.¹ Above the reported cases each year, thousands of children are shamed or threatened to keep the secret and are forced to endure years of suffering, fear, and pain.

Among the perpetrators, approximately 80 percent are parents.² In an environment where unconditional love and safety should abound, children are victimized by the very ones who should be protecting them.

In most cases, children who are abused or neglected suffer greater emotional than physical damage.³ For many children, these emotional scars have a negative impact on their youth and adult life.

That is why it is imperative that children of abuse and neglect receive help from mental health professionals. As a mentor, you can play a supportive role in the life of the abused child by being available to listen, love him unconditionally, pray with the child, and lead him to the loving arms of Jesus.

If you believe that a child is being abused or if a child tells you she is being abused, you need to report the suspected abuse. If you are unsure about the child abuse reporting laws in your state, visit <http://nccanch.acf.hhs.gov/general/organizations/index.cfm> for information or contact the child welfare agency for your state.

For Their Sake: Recognizing, Responding to, and Reporting Child Abuse by Becca Cowan Johnson and For Kids Sake, Inc. is another very informative resource to assist you as you minister to a child of abuse.

“Jesus, Someone Who Cares” Mentor’s Guide for Victims of Abuse and Neglect:

Please be sure to read “*A Guide for Mentors*” before meeting with a child. It provides helpful information and resources for talking with children about traumatic events.

The mentor’s guide for victims of abuse and neglect is a supplement to the “Jesus, Someone Who Cares” book. This guide will provide you with discussion questions and resources specifically for children who are victims of abuse and neglect. As you read the “Jesus, Someone Who Cares” book with the child, this guide will help you apply specific content of the story to his area of emotional hurt. Please understand that this guide is not meant to be a substitution for professional emotional care and support. It serves only as a tool to guide discussion and introduce the child to the hope and help he can find in Jesus. You can best help a child and his family by referring them to a mental health professional in your community.

Definition of Abuse and Neglect:

Most states recognize four major types of maltreatment: neglect, physical abuse, sexual abuse, and emotional abuse. Although any of the forms of child maltreatment may be found separately, they often occur in combination.

The examples provided below are for general informational purposes only. Not all states' definitions will include all of the examples listed below, and individual states' definitions may cover additional situations not mentioned here.

Neglect is failure to provide for a child's basic needs. Neglect may be:

- Physical (e.g., failure to provide necessary food or shelter, or lack of appropriate supervision)
- Medical (e.g., failure to provide necessary medical or mental health treatment)
- Educational (e.g., failure to educate a child or attend to special education needs)
- Emotional (e.g., inattention to a child's emotional needs, failure to provide psychological care, or permitting the child to use alcohol or other drugs)

Physical Abuse is physical injury (ranging from minor bruises to severe fractures or death) as a result of punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting (with a hand, stick, strap, or other object), burning, or otherwise harming a child. Such injury is considered abuse regardless of whether the caretaker intended to hurt the child.

Sexual Abuse includes activities by a parent or caretaker such as fondling a child's genitals, penetration, incest, rape, sodomy, indecent exposure, and exploitation through prostitution or the production of pornographic materials.

Emotional Abuse is a pattern of behavior that impairs a child's emotional development or sense of self-worth. This may include constant criticism, threats, or rejection, as well as withholding love, support, or guidance. Emotional abuse is almost always present when other forms are identified.⁴

Indicators of Abuse and Neglect:

Indicators of Sexual Abuse

Behavioral:

- Reluctant to change clothes in front of others
- Withdrawn
- Exhibits sexualized behavior: unusual sexual behavior and/or knowledge beyond that which is common for his developmental stage
- Poor peer relations
- Either avoids or seeks out adults
- Acting older than her age or developmental stage
- Manipulative
- Self-conscious
- Problems with authority and obeying rules
- Eating disorders
- Self-mutilating (causes injury to self)
- Obsessively clean
- Uses or abuses alcohol and/or drugs
- Delinquent behavior (i.e., running away from home)
- Exhibits extreme compliance or defiance
- Fearful or anxious
- Suicidal gestures, comments and/or attempts suicide

- Promiscuous (sexually indiscriminate)
- Engages in fantasy or infantile behavior
- Unwillingness to participate in sports activities
- Difficulties at school

Physical:

- Pain and/or itching in genital area
- Bruises or bleeding in the genital area
- Venereal disease (an infection or disease that is transmitted through sexual intercourse)
- Swollen genitalia
- Difficulty walking or sitting
- Torn, bloody, and/or stained undergarments
- Complaints of pain during urination
- Pregnancy
- Discharge from the vagina or penis
- Bedwetting

Indicators of Neglect

Behavioral:

- Frequent absence or tardiness to school or arrives early and stays late
- Begs for or steals food
- Suicide attempts
- Alcohol and/or drug abuse
- Extremely dependent or detached
- Delinquent behavior (i.e., prostitution or stealing)
- Physical exhaustion
- States frequent or continual absence of parent or guardian

Physical:

- Poor personal hygiene (appears dirty, unwashed, unkempt)
- Hungry
- Inappropriately dressed
- Engages in dangerous activity (possibly due to lack of supervision)
- Tired and listless (lacks energy and interest)
- Unattended physical problems (i.e., sickness, wounds)
- May appear to be overworked and/or exploited

Indicators of Emotional Abuse

Behavioral:

- Overly eager to please
- Seeks adult contact
- Believes she deserves the abuse (“I’m a bad person...I deserve it.”)
- Noticeable change in behavior
- Excessively anxious
- Depressed
- Unwilling to talk about what is bothering him

- Aggressive or bizarre behavior
- Withdrawn
- Apathetic (doesn't take interest in anything)
- Passive (tends not to participate)
- Unprovoked fits of yelling or screaming
- Exhibits inconsistent behavior at home and school
- Feels responsible for the abuse
- Runs away from home
- Attempts suicide
- Low self-esteem
- Gradual decline in health and/or impairment of personality
- Difficulty maintaining relationships
- Sets unrealistic goals
- Impatient
- Inability to communicate or express feelings, needs, or desires
- Undermines or destroys his chances of success
- Lacks self-confidence
- Self-deprecating and has a negative self-image

Physical:

- Difficulty sleeping, restless, or sleep disorders
- Nightmares
- Bedwetting
- Exhibits developmental lags (stunting of her physical, emotional, and/or mental growth)
- Hyperactivity
- Eating disorders

Indicators of Physical Abuse

Behavioral:

- Wary of adults
- Either extremely aggressive or withdrawn
- Problems with anger or rage
- Overly dependent and indiscriminate in his attachments
- Uncomfortable when other children cry
- Controls own crying
- Drastic behavior change when not with parents or caregivers
- Manipulative
- Poor self-image
- Exhibits delinquent behavior (running away from home)
- Uses or abuses alcohol and/or drugs
- Causes harm or injury to self
- Afraid of parents or of going home
- Overprotective of or responsible for parents
- Suicidal gestures, comments and/or attempts
- Behavior problems at school or academic failure

Physical:

- Unexplained* bruises or welts, often clustered or in a pattern
 - Unexplained* and/or unusual burns (cigarette, doughnut-shaped, immersion-line, object-patterned)
 - Unexplained* bite marks
 - Unexplained* fractures or dislocations
 - Unexplained* abrasions or lacerations
 - Wets the bed
- (* or explanation is inconsistent or improbable)⁵

Since children may not know why the abuse or neglect happened, they will have a tendency to make up their own reasons. Their reasons may not be based on truth, but rather on their imagination. Young children may feel that they somehow deserved the abuse or caused it to happen which will lead to feelings of guilt and shame.

These indicators/reactions should be considered normal child responses to abuse and neglect. Children should not be shamed or punished for demonstrating these normal behaviors. Rather, they need to know that it is okay to feel the way they do and that you would like to talk with them about their feelings. They also need to know that they won't always feel this way.

What to Do If a Child Discloses Abuse or Neglect:

- Find a place to talk where there are no physical barriers between you and the child.
- Be on the same eye level as the child.
- Don't interrogate or interview the child.
- Be tactful. Choose your words carefully. Don't be judgmental about the child or the alleged abuser.
- Listen to the child. Do not project or assume anything. Let the child tell her own story.
- Find out what the child wants from you. A child may ask you to promise not to tell anyone. Be honest about what you are able to do for the child.
- Be calm; reactions of disgust, fear, anger, etc., may confuse or scare a child.
- Assess the urgency of the situation. Is the child in immediate danger? Safety needs may make a difference in your response.
- Confirm the child's feelings. Let him know that it is okay to be scared, confused, sad, or however he is feeling.
- Believe the child and be supportive.
- Assure the child that you care. Some children will think you may not like them anymore if they tell you what happened. Let her know that you are still her friend and that she is not to blame.
- Tell the child it is not his fault. Many children will think that the abuse happened because of something they did or did not do. Don't over dramatize.
- Tell the child you are glad he told you.
- Tell the child you will try to get her some help.
- Let the child know what you will do. This will help build a sense of trust, and he will not be surprised when he finds out that you told someone.
- Tell the child you need to tell someone whose job it is to help with these kinds of problems.

