



RCTC Newsletter Blog

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Culturally Sanctioned Maltreatment & Abuse: The elephant in the middle of the room?

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Research has clearly identified Adverse Childhood Experiences (ACEs) as a primary etiological factor in mental health problems, violence/crime, delinquency, and substance abuse/addictions. They are linked as well to issues of school failure, drop-outs, and behavior problems. And, it is encouraging to see so many educators and mental health professionals now working diligently to translate the ACEs and resilience promoting research into what is being termed, “trauma informed” practice.

However, it is increasingly a concern that the term, “trauma informed” may also unintentionally lead to an all too limited, all too narrow, understanding of the complexities of ACEs. ‘Trauma’ is a rather powerful term. As such, it can readily result in recognizing only the most toxic of childhood experiences and an over-focus on the “externalizing” reactions of acting-out/emotionally dysregulated children. Consequently, the pervasive occurrence of less grievous forms of maltreatment/abuse can easily be overlooked. Also, it may lead to the under-recognition of children who “internalize” their emotional pain via self-stigmatization and quiet, submissive, withdrawn or perfection striving behaviors.

Of particular concern are the two issues of culturally sanctioned maltreatment and, exposure to chronic, lower toxicity levels of maltreatment/abuse. These two constitute, perhaps, the most pervasive forms of ACEs. As such, they may well be the proverbial, “*elephant in the middle of the room*” for the trauma informed and resilience promoting movement?

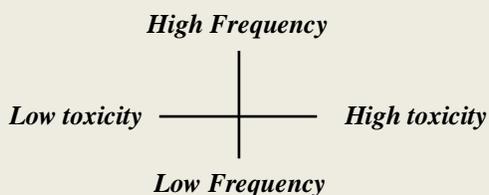
Abuse is defined as, “*to treat in a harmful, injurious or offensive way; to speak insultingly, harshly, unjustly; to malign or revile*”. We quite readily recognize abuse when it reaches highly toxic levels (e.g., physical injury or sexual violation, etc.). Yet, we tend to tolerate lower level, chronic maltreatment of children. Indeed, we often minimize the harmful effects by employing acceptable euphemisms such as “disciplining”, “reprimanding”, “punishing”, “spanking” or even “consequences”. As, Tom Engelhardt, stated, “*Words denied mean analysis not offered, things not grasped...all of which means that terrible mistakes are repeated, wounding ways of acting in the world never seriously considered. The word’s absence chains you to the present [status quo], to what’s accepted and acceptable.*”

If one drinks a full glass of arsenic, the poison will result in death within 24 hours. But, if one is given low dosages of this same poison on a daily basis, the adverse effects on health and wellbeing will still manifest albeit in a slow, gradual deterioration of one’s health. Similarly, one can rip, crumple and destroy a piece of paper all at once or, simply rip off a single, small piece every day. The end result is the same! So it is with Adverse Childhood Experiences. Many children receive such daily, low level doses of psychologically damaging maltreatment. It may go unrecognized and unaddressed or even be widely supported as “normal and appropriate” within the culture.

Addressing Culturally Sanctioned Abuse and Maltreatment

Southall, Samuels & Golden (2003) proposed a useful alternative to our current dichotomous (i.e., is it or isn’t it) paradigm for identifying child abuse, trauma and maltreatment which enables a deeper and more complex understanding

of trauma and ACEs in the lives of children. The paradigm suggests employing two intersecting continuums for assessment. The vertical continuum reflects the frequency of the abuse/maltreatment (high to low) and the horizontal continuum addresses the degree of “toxicity” of the abuse/maltreatment (again from high to low).



This results in four distinct quadrants for assessing abuse, trauma and ACEs. The “high frequency/high toxicity” quadrant is quite readily recognized as psychologically damaging. But, what about those children who fall within the high frequency/low toxicity quadrant? Chronic maltreatment at even a “lower dosage” has an accumulative adverse effect. Often such “toxins” are verbal, emotional or psychological in nature serving to continually diminish and marginalize the child.

