

## **Managing Enuresis and Encopresis in Abused Children**

Children that have been abused, whether it is verbal, physical, or sexual abuse, often display a variety of mental health concerns. Children will often display acting out behaviors, whether it is sexually acting out, regressed behaviors, psychosomatic complaints, anger episodes, or increased withdrawal. They will often blame themselves and feel ashamed of their body and internalize or externalize these feelings.

Some children worry that their body has been damaged or ruined and young girls that they are no longer a virgin. In adolescent girls, they worry about becoming pregnant and other times will become sexually active at a very early age.

Often the focus in therapy when a therapist is seeing very young children is Encopresis and/or Enuresis. These regressed behaviors are a common behavioral problem seen in children that have been abused. Enuresis by definition is the repeated voiding of urine into bed or clothes (whether it is voluntary or intentional). The behavior is clinically significant as manifested by either a frequency of twice a week for at least three consecutive months or the presence of clinically significant distress or impairment of functioning. Lastly, the child is at least five years old or equivalent developmental level. Encopresis by definition is the repeated passage of feces into inappropriate places (ie... clothing or floor), whether involuntary or intentional. The chronological age is at least four years old and at least one event once a month for at least three months.

Enuretic and Encopretic behaviors are often behavioral indicators of abuse as children who were once potty trained exhibit regressed behaviors usually at the onset of the abuse. In working with these problems behaviors, the therapist should first address to the parents that punishing or reprimanding their child will only exacerbate the problem. Children that exhibit enuretic or encopretic behaviors often attempt to hide their soiled underwear and often seen is their trying to hide articles of clothing under their bed or in their closet.

First and foremost, the therapist needs to determine if there is a medical basis for the enuretic and/or encopretic behavior. The child needs to be referred to his/her pediatrician for a medical evaluation to determine if there is a medical etiology for the behavior. A new toilet-training program should be developed by the therapist and the child's parents and a reward system put in place in order for the child to return to their normal level of development.

In addition, children who have been abused often report that they no longer feel "safe". In the therapeutic process, their safety concerns and control or lack thereof needs to be discussed and addressed directly. A child that was once toilet trained that has lost control over this skill often feels a loss of control, which contributes to their feelings of shame and guilt. Lastly, parents or caregivers often do not understand the reason for the enuretic and/or encopretic behaviors. Explain to them that these regressed behaviors are directly related to the abuse, which brings with it a loss of control over their life and the child's actions/behaviors. The therapist in

dealing with a child's loss of control needs to help the child understand that he/she has limitations in their ability to control situations and they also need to identify the child's individual strengths and what they are able to control in order to protect themselves.

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