- Report your suspicions to the appropriate agency.⁶

Key Factors to Reduce Long-Term Emotional Trauma:

Parents and caregivers play a significant role in reducing the long-term emotional trauma of abuse. The following factors may offset the child's confusion, anger, and fear following an abusive incident and allow the child to resume a regular lifestyle with little repercussions from the abuse.

- Stable and responsive parents/caretakers
- The ability to communicate the experience to a caring, responsive listener
- Parents'/caretakers' ability to tolerate and respond appropriately to the child's expression of feelings
- Stable yet flexible home environment
- History of appropriate nurturing and protection
- Absence of major problems in the parental/caretaking relationship⁷

In most cases, parents and caregivers feel overwhelmed by the news of their child's abuse and their inability to know how to respond to their child's needs. You can help them by providing information from this mentor's guide and other resources dealing with abuse. There is a list of books and materials for parents in the bibliography at the end of this guide.

Guiding Children through the “Jesus, Someone Who Cares” Book:

During troubling times, it is comforting to know that there is someone available who cares about us and desires to walk with us through our difficult moments. You will be one of those caring people the child needs. However, even the most caring, available mentor will not be able to be with each child every minute of each day. That is why it is important for you to introduce the child to Jesus and help them discover that Jesus cares about them and is available, any time, to help them through their struggles in life. Jesus has promised to be with us always. That is the most important truth the child needs to understand through this book – Jesus is someone who cares!

Amber's story, which begins on page 10, and the conversation between Amber and the Thai girl on page 24 will probably be the stories that most relate to the child's experiences with abuse and neglect. However, the presentation of the life of Christ in this book will provide additional discussions that may be helpful in bringing comfort and hope to the child reader.

The following questions can be used to create discussion with the child about the abuse, her feelings, thoughts and reactions. She may have never told anyone her story. These questions may cause her to think back to times of abuse which may lead to strong emotional reactions. The section titled “Emotional Reactions and Suggested Intervention” in the “Guide for Mentor's” will help you to deal with some possible emotional reactions. If a child does not want to answer a question or talk about what happened, don't force her to talk. Perhaps she would be more comfortable drawing a picture of her answer or feelings.

After you go through the story and the following discussion questions, talk with the child about the very last page titled “How About You?” The greatest help and hope you can give a child is a relationship with Jesus.

Discussion Questions from Amber's Story (pages 10-11) and page 24:

1. Amber said that her father said and did things to her that hurt her. What do you think her father might have said? What do you think he might have done?
2. Do you think Amber deserved what her father said or did? Why or why not?
3. Amber was hurt by her father. How do you think Amber felt about what was happening to her?
4. What would you say to Amber to help her feel better?
5. Sometimes people that we love and care about hurt us. Have you been hurt by someone that you love and care about? *(Note: reassure the child that it was not her fault.)*
6. If someone you love hurt you, how did that make you feel? *(Note: if the child doesn't want to talk about it consider having him draw his feelings on paper or point to the faces pictures in the Guide for Mentors. Assure the child that his feelings are normal.)*
7. What did people tell you that helped you feel better?
8. What is something you do to feel better about what happened? *(Note: if a child acts out her feelings in a way that is inappropriate – like hitting, biting, screaming, self-harm – give her some suggestions of how she can release her feelings in more appropriate ways such as hitting a pillow, drawing her feelings on paper, writing letters, etc.)*

(Note: consider taking a break here and do a different activity with the child like play a game, get a snack, draw or color a picture, etc. You may also need to bring this session to a close and meet again with the child. You do not want him to feel overwhelmed. It is best to take this in steps.)