Then, there is the “high toxicity/low frequency” quadrant. Occurrences here are frequently brushed off and dismissed as “an exception”, the adult having “a bad or stressful day”, or even rationalized as “strict discipline”. The painful impact on the child is just as profound and just as in need of reparative services. The fourth quadrant, “low frequency/low toxicity”, is experienced by all children (and adults). Assuming such experiences are eventually addressed, the relationship rupture repaired, and offset by a preponderance of positive, supportive and nurturing relationships, they probably do not have long term ill-effects and indeed may even serve to build a sense of resilience.

Southall, et. al. (2003) further suggest four distinct motivational categories for assessing child abuse/trauma. These consist of: deliberate/intentional, reactive/impulsive (i.e., stress, fatigue related), passive/neglectful, and culturally sanctioned maltreatment/abuse. It is this latter category that seems to be particularly ignored, though disturbingly common; that is, the culturally sanctioned, high frequency/low toxicity area of ACEs and trauma.

Culturally Sanctioned Abuse/Maltreatment in Families

In a 2012 article entitled, *The Cultural Reinforcers of Child Abuse*, the authors noted that the abuse and mistreatment of children has persisted in many forms throughout history and across many cultures. Often such abuse has been viewed as normal and acceptable practice at the time. This unfortunately continues today particularly with high frequency/low toxicity maltreatment.

For example, a recent survey indicated 71% of American parents agree that children should receive a “good, hard spanking” for misbehavior. A 2013 University of Michigan study found that over 30% of 1 year olds had been spanked by one or both parents in just the past month. Hitting a small animal would be quickly condemned, but hitting an infant is culturally acceptable? Consider also that most people readily agree that “*there is no excuse for a man to hit a woman*” but have no problem with endorsing grown adults hitting a small, defenseless child? Indeed, as recently as 2015, a Massachusetts court ruling held that parents can legally use “*reasonable force*” in spanking children for misbehavior.

It is rather ironic that we teach animals through the positive reinforcement of appropriate behaviors (not by punishing) yet consider it culturally appropriate to do the exact opposite with children. The use of punishments and the inflicting of physical, verbal, and emotional pain is by and large culturally sanctioned as acceptable child rearing under the euphemism of “disciplining children”. And what about those children who live in households where verbal bullying tactics such as daily ridicule, put downs, yelling, threats of punishment, and criticism are a daily occurrence? Far too many families begin and end each day in such toxic interaction patterns. As such, these families fail to provide the safe, nurturing family ecosystems necessary for raising a healthy, resilient child.

Culturally Sanctioned Abuse/Maltreatment in Schools

Culturally sanctioned abuse/maltreatment (ACEs) occurs in all too many schools today as well. High stakes testing, competitive and depersonalized classroom environments, along with increased pressure for academic performance can be viewed as toxic, stress/anxiety inducing school ecosystems. Many schools have reduced free activity (recess) time for young children in pursuit of greater academic instructional time thus denying children their developmental need for creative play, stress reduction, and social engagement time. This is particularly egregious in pre-schools and lower grades where a developmentally inappropriate focus is placed upon academic skills. These could all be termed culturally sanctioned, low toxicity/high frequency maltreatment thus creating a toxic school ecosystem.

Many school discipline policies and practices also constitute another form of culturally sanctioned maltreatment/abuse. While most countries have banned corporal punishment in schools, the USA remains one of the very few (3 at last count) that refuses to ban this abusive practice; currently nineteen US states legally allow the hitting/paddling of children as a “disciplinary” practice. A study in 2006 reported 223,190 cases of corporal punishment in US schools with 78% of these being young male students. In 2014, a Florida county banned such abusive punishments but, in 2017 reversed this vote to reinstate corporal punishment for “aggressive and violent” behaviors. In other words, the school system endorsed the idea of teaching children to be non-violent through actively engaging in “acceptable” culturally sanctioned violence against them!

