

JOURNAL HIGHLIGHTS

-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 an annotated 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., Associate Professor, School of Nursing, Boston College, Chestnut Hill, MA 02167.

PHYSICAL ABUSE AND NEGLECT

Bruce, D.A. and Zimmerman, R.A. (1989). Shaken impact syndrome. *Pediatric Annals*, 18, 482-494.

The authors provide an excellent overview and analysis of a very serious form of physical abuse: shaken baby syndrome. Complete with data and x-ray reprints of nonaccidental head trauma in children under two years, this is a very thorough treatment of shaken baby syndrome. Both medical and non-medical professionals will find this article very useful. (TFC)

Burgess, A.W., Hartman, C.R., and Kelley, S.J. (1990). Assessing child abuse: the TRIADS checklist. *Journal of Psychosocial Nursing*, 28 (4), 6-14.

Traditionally, we have tended to assess and treat physical, sexual, and psychological abuse as separate entities. The premise of this article is that these three dimensions of abuse frequently coexist and, determining the cues that maintain fear and symptoms after the trauma has ended, affect the meaning of the abuse for the child. The TRIADS checklist assesses the range of abusive acts that affect the child on sensory, perceptual/cognitive, and interpersonal levels. (SJK)

Crittenden, P.M. and Craig, S.E. (1990). Developmental trends in the nature of child homicide. *Journal of Interpersonal Violence*, 5 (2), 202-216.

This study differentiated among neonatal, early, and middle childhood deaths. Neonatal deaths were related to maternal isolation during the birth; early childhood deaths were usually the result of parental attempts to control child behavior; middle childhood deaths were usually accidental, and resulted from gunshot wounds. Few children of any age were unsupervised or killed by strangers. The data suggest that identifying preventively specific cases of incipient homicide is nearly impossible, and recommend an epidemiological approach to prevention tailored to each age group. (HCJ)

Howing, P.T., Wodarski, J.S., Kurtz, D.P., Gaudin, J.M., and Herbst, E.N. (1990). Child abuse and delinquency: The empirical and theoretical links. *Social Work*, 35, 244-249.

This article reviews the literature linking child abuse to aggression and delinquency, addressing definitional and methodological limitations. The authors suggest that the connection between child abuse and aggression is bi-directional and reciprocally interactive. (HCJ)

Klein, M.J. (1990). The home health nurse clinician's role in the prevention of nonorganic failure to thrive. *Journal of Pediatric Nursing*, 5 (2), 129-135.

This article describes the role of home health nurses in the prevention and treatment of Nonorganic Failure to Thrive (NOFTT). Because many of the most important interventions need to take place in the child's home setting, the home health nurse is in a critical position to assess the home environment for dysfunctional family interactions and behaviors and then to use the ongoing relationship with the family to implement interventions that include teaching, advocacy, and role modeling. (SJK)

Milner, J.S. (1989). Applications and limitations of the Child Abuse Potential inventory. *Early Child Development and Care*, 42, 85-97.

This article provides an excellent overview of the Child Abuse Potential (CAP) inventory. A 160-item questionnaire designed to screen potential perpetrators of child physical abuse, the CAP consists of a primary clinical scale, a physical child abuse scale, and six factor scales measuring distress, rigidity, unhappiness, problems with child and self, problems with family, and problems with others. In addition, the CAP inventory contains three validity scales: the lie scale, the random response scale, and the inconsistency scale. (SJK)

Pollack, J., and Levy, S. (1989). Countertransference and failure to report child abuse and neglect. *Child Abuse and Neglect*, 13, 515-522.

The role of countertransference in mandated reporters' failure to report suspected abuse and neglect cases is very thoroughly examined in this article. After a succinct review of empirical literature on failure to report, the authors analyze how countertransference influences reporting. Very practical suggestions are offered to address and remedy the problem. (TFC)

Zellman, G.L. (1990). Child abuse reporting and failure to report among mandated reporters: Prevalence, incidence, reasons. *Journal of Interpersonal Violence*, 5 (1), 3-22.

