

Children in Pain

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The pain of abused children can take many forms. Screams of fright and muffled cries may sound from distant bedrooms. Terrifying nightmares, along with anxiety and panic attacks are additional consequences of family violence. These manifestations of pain can result whether the child is the direct victim of a beating or just lives in a home where violence is inflicted on others.

All too often the cries of children take on a sinister significance. The muffled screams of terror can be the result of deliberately broken bones or burns from a cup of scalding coffee or a lighted cigarette. The silent tears may flow from spleens ruptured by repeated blows or skin that is welted and bruised by whippings. Children also cry from the pain of inflamed sexual organs, or a neglected body starved to sickness. Inability to trust and other emotional scares lasting a lifetime are additional indicators of pain in victimized children.

Millions of children are abused or neglected each year. Estimates of physical abuse range from over 300,00 to almost 1.5 million. As many as 400,000 are sexually abused. From over 700,00 to 1.2 million children are physically or educationally neglected. Homicide is one of the five leading causes of child mortality in the United States. In addition to the over 2000 homicide deaths reported by the FBI each year, there are perhaps 1200 child abuse and neglect fatalities not included in the FBI total. Several hundred thousand children are abducted by family members each year, along with around 4000 who experience non family abduction.¹

Abused children can be found at all socioeconomic levels and the overall incidence rates are similar for city, suburban and rural communities. Children are

victimized in every community regardless of the status of their parents or caretakers.

History of Abuse

It was the end of a long depressing day, and I was close to tears. I had finished my third initial interview with parents of abused children. The first situation involved the sexual abuse of a four year old by a relative who had baby-sat the child. The next situation revealed a church member who battered his wife, committed adultery without remorse, and beat his second son with a belt buckle until the boy bled. During the final interview of that day the parents had significant evidence to suggest the grandparents of a young boy and girl had systematically involved these children in group sexual ceremonies in the basement of their home.

Why would anybody subject their own loved ones to this kind of humiliation, damage and pain? Let alone those who claimed to be Christian. It just didn't make sense. But then abuse never does make sense until you apply the logic of the cycle of violence, and the fact that the human heart is deceitful above all things, and is corrupted by its deceitful desires (Jeremiah 17:9; Ephesians 4:22).

Since time immemorial, children have been treated with incredible cruelty. Children have been tortured, burned, terrorized, and flogged in the name of "discipline." Infants have been dipped in ice water and rolled in snow in order to "harden" them, as well as buried alive with their dead parents.

Parents have been "beating the devil" out of their children since colonial times. Parents have exposed children to weather, starved or abandoned them, in order to avoid the burden of rearing them or having to divide property among too many heirs. The Huns used to cut the cheeks of newborn males. Italian Renaissance parents would burn a newborn's neck with a hot iron or with a burning wax candle. It was common to cut the string under the newborn's tongue, often with the

midwife's fingernail. In every age, the deliberate mutilation of children's bones and faces prepared them for a lifetime of begging.

The abuse of children is found in both the Old and New Testaments. Pharaoh, King of Egypt, advised the Hebrew midwives to kill every Hebrew boy (Exodus 1:16), and when that scheme didn't work, he then demanded all boys be thrown into the river (v. 22).

Judges 9:5 records that Abimelech murdered seventy of his brothers. Second Chronicles 28:3 indicates that Ahaz sacrificed his sons in the fire. Another passage makes reference to the pagan practices of abandoning infants and exposing them to the elements: "You were thrown out into the open field, for on the day you were born you were despised" (Ezekiel 16:5).

In the New Testament accounts, King Herod, hoping to eliminate the Messiah, ordered all boys under the age two, in and around Bethlehem to be killed (Matthew 2:16).

The treatment of children today is more humane than at any other time in history. However, it's possible the functional equivalents of earlier modes of neglect are still with us. We don't send infants out to wet nurses at birth, or to be servants at age seven. However, we do give our children over to a host of nurseries, preschools, teachers, camps, and baby-sitters during the crucial formative years of their lives. We don't throw dead babies into latrines or rivers, but we abort unborn babies by the millions, using back-alley garbage bins for disposal.

