

DOWNLOAD PDF PHYSICAL ABUSE IN CHILDHOOD (AGES 5-13 SHARON G. PORTWOOD

Chapter 1 : Handbook of Childhood Behavioral Issues : Thomas P. Gullotta :

, English, Book edition: *Family influences on childhood behavior and development [electronic resource]: evidence-based prevention and treatment approaches / edited by Thomas P. Gullotta and Gary M. Blau. Gullotta, Thomas P.*

The next school of thought draws from social learning theory and is referred to as behavioral therapy. Major contributors to this school of thought are Ivan Pavlov classical conditioning, B. Skinner operant conditioning, and Albert Bandura cognitive behaviorism. He maintains that learning occurs as we model our behavior after others. Learning occurs as we observe the consequences of our behavior and that of others. Learning is environmental meaning that the reinforcement following a response will increase or decrease the probability of its reoccurrence. Last, we are active participants rather than passive recipients in this process, meaning that we partially control our environment by our reaction to it. Thus, dysfunctional behavior is the result of learning. Dysfunctional behaviors can be replaced with new socially acceptable functional behaviors. The third school of thought developed by scholars like Charlotte Buhler, Abraham Maslow, and Carl Rogers draws not from instinctual urges or learned patterns of behavior. Rather, humanism emerges from a philosophical belief that humans are innately good and that, if given the right opportunity, goodness will emerge. Further, although instinct is not dismissed, attention focuses on the untapped capacity of the higher-functioning elements of the brain associated with empathy, generosity, reciprocity and kindness. In this model dysfunctional behavior is the result of the individual not realizing his or her potential as a human being. This client-centered discovery process results in that inner good emerging Rogers, With a growing awareness of medicine and philosophy from non-Western countries and with a corresponding increase in the U. Though social biology was discussed earlier in this chapter, it is important to revisit genes and say hello to brain chemicals as our growing understanding of how both function have and will continue to change the methods used by helping professionals to ease the problems of livings discussed in this book. Genes Genes are long strings of deoxyribose nucleic acid DNA that are the chemical building block of all living matter. Each gene contains a set of instructions that enables it to replicate one type of protein molecule. Proteins exist in thousands of variations. Incredibly, each protein has a specific function. Correctly assembled and working together, these proteins result in life. To get to that life, 23 pairs of chromosomes 4 the egg combine with 23 pairs of other chromosomes the sperm to result in a one-celled zygote that with time and under proper conditions develops into a fetus. Some genes are called structural genes. A structural gene generally ignores the environment and performs its specific function of producing proteins or enzymes. A second gene that is sensitive to the environment is called a regulator gene. The activity of these genes can be widely influenced by a variety of factors including heat, exposure to heavy metals like lead, or viruses. To understand how genes operate it might be useful to imagine each gene as a food recipe enabling signaling molecules to copy the ingredients and the step-by-step process to assemble and create new material. A flawed recipeâ€”that is, flawed DNAâ€”missing some vital information or providing misinformation is believed by some to explain behavioral and emotional problems. The question is whether this flaw is solely genetic or is genetic and environmental. Selectionists like Michael Gazzaniga, p. While the environment may shape the way in which any given organism develops, it shapes it only as far as preexisting capacities in that organism allow. Thus, the environment selects from the built-in options; it does not modify them. Instructionists favor a dialogue between nature and nurture. For example, some human characteristics like height are highly inheritable. But other characteristics or behaviors do not have this effect on size. That is, twin and adoption studies usually find more than half the variance in behavioral development cannot be accounted for by genetic factors. Some young people experience epilepsy to such an extent that it cannot be controlled through medication. To reduce the severity of damage to their brain, a heroic operation is performed to remove parts of the brain that are responsible for their seizures. Regrettably, this operation can result in damage to areas of RT If Gazzaniga is correct, then once these areas of the brain have been destroyed their function should be lost forever.