This article presents data from a national survey of mandated reporters about their reporting behavior. Reasons for failure to report were factor analyzed and formed three clusters. Most commonly, respondents chose reasons from the "not reportable" cluster (e.g., lacked sufficient evidence). A substantial number failed to report because of perceived problems with CPS. These people often felt they could help the child better by not reporting. The authors recommend that efforts to increase compliance with reporting laws focus on the uncertainties and concerns expressed by this sample. (HCT)

Zuckerman, B., Frank, D.A., Hingson, R. et al. (1989). Effects of maternal marijuana and cocaine use on fetal growth. *New England Journal of Medicine*, 320 (12), 762-768.

Based on maternal self report and positive urine assays, this prospective study of 1226 mothers and infants at Boston City Hospital found that 27 percent of mothers used marijuana during pregnancy and 18 percent used cocaine. Based only on positive urine assays, it found 16 percent positive for marijuana, and 9 percent for cocaine. Maternal use of marijuana as determined by positive urine assays was associated with a significant decrease in birth weight and length. Women with positive screens for cocaine had infants with decreased birth weight, length, and head circumference. (SJK)

SEXUAL ABUSE

Bays, J. (1990). Are the genitalia of anatomical dolls distorted? *Child Abuse and Neglect*, 14, 171-175.

This article reports the findings of a novel study in which the genitalia and breasts of 17 different sets of anatomical dolls were measured to determine if they were disproportionately large. The study findings indicate that the genitalia are, on the whole, appropriately proportioned. (SJK)

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

The purpose of this study of 45 criminal cases of legally proven child sexual abuse was to determine the frequency and significance of physical evidence. Of the 39 cases which resulted in conviction, 32 had no physical evidence. This article presents a well-documented examination of the uncertain impact of physical evidence and the critical importance of the child's testimony in criminal sexual abuse cases. (TFC)

Duthie, B. and McIvor, I.D. (1990). A new system for cluster-coding child molester MMPI profile types. *Criminal Justice and Behavior*, 17 (2), 199-214.

This study was designed to determine if the MMPI is useful in classifying child molesters utilizing cluster analysis methodology. An analysis of 90 child molester MMPI profiles produced eight MMPI cluster types. Each cluster type is described. The authors suggest that the findings may help make sense out of the tremendous variety of child molesters whose MMPI profiles are not unlike those of many non-child molesters. (SJK)

Finkelhor, D., Hotaling, G., Lewis, I.A., and Smith, C. (1990). Sexual abuse in a national survey of adult men and women: Prevalence, characteristics, and risk factors. *Child Abuse and Neglect*, 14 (1), 19-28.

This study was the first national survey on the prevalence and characteristics of childhood sexual abuse in adults. Researchers used the Los Angeles Times Poll, based on a random sample of all residential phones in the U.S., to conduct half-hour telephone interviews with 2,626 American men and women 18 years of age or older. A history of childhood sexual abuse was reported by 27% of women and 16% of men. Men and women who lived for some period of time without one of their natural parents were more likely to have been victimized. A markedly higher rate of abuse was found for Pacific states, especially California.

Gordon, B.N., Schroeder, C.S., and Abrams, J.M. (1990). Children's knowledge of sexuality: A comparison of sexually abused and non-abused children. *American Journal of Orthopsychiatry*, 60 (2), 250-257.

This study compared knowledge related to sexuality in a sample of 22 sexually abused and 22 nonsexually abused children. Children were asked to respond to questions related to black and white line drawings of nude children and adults. Pictures and questions covered the areas of gender identity, bodily parts and functions, sexual behavior and abuse prevention. No differences between the groups in knowledge related to sexuality was found. The authors suggest that if precocious sexual behavior is a result of sexual abuse, it may not necessarily be accompanied by increased understanding. (SJK)

Hazzard, A.P., Kleemeier, C.P., and Webb, C. (1990). Teacher versus expert presentation of sexual abuse prevention programs. *Journal of Interpersonal Violence*, 5 (1), 23-36.

This study contrasted three treatment conditions: (1) 15 regular teachers with their own classes (237 children); (2) eight lead teachers with unfamiliar classes (114 children); and (3) expert consultants with unfamiliar classes (201 children). All trainers used an adaptation of the Feeling Yes, Feeling No prevention curriculum, and both lead teachers and classroom teachers went through extensive training before implementing the program. No significant differences were found in the relative efficacy of using teachers versus expert consultants to present the program, with children demonstrating equivalent knowledge gains and equivalent skill scores on a videotape vignettes measure. Children in each condition had similar positive reactions to the programs.