Have we really come that far? Abusive parents still find ways to restrict their babies' movements, much as swaddling and corsets did in years' past. Parents continue to emotionally abandon, betray, bruise, and batter their children in both direct and indirect ways.

Affects of Victimization

Two aspects of victimization will be discussed here. The first is more common, and that is the affects of abuse directly on the children who are beaten, neglected or abused. The second area has received less attention, but is of crucial importance. This is the child who lives in a home where domestic violence or spouse abuse is present. While the child may not be a direct victim of battering, the affects are pronounced and significant nevertheless.

Impact of direct abuse on children

I was interviewing a ten year old girl who had been sexually assaulted and physically abused by her birth parents prior to the state taking her out of the home. She had been adopted into a loving family, but the emotional scars of that early abuse filled her every moment. I had spend several sessions with her trying to build a bit of a relationship. At this point I ask a very general question about her birth parents. She leaped out of her chair, took a swing at my head, and as I ducked, grabbed my notes and tore them up. Using a surprising amount of profanity she told me what she thought of me, my office, and counselors in general who tried to pry into people's private lives. She refused to come back, and unfortunately, over the next few years, began acting out so aggressively, she had to be placed in a highly restrictive treatment program.

The first obvious consequence of child abuse is the physical damage ranging from cuts and bruises to broken bones and internal injuries, as well as death. One survey estimated that almost 318,000 children suffered serious or moderate physical injuries in one year as a result of physical abuse, neglect or sexual abuse. Another survey estimated that over 500,000 twelve-to 19-year old young people sustained physical injury due to an assault in 1990.¹

A child's physical and intellectual development is undoubtedly influenced by the type and severity of injuries and trauma stemming from victimization. Examples would be a greater vulnerability to illness and further injury coming from prior

abuse. Susceptibility to sexually transmitted diseases is a growing concern for victims of sexual abuse. Anemia and its related aspects of apathy, poor learning ability, listlessness, and exhaustion appear to be common in abused children. Very little research exists on this developmental issue, but it is also possible that lower IQs, poorer language skills and achievement levels could result from chronic or severe abuse. Several children I have worked with have spent their early years with incompetent parents and functioned as developmentally delayed in language and cognitive abilities. The good news has been, with the proper nurturing environment, these children have blossomed into “normal” development patterns.

In addition to the physical consequences of abuse, there is strong evidence that victimization has significant repercussions on children’s mental health. For example sexually abused children have a nearly fourfold lifetime risk for psychiatric disorders and a threefold risk for substance abuse. ²

Abuse is a profoundly disruptive, disorienting, and destructive experience for children. The progression of self-mastery, developmental stages, and relationship with others is altered and disrupted by the abusive experiences. Symptoms such as irritability, school truancy, behavior problems, poor classroom performances, health complaints, sexual promiscuity, running away from home and lying are common in victimized children. Depression, panic disorders, dissociative disorders and suicide attempts can also result from chronic abuse.

Two additional consequences are very important. The first is that a history of victimization increases the likelihood that someone will become a perpetrator of crime, violence, or abuse. For example, an extremely high percentage of convicted child abusers were themselves abused as children. This is an example of the sins of the fathers being passed on to the third and fourth generations. An important qualification is that victims are not necessarily prone to repeat their own form of

victimization. But there is ample evidence that a victim of childhood abuse is more likely to grow up and victimize others.

In the case of childhood sexual abuse there is some evidence that women who were abused tend to select mates who, in turn are likely to abuse them and sexually exploit their children. While these mothers may not actually abuse their children, they are more likely to marry men who will. Either way, the children are made more vulnerable by the abuse inflicted on their parents as children.²

Impact of domestic violence on children

The impact of victims of direct abuse would be bad enough, but what about children who live in homes where domestic violence prevails? The child may not be a direct victim of beating but sees his or her mother suffer at the hands of her husband or partner. There will still be negative affects on the child. Pain will continue to be a constant companion. Until recently, this type of victimization has been overlooked in the heat of family violence.