9. I understand that this is hard to talk about, but none of this is your fault. You can tell me anything you want, and I will be here to listen, care, and help. *(Note: this obviously isn't a discussion question but it may help the child open up and share her story. If she wants to talk about her story, consider using the following questions to guide the conversation. However, do not interrupt her story. Wait until she is done.)*
10. What were your thoughts and feelings when you were being hurt?
11. What do you think about and feel today?
12. What did you do to help yourself? *(Note: the child may know that what was happening was wrong and wanted to stop it but did not have the power or ability to do so. Recognize and affirm what he tried to do and assure him that he did all he could at the time.)*
13. What are you doing now to help yourself?
14. No one, including an adult, has the right to hurt or threaten you. What will you do if something like this happens again? *(Note: talk with the child about preventative measures to take, safe touch vs. wrong touch, not keeping secrets from parents or caregivers, etc. See the bibliography for helpful resources.)*
15. On page 24, a Thai girl talks with Amber about her feelings. She felt that God would never forgive or accept her? Have you ever felt like that? Why or why not?
16. How does it make you feel to know that Jesus loves and accepts you no matter what?
17. Amber said that Jesus has helped her to feel better about what happened to her. In what ways can Jesus help you today?
18. How do you ask Jesus to help?

19. What would you want to say to Jesus today? What would Jesus want to say to you?
20. Is there anything else you want to talk about today?

Closing the Discussion:

It is important that you end the discussion with encouragement and hope. Spend some time talking about the good things that are happening in their lives. Talk about ways that Jesus can help them. You want to leave them with hope, not hurt.

It is best to end your discussion time with prayer. Ask the child if there is anything you can pray with her about. In your prayer, include a prayer of comfort for the child, the assurance that Jesus loves her and will always be with her (in good times and bad), and that she can always trust in Him. If the child would like to receive Christ as her Lord and Savior, lead her in a prayer of salvation.

Tell her that you appreciate her sharing her story and feelings. Let her know that you will continue to pray for her and her family. Tell her that you are available, if she needs to talk or would like prayer.

Bibliography:

Resources for Parents:

Patricia H. Rushford, *The Jack and Jill Syndrome: Healing for Broken Children* (Grand Rapids, MI: Fleming H. Revell, a division of Baker Book House, Co., 1996)

Doris Sanford, *Helping Kids Through Tough Times* (Cincinnati, OH: Standard Publishing, 1995)

Dr. R. Timothy Kearney, *Caring for Sexually Abused Children* (Downers Grove, IL: Intervarsity Press, 2001)

Karen Cecilia Johnson, *Through the Tears: Caring for the Sexually Abused Child* (Nashville, TN: Broadman Press, 1993)

Resources for Abuse Prevention:

National Center for Victims of Crime, *What You Should Know About Child Abuse: For Children Ages 6-11*, http://www.ojp.usdoj.gov/ovc/publications/infores/help_series/welcome.html

American Psychological Association, *Protecting our Children from Abuse and Neglect*, <http://www.apa.org/pi/pii/abuse.html>

¹ American Academy of Pediatrics, *Medem: Medical Library: Child Abuse and Neglect*, http://www.medem.com/MedLB/article_detailb_for_printer.cfm.

² National Clearinghouse on Child Abuse and Neglect Information, *Child Maltreatment 2003: Summary of Key Findings*, <http://nccanch.acf.hhs.gov/pubs/factsheets/canstats.cfm>, April 2005.

³ American Academy of Pediatrics, *Medem: Medical Library: Child Abuse and Neglect*, http://www.medem.com/MedLB/article_detailb_for_printer.cfm.

⁴ National Clearinghouse on Child Abuse and Neglect Information, *What Is Child Abuse and Neglect?*, <http://nccanch.acf.hhs.gov/pubs/factsheets/whatiscan.pdf>, January 2004.

⁵ Johnson, Becca Cowen and For Kids Sake, Inc., *For Their Sake: Recognizing, Responding to, and Reporting Child Abuse* (American Camping Association, 1992), pages 40-44, adapted.

⁶ National Network for Child Care. Reilly, Jackie & Sally Martin, *Responding to a disclosure of child abuse: Fact sheet 95-12* (Reno, Nevada: University of Nevada Cooperative Extension, 1995).

⁷ U.S. Department of Health and Human Services, Urquiza, Anthony J. and Cynthia Winn, *Treatment for Abused and Neglected Children: Infancy to Age 18* (Circle Solutions, Inc., McLean, VA, 2000), pgs. 51-52.

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