Kalichman, S.C., Craig, M.E., and Follingstad, D.R. (1990). Professionals' adherence to mandatory child abuse reporting laws: Effects of responsibility attribution, confidence ratings and situational factors. *Child Abuse and Neglect*, 14, 60-77.

Using a sample of 295 licensed psychologists from two states, this article examined the relationship between decisions to report and responsibility attribution in child sexual abuse cases. The results of this study indicate that family members other than the perpetrator are often blamed for sexual abuse, and professionals continue to disregard abuse reporting laws and make personal judgments regarding the accuracy of their suspicions. (TFC)

Kelley, S.J. (1990). Responsibility and management strategies in child sexual abuse: A comparison of child protective workers, nurses, and police officers. *Child Welfare*, 69, 43-51.

This article describes a study of 228 professionals regarding their attribution of responsibility for child sexual abuse. While the offender was assigned the most responsibility for sexual abuse, only 12% of the sample held offenders totally responsible. This important study should inspire a renewed attention to the significance of professionals' attitudes in the management of sexual abuse cases. (TFC)

Milner, J.D. and Robertson, K.R. (1990). Comparison of physical child abusers, intrafamilial sexual child abusers, and child neglecters. *Journal of Interpersonal Violence*, 5, (1), 37-48.

150 subjects (30 physical child abusers, 15 intrafamilial sexual child abusers, 30 child neglecters, and three matched comparison groups) were compared on levels of distress, unhappiness, loneliness, rigidity, negative concept of child and self, child problems, and problems from family and others. All child maltreatment groups reported elevated levels of personal distress, unhappiness, loneliness, and rigidity, and overlap on a number of personal characteristics. However, sexual child abusers reported more positive views of their children and self than did either physical abusers or neglecters, and reported fewer family problems than did physical abusers. These differences may prove useful in the differential screening and treatment of sexual child abusers. (HCJ)

Reynolds-Mejia, P., and Levitan, S. (1990). Countertransference issues in the in-home treatment of child sexual abuse. *Child Welfare*, LXIX (1), 53-61.

This article is based on the authors' and supervisees' countertransference reactions, clinical observations, and discussions with other clinicians who provide in-home family treatment of child sexual abuse. They suggest that incomplete processing of introjected client material can result in anxiety and behavioral and somatic symptomatology in the therapist. They recommend that therapists maintain ongoing supervision and peer review. (HCJ)

CHILD ABUSE AND THE LEGAL SYSTEM

Jones, J.G., Rickert, C.P., Balentine, J., Lawson, L., Rickert, V.I. and Holder, J. (1990). Residents' attitudes toward the legal system and court testimony in child abuse. *Child Abuse and Neglect*, 14, 70-85.

The attitudes of 42 pediatric and medicine/pediatric residents about court testimony and the legal system were examined in this study. Senior residents who had considerable experience as a court witness expressed very strong disillusionment with child abuse laws and the courts. Very practical court training recommendations are made which offer promise for ameliorating disillusionment and anxiety associated with a court experience. (TFC)

Myers, J.E.B., Bays, J., Becker, J., Berliner, L., Corwin, D.L., and Saywitz, K.J. (1989). Expert testimony in child sexual abuse litigation. *Nebraska Law Review*, 68, 1-145.

This article is an unparalleled treatment of the subject of expert testimony in child sexual abuse cases. The authors present a clear description of all the major legal elements of expert testimony, including medical evidence, the various types of behavioral science testimony, and offender profiling. Exhaustive in its scope yet uncomplicated in its analysis, this article should be studied carefully by any attorney who handles sexual abuse cases or professionals who testify in court. (TFC)

Journal reviewers for this issue included Susan Kelley, RN, Ph.D., Associate Professor at Boston College School of Nursing, Chestnut Hill, MA; Thomas F. Curran, MSW, LSW, Philadelphia, PA; and Helene Jackson, Ph.D., Boston College School of Social Work, Chestnut Hill, MA