Recently I talked to a ten year old boy who had watched his father beat up on his mother numerous times. “How did you feel when this happened?” I asked.

“I was scared, but didn’t know what to do. So I ran and hid in the closet. When I heard dad slam the door and leave the house, I knew it was okay to go see if mom was okay. It happened so often, I sorta got used to it. But then I got mad. I hated my father for hurting her. I wanted to see him dead. But now that he’s gone, I miss him. Do you think I’m crazy?”

This story is not an isolated case. Statistics tell us that almost 3000 women are beaten every day, amounting to over one million every year. One of every twelve spouses commits at least one violent act against his or her partner every year. As many as 28 percent of all couples will engage in some form of physical abuse during their marriages.²

Ten to 30 percent of children live in violent homes. These children appear to have significantly greater emotional problems, more somatic symptoms, lower cognitive skills and more difficulty with social interactions. These children also feel out of control and powerless.

Another finding has been that both boys and girls act out and are disobedient, and at the same time can suffer from depression and anxiety. In other contexts, when children exhibit behavior problems, boys tend to be disobedient and girls tend to be anxious and depressed. Living in a home where battering occurs seems to merge these behavior patterns.³

My own clinical experience with hundreds of victimized children has expanded my understanding of the affects of domestic abuse on children. Following are some of the major results on children who live in homes where domestic violence and battering is present. This summary can be used to help diagnose abusive situations as well as to identify victimized children and direct the intervention and treatment process.

Emotional affects

- The child feels guilt for the abuse and for not being able to stop it.
- The child grieves and feels remorse for family and personal losses.
- There is confusion and ambivalence about conflicting feelings toward parents.
- The child experiences fear of abandonment, of expressing emotions, of the unknown, and risk of physical danger and injury.
- There is anger about the violence and chaos in their lives.
- Depression, feelings of helplessness and powerlessness are common.
- The child is embarrassed by the effects of the abuse and the dynamics at home.

Cognitive affects

- The child blames others for his or her own behavior.
- Believes it is acceptable to hit people they care for in order to get what they want, to express their anger, to feel powerful, or to get others to meet their needs.
- Child has a low self-concept resulting from sense of family powerlessness.
- Child does not ask for what he or she needs, let alone for what they want.
- Does not trust.
- Develops the belief that to feel angry is bad because people get hurt.
- Rigid stereotypes develop: to be a boy means...to be a girls means...to be a man, woman, husband, wife means...

Behavioral affects

- Often seen in opposite extremes. The child acts opposite of previous patterns.
- Acting out versus withdrawing
- Aggressive versus passive.
- Overachiever versus underachiever.
- Refuses to go to school.
- Takes on caretaking role, more concerned for others than self, becomes parent substitute.
- Develops rigid defenses: aloof, sarcastic, defensive, polarized thinking.
- Excessive attention seeking behavior, often using extreme behaviors.
- Bedwetting and nightmares are common.
- Child is out of control, not able to set own limits or follow directions, may mimic ADHD.

Social affects

- Child isolates self from friends and relatives, sometimes controlled by parent.
- Relationships are frequently stormy, start intensely and end abruptly.
- Child has difficulty in trusting, especially adults.
- Has poor anger management and problem-solving skills.
- Child may engage in excessive social involvement to avoid home life.
- May be very passive with peers, or may try to bully or be aggressive with peers.
- Child may engage in exploitive relationships, either as perpetrator or victim.
- Childhood play with peers gets exceedingly rough.

Physical affects

- Various somatic complaints such as headaches or stomachaches develop.
- Child appears nervous, anxious or has short attention span.
- Child seems chronically tired and lethargic.
- Frequent illnesses.
- Poor personal hygiene is present.
- • Child may show regression in development: i.e. bedwetting, thumb sucking.
- The child may seem insensitive to pain.
- May engage in high risk play activities.
- Self abuse or mutilation may be present.⁴

Help for Children in Pain

The majority of abused children will need some type of medical and/or psychological help. One in three children who come from homes where domestic violence is present will need treatment. This treatment usually takes from seven to 18 months. How can we begin to help the children in pain.