Punitive, harsh adult retribution under the guise of “discipline” is both hypocritical and counterproductive. It serves only to increase a child’s anger, resentment and marginalization. This is most clearly reflected in what research evidence has termed, the “school to prison pipeline”. Incidents of school shootings are invariably found to involve former students with a long history of harsh school and community punishments including exclusions, suspensions, and expulsions. Such “disciplinary actions” exacerbate, rather than resolve their problems while mental health interventions are notoriously minimal or absent. Such culturally sanctioned maltreatment in schools clearly does not foster healthy psychosocial adjustment.

Would it not be more effective to seek alternative strategies that strive to heal psychosocial wounds? After all, the root word of discipline is “disciple”. A “disciple” is defined as being a pupil, learner, student, apprentice or adherent to the teachings of a mentor, sensei, teacher, or master. Thus, “discipline” is more correctly viewed as an educational process to model positive, responsible, respectful and cooperative behavior. The culturally sanctioned maltreatment/abuse perspective thus challenges us to review all traditional, accepted practices and reflect upon what we actually teach youth through our daily interactions. Highly effective schools and outstanding teachers, research indicates, are primarily distinguished by their ability to create a school or classroom ecosystem (culture) that fosters student social wellbeing via creating a shared sense of belonging, mutual respect, contribution and competence Remember, we reap what we sow!

Another example of culturally sanctioned, high frequency/low toxicity abuse/maltreatment can be seen in many parent/school communication practices. Many teachers regularly call, threaten to call, or send home notes to parents reporting a child’s misbehavior or poor academic performance in the classroom that day. This is a non-productive practice at best and often counterproductive; a disguised form of school/teacher bullying by threatening or actively seeking retribution. Such practice frequently instigates further maltreatment/abuse at home via parental punishments, criticism or threats. No constructive purpose is served; today’s classroom performance cannot be retroactively changed by a punitive parent who was miles away at the time of its occurrence! How would any adult respond to a work supervisor who regularly reported examples of poor work performance to one’s spouse?

Similarly, this culturally sanctioned maltreatment/abuse can be observed in the all-too-typical parent/school conference regarding student adjustment concerns. Quite commonly, the practice is for several school staff (teachers, school psychologist, principal, etc.) to sit behind a conference table with the parent(s) on the other side. One after another, staff present their complaints, criticisms, and hypotheses as to the suspected disorders/disabilities and moral shortcomings of their child. Bullying has been defined as, “*the process of intimidating somebody in a weaker or more vulnerable situation*”. This culturally sanctioned educational practice would appear to meet this definition! And, the harmful effects of such practices become more evident when considered in light of the research indicating that the two factors most impacting ‘parental self-esteem’ are their child’s social behavior and their child’s academic achievement at school.

Accordingly then, the practice of embarrassing, humiliating and maligning both the child and his/her parents seems to meet the definition of bullying/abuse as both parent and child are treated in a “*harmful, injurious or offensive way*”.

Home/School communication would far better serve the promotion of social wellbeing and resilience by focusing on reporting examples of progress, improvement, and effort. Problem solving parent/teacher conferences should also invite the parent to attend as a “consultant” whose more extensive knowledge of their child might serve to assist the school in better understanding and helping their child. Collaborative solution seeking better serves the goal of promoting resilience and wellbeing than do complaints, criticisms and negative labeling.

Culturally Sanctioned Abuse/Maltreatment in Mental Health & Social Services

Ironically, another example of culturally sanctioned abuse/maltreatment can be seen in the common practices of our mental health and social service agencies. For example, many countries (e.g., the USA) employ a judicial/legal based paradigm for Domestic Violence/Abuse. Punishment of perpetrators via criminal prosecution and imprisonment is the primary focus from this perspective. The unintended result is that many DV victims fail to report out of fear that incarceration of the abuser would leave the family impoverished, homeless or separated. Indeed, many children and spouses fail to report abuse out of fear for their family’s survival. Such all-too-real threats are frequently employed by abusers to intimidate and thus enable continued abuse.

