

—by Susan Kelley

The purpose of Journal Highlights is to alert readers to current literature on child abuse. Selected articles from journals representing the variety of disciplines reflected in APSAC's membership are presented in the form of anannotated bibliography. Readers are encouraged to send copies of current articles they believe would benefit Advisor readers, accompanied by a two-sentence summary of the article. Mail your contributions to Susan Kelley, R.N., Ph.D., Assistant Professor, School of Nursing, Boston College, Chestnut Hill, Massachusetts, 02167.

Emotional Abuse

Forehand, R., Long, L., Zogg, C., and Parish, E. (1989). Child Abduction: Parent and child functioning following return. Clinical Pediatrics, 28 (7), 311-316.

An examination of the functioning of 17 children who had been abducted by one parent but subsequently returned revealed that the children were functioning worse immediately post-abduction than at pre-abduction Parents reported a decrease in psychological functioning during abduction. (SJK)

Garbarino, J. (1989). The psychologically battered child: Toward a definition. Pediatric Annals, 18 (8), 502-504.

This concise article defines the role and possible effects of psychological or emotional abuse in relation to other forms of child maltreatment. Five categories of psychological abuse are discussed, along with detection and intervention strategies for a wide range of professionals. (TFC)

Physical Abuse and Neglect

Burke, A. E., Crenshaw, D. A., Green, J., Scholosser, M. A., and Stocchia-Rivera, L. (1989) Influence of verbal ability on the expression of aggression in physically abused children. *Journal of the American Academy of Child and Adolescent Psychiatry* 28 (2), 215-218.

This study examined the relationship between verbal ability and aggressive behavior in 53 physically abused children. Verbal ability was found to be similar in aggressive and nonaggressive abused children, while reading and expressive language deficits were more prevalent in the highly aggressive abused child. (SJK)

Dubowitz, H., Zuckerman, D. M., Bithoney, W. G. and Newberger, E.H. (1989). Child abuse and failure to thrive: Individual, familial and environmental characteristics. *Violence and Victims*, 4 (3), 191-201.

The goal of this study was to compare important individual, familial and environmental similarities and differences between 25 abused children and 41 non-organic failure to thrive cases. Considerable similarity was found, except that the abuse group lived in greater poverty and more crowded conditions. Very important intervention and treatment policy issues are raised by this article. (TFC)

Sato, Y., Yuh, W.T.C., Smith, W.L., Alexander, R.C., Kao, S.C.S., Ellerbroek, C.J. (1989). Head Injury in Child Abuse: Evaluation with MR Imaging. Radiology. 173, 653-657.

When magnetic resonance imaging (MRI) and computed tomography (CT) were compared in 19 children with head injuries, subdural hematomas (n = 15), cortical concussions (n = 6), and shearing injuries (n = 5) were either better visualized with MRI than CT, or were only able to be detected by MRI MRI was superior in imaging the posterior fossa, but CT was best at detecting subarachnoid hemorrhage. CT is important in identifying neurosurgical emergencies, but for medical-legal purposes, MRI offers the mostcomplete and clear study of intracranial injuries. (RCA)

Wilkinson, W.S., Han, D.P., Rappley, M.D., Owings, C.L. (1989). Retinal Hemorrhage Predicts Neurologic Injury in the Shaken Baby Syndrome. Arch Opthalmol. 107, 1472-1474.

The severity of retinal hemorrhage was compared to the severity of acute neurological injury in 14 children who were victims of shaken baby syndrome. Blinded ratings revealed that children with bilateral retinal hemorrhages tended to have more severe neurologic injury; retinal injury score correlated with acute neurologic injury score; and the presence of sub-hyaloid hemorrhage greater than 2 disc areas in size, vitreous hemorrhage, or diffuse hemorrhage involving all three fundus regions (peripapillary, macular, and peripheral retina) was associated with a high acute neurological injury score. It is possible that retinal hemorrhage may provide an estimate for the degree of neurologic damage to be expected in such cases. (RCA)

Sexual Abuse

DeJong, A.R., Rose, M. (1989). Frequency and significance of physical evidence in legally proven cases of child sexual abuse. *Pediatrics*, 84(6), 1022-1026. (RCA)

In a retrospective review of 45 legal cases of alleged sexual abuse with penetration, 39 (87%) resulted in felony convictions. Physical evidence (e.g. presence of seminal fluid, sexually transmitted diseases, or physical injury) was present in 29% of the cases. The presence of physical evidence (at least in Philadelphia) did not result in higher conviction rates, suggesting historical information is a more important determinant.