- The first order of business is to stop the violence. This may mean using legal procedures to remove the perpetrator, followed by a whole host of legal, social, economic, and emotional actions. We will need to support the family through the crisis stage, provide financial and medical support, assist in job skills training, teach coping skills and many other practical forms of assistance.
- Therapy and education is needed for the victim and the family. Medical attention may be treat the broken bones, but the inner hurts can last a lifetime. Many aspects of treatment are usually needed. Issues of self-blame, trust, damaged goods, identity and empowerment are often crucial topics for counseling victims of abuse.
- Instruction in social skills is needed. Victimized children need to learn to interact socially with others and increase their skills in empathy and dealing with feelings in interpersonal situations.
- Attention to negative thought patterns accompanying depression and feelings of helplessness is usually needed. Victimized children have been so overwhelmed with negative and critical conversations, they need major doses of positive and healthy ways to think.
- The second order of business is to break the cycle of violence. There are no simple answers for accomplishing this task. For starters we need to find ways to become a less violent society. Limiting violence prone TV programming and encouraging parents to avoid the violent toys and games they buy for their children would be a start. Above all, we need to model and teach nonviolent ways to deal with anger and show children alternative ways to deal with their aggressiveness.
- Within domestic violence situations, all of the issues relating to spouse abuse need attention. Because these children are often in single parent

homes, the parent, usually the mother, will need help learning to discipline her children, as well as how to deal with all of the other issues emanating from her battering experience.

- Prevention of abuse is the final order of business. History suggests it's a losing battle. However, as long as I have energy to give and a heart to loan out, I am committed to the task. What can we do? We probably need to engage in more research on methods of prevention, develop different methods of instruction in conflict resolution, and find ways for all citizens to have some sense of empowerment, productivity and fulfillment of basic needs. Above all, we must speak to the God created vacuum that exists in all persons. Until humankind brings God and the person of Jesus Christ into their decision-making, nothing else will change. As a priesthood of believers and fellow professionals we must all do our part in bringing the Good News of the Gospel to a broken world.

These topics barely touch on the scope of needs for victimized children. As Christian counselors we need to do everything possible to help put an end to the abuse and to minister to the pain of these children. Above all we must remember God is the Great Physician. He Himself says, "I will restore you to health and heal your wounds" (Jeremiah 30:17).

Participation in the counseling process is important, but seeking the healing touch of Christ is most crucial of all. The treatment and prevention of child abuse and victimization makes an important distinction between good and bad touches. As Christians, we have the promise of the Christ who brought healing to those He touched (Luke 22:51). We see the *cleansing* touch of Christ when He cured the leper (Matthew 8:30); the *quieting* touch of Christ when he lifted the fever of Peter's mother-in-law (Matthew 8:15); the illuminating touch of Jesus when He opened the eyes of the blind men (Matthew 9:29); and the *reassuring* touch of Jesus

to those who were afraid (Matthew 17:7). And finally, we see Christ giving a special touch to *children* (Mark 10:13, 16). As representatives of Christ, we have an opportunity to be a part of the restoration process. My heart goes out to those who have experience the evil effects of abuse. But as Christians, we can claim the healing touch of the Master's hand.

Footnotes

1. Finkelhor, David, and Dziuba-Leatherman, Jennifer, "Victimization of Children", *American Psychologist*, Vol. 49, No. 3, 1994, 173-183.
2. MacFarlane, Kee, and Waterman, Jill *Sexual Abuse of Young Children*, (New York: The Guilford Press, 1986), 101-111.
3. Martin, Grant, *Counseling for Family Violence and Abuse*, (Dallas, TX: Word, 1987), 125-154
4. Adler, Tina, "Abuse within families emerging from closet," *APA Monitor*, December, 1991, 16.
5. Mitchell, Audrey, *Domestic/Dating Violence: An Information and Resource Handbook*, (Seattle, WA: Metropolitan King County Council, 1994), 13, Adapted.