In contrast, some nations have instead adopted a mental health, rather than judicial, paradigm for Domestic Violence. Rather than incarceration, removal of the perpetrator from the home with continued employment and support of the family may be mandated. Mental health treatment is also mandated and provided for both victims and perpetrators. Research evidence has indicated that this approach leads to a significant increase in rates of DV reporting. Punitive judicial system based strategies appear to unwittingly suppress reporting and thus may actually increase abusive experiences in the home.

Culturally sanctioned maltreatment/abuse also occurs in our mental health system itself. With the increasing employment of a biologically based paradigm (brain based disorders), children are increasingly given a psychobiological diagnosis and treated with medications and behavior/symptom control interventions. Such diagnostic labels for purported biologically based disorders are offered merely on the basis of presenting symptomatic behaviors. No objective diagnostic tests are used (nor even exist) and developmental factors from familial, school, and social ecosystems are overlooked or ignored. For example, research indicates that pediatricians regularly diagnose ADHD in less than 15 minutes with no thorough social history considered for gaining a complete understanding of the problem. All too regularly one encounters young children (8 yrs. and younger) being placed on multiple psychoactive medications (4+). Often, when one drug fails to produce the desired improvement, additional medications are then prescribed resulting in cases of six or seven year olds taking daily “drug cocktails”.

It could be argued that the DSM/ICD diagnoses actually promote a ‘Fixed Mindset’ narrative thus running contrary to the fostering of wellbeing and resilience. Consider, for example, the case of a 13 year old boy who a psychiatrist dual-diagnosed as suffering from both depression and Attention Deficit Disorder **and prescribed medications for each disorder**. He had begun wearing cosmetics (eye make-up, etc.) to school, did not complete school work, and acted as the disruptive ‘class clown’. Only after months of deteriorating behavior did a new, resilience-focused therapist uncover the realities of this boy’s ACE’s filled life. His family ecosystem consisted of an abusive alcoholic father (DV) and an emotionally fragile mother for whom the boy had assumed a 24/7 protector role. Further, it was revealed that he had been sexually assaulted and sodomized by an older brother who was high on drugs. However, the biomedical orientation of previous mental health professionals resulted in suggesting that the real problem was merely with his chemically imbalanced/disordered brain, i.e., essentially a fixed mindset/”blame-the-victim” narrative. Such stories are all too common in today’s mental health field and constitute culturally sanctioned maltreatment/abuse & neglect by the very professionals from whom people turn for help!

In Summary

All organisms require a healthy, nurturing ecosystem in order to realize optimal growth, health, and wellbeing. When plants, animals, or fish fail to thrive, we seek the answer for restoring their health by examining the quality and quantity of the nutrients and the presence of toxins (both high and low levels) in their ecosystem. So too we must with children! Adequately addressing the role of Adverse Childhood Experiences in the development and maintenance of mental health, and educational difficulties requires a much wider and more in-depth examination of ACE's in all our social ecosystems.

We need the courage to objectively address the “*elephant in the room*” by critically examining all our common, culturally sanctioned practices and paradigms. We need to honestly identify and eliminate all “culturally sanctioned toxins” in family, school, mental health, and community ecosystems. This involves not just the readily identified ‘high toxic/high frequency’ toxins but, also the ‘low toxicity/high frequency’ forms of abuse/maltreatment. Only through eliminating all such toxins and building ever more supportive and nurturing social ecosystems can we hope to foster resilience and wellbeing among all our growing youth.

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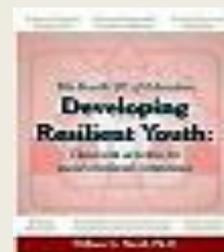
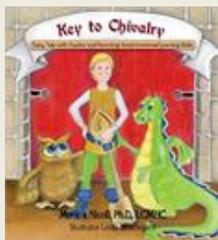
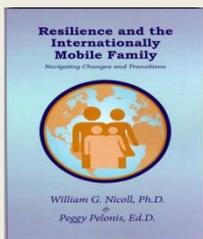
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