Fortunately, that is not the case. Other parts of the brain appear to reprogram to imperfectly compensate for this loss. The younger the child, the greater the compensatory effect appears to be. The brain is malleable within certain parameters that diminish with age. This is further evidence that the environment matters from partially reconstructing a damaged brain to triggering the release of chemicals that determine behavior. Brain Chemicals and Behavior How is chocolate like running or sex like a turkey sandwich? Each of these activities stimulates the release of brain chemicals that in some people bring pleasure. These and other activities like progressive relaxation, laughter, anger—in fact, any activity—produces brain chemicals like dopamine, norepinephrine, serotonin and others that influence our mood and behavior for good and bad. This discovery has revolutionized the treatment of individuals with serious and not-so-serious mental health issues across the planet. From this perspective a chemical imbalance explains the behavior problem. Correct that imbalance, and the problem behavior, at least theoretically, disappears. This imbalance may be the result of solely genetic factors, solely environmental factors, or the interplay between the two. Psychopharmacology and its interest in understanding brain functioning is an exciting and promising development in both the prevention and treatment of those with concerning behaviors. It is a field in its infancy with only a beginning understanding of the brain and the effects of drugs on the brain. This is especially true for children and adolescents, for whom virtually no evidence-based testing has occurred. This is in spite of the fact that these medications are prescribed for both. Does the future of helping reside in a pill? As the reader of this volume soon discovers, the human touch is essential to achieving the desired outcome of improved behavior. The human touch is capable of exciting the same neural pathways and chemical transmitters to encourage healthier behavior. Further, the issues chosen for examination in this volume are not solely intrapersonal but are interpersonal as well. That is, an event like childhood cancer, or removal from one home to live in another with different guardians, or acquiring a new adult figure in your life through the remarriage of a parent interacts with numerous other factors to result sometimes in a lessening of successful functioning or, as Thomas Szasz, p. This scientific approach works. To illustrate, some infections are caused by invading small harmful bacterial organisms. A medical theory, appropriately enough called germ theory, led to a belief that evil bacteria caused illness. Repeated use of the intervention, this theory suggests, defined the parameters of the appropriate application of this theory to those little organisms. In this discovery process, physicians learned that some bacteria are helpful and that other little pesky devils even smaller than bacteria existed. These devils called viruses can be just as deadly as bacteria but are immune to antibiotics. Thus, new interventions must be developed to treat viral infections and must be repeatedly tested to identify those that work, and protocols must be developed for their optimal effectiveness. By the way, this is the essence of evidence-based practice: From repeated use of an intervention derived from one or a combination of theories, identify those interventions that have the most success and eventually discard those that are worthless. Unfortunately, not only have our colleagues in physical medicine been at this longer than we have in mental health, but also few serious mental health issues have markers as clearly discernable as those found in bacterial or viral infections. It is vital to understand that theories are not laws but assumptions, and these assumptions may or may not be correct. Further, there is no diagnostic condition known as remarried, adoptive, or single-parent family. These family arrangements and others, including the nuclear family, are part of complex ever-changing environments in which children can either prosper or languish at any given moment. What directs our attention to these family arrangements or other circumstances examined in this volume is a body of research and clinical observations suggesting that the members of these families are at increased risk for a problem in living that does carry a diagnostic code. What theory does is provide an explanation for that risk and suggest an intervention. If administered successfully, that intervention should produce improved functioning better health. For example, very young children are at high risk for physical abuse if cared for by the boyfriend of the biological mother. Social biological theory suggests that these offspring present a barrier to reproducing with that mother by that boyfriend. Of the family arrangements described in this volume, sexual assault is most likely to occur in a stepfamily. Psychoanalytic theory suggests that the incest barrier that naturally exists in its

absence, sexual activity is a possibility. Children living with a single parent appear to become sexually active sooner than children living in a nuclear family with their biological parents. Social learning theory suggests that the child observes the parent dating behavior and all that it entails e. Children living with a mentally ill parent are at risk for depression and other problem issues. Symbolic interactionism maintains that the role of a parent is to provide guidance and nurturance in a fair and consistent manner to offspring. However, the seriously mentally ill parent frequently is unable to fulfill this role and thus creates family turmoil if the family attaches importance to this unfilled role. Thus, if the mother or father because of illness cannot parent adequately, can another perform this vital need? Children living in and out of home situations experience turmoil in their lives. Whether due to family circumstances, individual reasons or both, the young person not living at home is at risk for mental health issues. Note that the origin of these issues is not the new living situation. The new living situation is a stage from which these problem issues may be seen. From a structural functionalist perspective the creation of this new living situation structure is in response to the inability of the existing structure to adequately perform its function—that is, to care for the child according to the expectations of the community. From this perspective, new structures like foster care evolve to undertake functions that others, in this case the family, perform inadequately. From these brief examples, the reader can appreciate the multiple directions a clinician might take in preparing a treatment plan in partnership with a child and his or her family. There is another way of conceptualizing these issues. Preventive interventions rest on stress theory. An Overview Primary prevention can be understood as the avoidance of illness and the promotion of health. Though it would be nice to stay healthy forever and forever well, the reality of that is not possible.

Chapter 2 : Table of contents for Family influences on childhood behavior and development

By SHARON G. PORTWOOD. View abstract. chapter 13 | 32 pages. *Sexual Abuse in Childhood: The Abused Child Physical Abuse in Childhood (Ages)* By SHARON G.