Dominelli, L. (1989). Betrayal of trust: A feminist analysis of power relationships in incest abuse and its relevance for social work practice. British Journal of Social Work, 19, 291-307.

In her presentation of feminist theory and its application to the phenomenon of incest and its treatment, the author redefines incest as a social problem. She challenges traditional assumptions and myths about the family, parental power structure, and the role of children in society. (HJ)

Gilbert, C. M. (1989). Sibling incest. Journal of Child Psychiatric Nursing, 2 (2), 70-73.

This clinical article reviews the paucity of literature currently available on sexual abuse among siblings. Brother-sister incest is the most reported form of sibling sexual abuse and typically occurs in dysfunctional families, in which parents are physically or emotionally unavailable. Many of these homes are highly sexualized, with children witnessing adults engaged in sexual intercourse. The clinical and research implications of sexual activity between siblings are discussed. (SJK)

Goff, C.W., Burke, K.R., Rickenback, C., Buebendorf, D.P. (1989). Vaginal Opening Measurement in Prepubertal Girls. Am J. Dis Child, 143, 1366-1368. RCA)

The apparent transverse diameter of the vaginal opening was measured in 254 prepubertal girls less than 8 years of age, in both the supine frog-leg and supine knee-chest positions. No attempt was made to assess whether any had been sexually abused since this was a normative study of what constituted an unusually large vaginal opening in a white, middle class population presumably containing both abused and non-abused girls. Although there was a tendency for vaginal opening size to increase with age, no child measured more than 4 mm in the supine frog-leg and 5 mm in the supine knee-chest positions, supporting previous studies that large vaginal openings (greater than 4-5 mm) are distinctly rare

Kelley, S. J. (1989). Stess responses of children to sexual abuse and ritualistic abuse in day care centers. *Journal of Interpersonal Violence* 4, (4), 502-513.

Sixty-seven children who were sexually and ritualistically abused demonstrated significantly greater child behavior problems than a comparison group of nonabused children. Sexual abuse involving ritualistic abuse was associated with increased impact and increased severity in the extent of abuse. (SJK)

Leventhal, J. M., Hamilton, J., Rekedal, S., Tebano-Micci, A and Eyster, C. (1989). Anatomically correct dolls used in interviews of young children suspected of having been sexually abused. *Pediatrics*, 84 (5), 900-906.

A study of 83 children was conducted to determine the value of using anatomically detailed dolls in diagnostic interviews. It was found that substantially more information was provided by the children when the dolls were used in the interview. Strong support for the communicative function served by anatomical dolls is provided by this article. (TFC)

Sex Offenders

Bethea-Jackson, G. and Brissett-Chapman, S. (1989). The juvenile sexual offender: Challenges to assessment for outpatient intervention. Child and Adolescent Social Work, 6, 127-137.

The authors provide a comprehensive, structured assessment tool from which to establish etiology of offensive behavior and to establish treatment goals and techniques. (HJ)

Kahn, T. J. and Lafond, M. A. (1988). Treatment of the adolescent sexual offender. Child and Adolescent Social Work, 2, 135-149.

Drawing from their experience in a state correctional institution, the authors present a framework for treating adolescent sexual offenders. Five essential tasks are identified: addressing the juvenile offender's denial; taking a history of the offender's own victimization; breaking through dysfunctional attitudes and values that maintain sexual molestation; educating the offender about social competence, and altering deviant arousal patterns (HJ)

Pietz, C. A. and Mann, J. P. (1989). The importance of having a female cotherapist in a child molesters' group. *Professional Psychology: Research and Practice* 20 (4), 265-268.

This article discusses the therapeutic advantages of having a female cotherapist in group treatment of child sex offenders. The authors argue that the female therapist acts as a living personification of women in the child molester's past and that child molesters harbor many misconceptions about women that interfere with their ability to form a healthy relationship. (SJK)

Stermac, L. and Hall, K. (1989). Violence among child molesters. Journal of Sex Research, 26 (4), 450-459.

This study examined the nature of sexual contact with children among a clinical sample of incest and non-incest sex offenders. In 89 cases, perpetrators were found to have used physical violence or aggression. The common belief about child molesters being non-violent is directly challenged. (TFC)

Child Abuse and the Legal System -

Audson, S. S. (1989) The Broadening Scope of Liability in Child Abuse Cases. Journal of Family Law, University of Louisville 27, 697-713.

Case law is reviewed that demonstrates a trend towards broadening the scope of criminal liability in child abuse cases to include "passive partners" and instances in which no specific findings of intent or malice are involved. Conviction is found to be more likely in states that have penal statutes specifically prohibiting child abuse as contrasted with outcomes in states that do not have clear prohibitive statutes and require prosecution under criminal statutes of general application. (DP/SW)

Goodman, R. S. (1989) The Battered Child - Too Little, Too Late: The Historical Development of a Legal Diagnosis. Legal Aspects of Medical Practice 17, 2-8.

The evolution of the medical and legal definitions of the diagnosis of the "battered child syndrome" are compared and contrasted. The author concludes that the diagnosis of the battered child is one of three instances in which legal definitions of medical diagnoses occur. The other two instances are life and death. (DP/SW)

Moreno, J., A. (1989). Killing Daddy: Developing a Self Defense Strategy for the Abused Child. *University of Pennsylvania Law Review 137*, 1281-1307.

Judicial resistance to child abuse-parricide self defense claims continues although battered women who have killed their abusers have been allowed in certain instances to develop self-defense strategies by the courts. This has occurred despite the traditional premise of self defense which assumes male, stranger-to-stranger, isolated assault. This article analyzes this trend and presents five case studies which provide perspective on the legal problems that confront child abuse-parricide defendants. (DP/SW)

Myers, J.E.B. (1989). Protecting Children from Sexual Abuse: What does the Future Hold? *Journal of Contemporary Law, University of Utah School of Law*, 31-50.

A historical review of the cycles of emergence and suppression of child sexual abuse as an acknowledged societal issue is presented. Factors which are currently contributing to attempts to suppress the issue including arguments commonly heard from opponents of child protection efforts are analyzed (DP/SW)

Gelles, R. J. (1989). Child abuse and violence in single-parent families. American Journal of Orthopsychiatry, 59 (4), 492-501.

Data gathered from 6,000 households concluded that single-parent households are at significantly higher risk for physical child abuse than are dual-caretaker families. This study also found an exceptionally high rate of abuse among single, poor fathers. Important treatment and policy issues are discussed. (TFC)

Korbin, J. E. (1989). Fatal maltreatment by mothers: A proposed framework. Child abuse and Neglect, 13, 481-489.

The author proposes a framework for recognizing warning signals of potential fatal child abuse. Fatal abuse is presented as an exit point of a recurring pattern of abusive incidents. CPS investigators and police should find this article most useful. (TFC)

McKibben, L., De Vos, E. and Newberger, E. H. (1989). Victimization of mothers of abused children: A controlled study. *Pediatrics*, 84 (3), 531-535.

In acomparison of medical records of mothers whose children had been abused and mothers whose children has not been traumatized, the author found that the records of mothers of abused children were highly diagnostic or suggestive of present or past victimization. (HJ)

Zuravin, S. (1989). Child neglect research findings: Some implications for the delivery of child protective services. *Protecting Children*, 6 (3), 13-18.

This very important article, in the American Humane Association Quarterly (Denver), examines the major causes and effects of child neglect, particularly the relationship between neglect and maternal depression. This enormously informative and practical article should be required reading for all protective services policy makers, as well as investigators and mental health professionals. (TFC)

Journal reviewers for this issue included Randall C. Alexander, M.D., Assistant Professor of Pediatrics, The University of Iowa; Thomas F. Curran, MSW, LSW, Coordinator, Child Sexual Abuse Curriculum Project, Camden, N.J.; Helene Jackson, Ph.D., Boston College School of Social Work, Chestnut Hill, MA; Susan J. Kelley, RN, Ph.D., Boston College School of Nursing, Chestnut Hill, MA; Daniel Pitcher, Office of the District Attorney, Middlesex County, Cambridge, MA; and Suzanne White, MSW, Office of the District Attorney, Middlesex County, Cambridge, MA.

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- To be concluded in the Spring issue. David Finkelhor, Ph.D., is Associate Director of the Family Violence Research Program at the University of New Hampshire, and a member of APSAC's Board of Directors.