Family Violence Gina Stepp In a world where even ordinary stress on the job or at school can seem battering at times, and outside influences are in constant flux, home, hearth and family are expected to remain steady—a serene and sheltering haven. Unfortunately for many, home can be anything but a safe haven. Men and women alike may find their home a fierce battleground. For children it may be where they are most vulnerable to assault, misuse or deprivation, ironically at the very hands of those who have a duty to safeguard and nourish them. The human brain develops in such a way that our stress-response systems are intimately connected to systems that interpret the moods and actions of those around us. When social cues tell us others are calm and safe to be around, our own physiological state is regulated accordingly and we relax our vigilance. A stressed state cannot be maintained indefinitely without serious mental and physical consequences. Extended or repeated periods of so-called hyper-arousal can cause changes in the neural system that are very difficult to reverse. What do researchers know about this problem and the factors that cause families to resort to harmful, self-destructive behaviors? And no society is immune to it. Miller-Perrin and Robert D. Perrin point out that nearly all children have occasionally pushed, hit or shoved a sibling. Therefore, if all such aggression were defined as family violence, the term would become almost meaningless. On the other hand, some forms of psychological abuse that do not cause overt physical injury may have severe and pervasive human consequences. The most obvious reason is that the majority of family violence takes place in the privacy of the home, and only a small percentage of occurrences are reported. These tend to be the most tragic incidents—those that result in serious injury or death. Further complicating the issue is the fact that in some countries, many violent acts between family members are still not considered crimes. For all of these reasons and more, family violence statistics published by various government sources are widely considered to be underestimates. For instance, in a study, University of Canterbury researchers Kate van Heugten and Elizabeth Wilson point out that children who frequently witness violence between their caretakers have increased risk of mental health problems such as depression, anxiety and posttraumatic stress disorder: Not only does the aggressive behavior witnessed by these children place them at greater risk of committing violence, but Eve Buzawa, professor and chair in the Department of Criminology at the University of Massachusetts—Lowell, adds that it also increases their risk of becoming victims of sibling violence. And according to Barnett and her Pepperdine colleagues, some communities do just that. Raymond Kree Kirkman was a year-old building contractor whose estranged wife, Sandra, was filing for divorce. The couple had gone for counseling, but Kirkman fell asleep during the session. The broadening of such definitions is important, particularly in communities where marriage is declining. Early research into family violence neglected to separate data relating to married couples from that relating to cohabiting couples. The assumption at the time was that differences between the groups were unlikely. However, more recent research conducted in the United States and Canada consistently indicates that IPV is significantly more prevalent among cohabiters than among married couples when the two groups are considered separately. A study conducted among five Latin American cultures found similar results. Couples engaged in IPV tend to communicate more negatively than nonviolent couples, using anger, contempt or hostility rather than looking for ways to exit arguments. Although substance abuse and marital dissatisfaction are often associated with IPV, researchers do not necessarily see them as causal factors. Of course, women can be violent too. Survey scales developed to measure the tactics used by men and women in resolving conflict suggest that women are theoretically capable of committing as much IPV as men. But size, strength and other disparities naturally affect the symmetry of intimate-partner violence. Even when they are willing, authorities are often unable to adequately protect women and their children from retaliation by violent partners, yet legal standards require women to leave

abusive situations or be held guilty of neglect. Unfortunately, there is no guarantee that women or their children will be safer after leaving the violent partner. Barnett and her team explain that assaults often increase when victims attempt to leave: Because IPV is most prevalent among low-income families, women are often economically dependent on their partners and may lack the necessary education to support themselves and their children on their own, yet shelters are notoriously few and lack the resources needed to accept all applicants. In some cities, a significant number of women and children are routinely turned away from these shelters. When these concerns are considered alongside potentially complex psychological ties to the violent partner, the barriers to leaving can seem insurmountable. But fatalities are only the tip of the child-maltreatment iceberg: There has been some good news, however. When all forms of violence are considered, women and men are found to be equally likely to physically abuse children, and women as well as men have been known to sexually abuse them. It should be noted that although the vast majority of child sexual abuse is perpetrated by males, this does not mean that biological fathers are the most common perpetrators. As one would expect, many of the risk factors connected to child maltreatment are similar to those connected to IPV: University of Chicago researchers Matthew W. Typical characteristics of violent parents include anger control problems, low levels of empathy, and poor problem-solving skills. Could these patterns of interaction have been learned by the abusive mothers through other relationships? Given what is known about how neural patterns are shaped by repetitive human interactions, this is likely, even when genetic predispositions are present. To at least some degree, human patterns of interaction are learned from those with whom we interact most regularly, just as other patterns of behavior are learned. If interventions focus only on the primary abuser, especially as dysfunctional interaction becomes entrenched, there is little chance of preventing the abuse cycle. A key reason is that dysfunctional families tend to interact minimally with their community. Yet parents, children and extended family, as well as the surrounding community, all have a part in the healing and prevention cycle—not only in the detection and prevention of current abuse, but also with an eye toward strengthening the social fabric that contributes to the mental and physical health of future generations. The levels of violent family dysfunction reported by global agencies suggest a need to address families and communities as a whole with the aim of restoring secure attachments, functional relationships, and family and community resilience. And while home-based programs tend to address child abuse more than other forms of family violence, some researchers believe that broader training programs could lower IPV rates as well. Button examined the effect of neighborhood status on attitudes toward family violence. A researcher specializing in child trauma, Perry also has a background in neuroscience. But like language, empathy, too, must be learned. Ordinarily we pick up both during early childhood. Other researchers are also recognizing an important connection between individual, family and community factors. Still, it should come as no surprise that children and families need strong connections to each other and to healthy communities in order to thrive. However, a community that tolerates violent and vengeful behavior—whether in its homes and streets or depicted routinely in its entertainment—can hardly be considered healthy. Miller-Perrin and Robin D. Lurigio and Susan Herman Department of Health and Human Services:

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Chapter 3 : Social Issues: Family Violence

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Psychotherapy Table of contents Introduction Thomas P. Gullotta and Gary M. From Theory to Practice: Treatment Prevention Possibilities Thomas P. Diagnoses in Children and Adolescents Christopher Bellonci 3: Lichvar, and Rebecca B. Wayne Holden and Elizabeth A. Family Behavioral Health Issues 7: Thornquist, and Micah J. Bush, and Gary W. Poirier, and Gary M. Physical Abuse in Childhood Preston A. Reynolds, and Sharon G. Sexual Abuse in Childhood: Behavioral Health Issues Anxiety Disorders in Childhood Patricia A. Hennelly, and Sucheta D. Woods, and Andrea Chronis-Tuscano Fisher and Thomas L. Karp, and Hilary E. Lichvar, Tanvi Ajmera, Gary M. Blau, and Thomas P. Gullotta show more Review quote "The introduction says, "This book is about hope. Rather than pathology, the book provides knowledge about mental health theory, disorders, and the latest state-of the science treatment for children. It is comprehensive, readable and written by experts in the field families can trust. As a mother I know firsthand the importance of having the best and latest information and this book is a great resource for families. This book conveys hope, a theme that resonates throughout with a rich and holistic examination of prevention and effective interventions that change lives. The diverse perspectives shared by key thought leaders-many of whom have dedicated their professional lives to children and families-will move the field forward in ways that are long overdue. This is a must read for all considering and working with children and families. Their commitment to promoting hope and knowledge rings true throughout the handbook. What we know about disorders and diagnoses is balanced with what need to be mindful of with respect to context, systems, and resilience. This book provides the latest state of the science about what works for the prevention and treatment of mental health disorders in children. Contemporary issues such as diagnosis, family, and community factors are strengths. These chapters are bolstered by others including etiology, growth, and child development. Recommendations on effective and promising interventions are also added throughout. Blau has written more than 50 professional publications and has edited eight books.

Chapter 4 : Encyclopedia of Primary Prevention and Health Promotion - Google Books

Note: Citations are based on reference standards. However, formatting rules can vary widely between applications and fields of interest or study. The specific requirements or preferences of your reviewing publisher, classroom teacher, institution or organization should be applied.

Chapter 5 : SAGE Books - Physical Child Abuse

Sharon G. Portwood, executive director of the Institute for Social Capital at Charlotte's University of North Carolina campus, notes that "the vast majority of child victims (57 percent) suffer from neglect, followed by physical abuse (19 percent), sexual abuse (10 percent), psychological or emotional abuse (7 percent), and medical neglect.

Chapter 6 : results in SearchWorks catalog

[et al.] -- Physical abuse in childhood (ages) / Sharon G. Portwood -- Sexual abuse in childhood: the abused child / Josh S. Spitalnick [et al.]. NLM ID: [Book].

Chapter 7 : Wiley | Child Development Articles

Coming to Terms with a Consensual Definition of Child Maltreatment The psychological abuse of latency age children: A

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survey. Child Abuse and Sharon G. Portwood.

Chapter 8 : - NLM Catalog Result

Abuse prevention strategies aimed specifically at children aged 5 through 12 years are less common than those targeting parents of children under the age of 5 (see " Abuse During Early Childhood " entry in this volume). Nonetheless, there is a growing body of research on correlates of abuse during childhood and on promising prevention.