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AMERICAN PROFESSIONAL SOCIETY ON THE ABUSE OF CHILDREN

NEWS

JIV POLICY CHANGED TO MEET MEMBERS' NEEDS; NOMINATIONS SOUGHT FOR 1991 ELECTION, AWARDS; PREPARATIONS BEGIN FOR ANNUAL MEETING IN SAN DIEGO, JANUARY, 1992

—by Theresa Reid

APSAC members will get their issues of the *Journal of Interpersonal Violence* in a more timely fashion as a result of a June 1 policy shift. Before June 1, we went to a lot of trouble to ensure that members received complete four-issue volumes of *JIV* (e.g., all of the 1990 volume, all of the 1991 volume, etc.). When members joined or renewed between April 1, 1990 (when our agreement with Sage Publications began) and November 1 (when members were slated to receive the entire 1991 issue), they received all of the 1990 issues that had already been published, and any that were published after. So if you joined or renewed in October, 1990, you were slated to receive the March, June, and September, 1990 issues immediately, and the December, 1990 issue when it was published. When you renewed the following year, the same thing was supposed to happen: you would receive the March, June, and September issues in October when you renewed, and the December issue in December.

While this practice had the advantage of providing members with complete sets of the journal, it had a major disadvantage: most members received one or more issues of *JIV* several months late.

Many members have called the office confused as a result of this policy. So we're changing it. As of June 1, APSAC members will receive the four consecutive issues of *JIV* published after they pay their dues.

As a result of this policy shift, APSAC members will now receive their *JIV*s according to the calendar below:

Pay dues in:	Receive these issues:
Nov., Dec., Jan.	Mar., June, Sept., Dec.
Feb., Mar., April	June, Sept., Dec., Mar.
May, June, July	Sept., Dec., Mar., June
Aug., Sept., Oct.	Dec., Mar., June, Sept.

To find out what issues to expect to get, look at your membership card: the expiration date in the lower right hand corner tells you the month in which you originally joined and are expected to renew. There is at least a five-week lag, and potentially as long as a four-month lag, between the time you join and the time you get your first journal, because Sage needs to know a full month before publication how many copies of each issue we will need. No matter when you join, however you will get a full year's worth of current journals for your membership dues.

The down side of this policy shift is that some members will miss some 1991 issues (because they have already received the four issues—all 1990—that their dues paid for), and a few members will miss the March, 1992 and June, 1992 issues (because they received the March and June, 1991 issues under the old policy). In the first year of the new policy, members will miss the following issues:

Pay dues in:	Miss these issues:
Nov. '90, Dec. '90, Jan. '91	none
Feb., Mar., April, '91	Mar. '92
May 1-17, 1991	Mar. and June 1992
May 18-June, July, '91	Mar. and June 1991
Aug., Sept., Oct., '91	Mar., June, Sept., '91

To minimize members' frustration, APSAC has arranged with Sage Publications to provide APSAC members with copies of the back issues they miss for a flat $5.00 each—less than half the cost to nonmembers. APSAC members can send a check directly to APSAC with a note re-

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PREVENTION

TOWARD NEW WAYS OF CARING: LESSONS FROM INTERGENERATIONAL RESEARCH ON MALTREATMENT

—by Martha Farrell Erickson and Byron Egeland

One of the greatest challenges in the field of child abuse prevention is breaking intergenerational cycles of maltreatment, enabling victims to rise above their past as they become parents themselves. The challenge is to prevent not only overt physical or sexual abuse, but also more subtle forms of maltreatment that may go undetected but nevertheless have lasting psychological consequences for the child. Stated more positively, we need to support and empower parents to provide the kind of sensitive, predictable, loving care that will promote competence and well-being in their growing children. Findings from recent research provide a helpful framework for examining intergenerational patterns of parenting and beginning to identify preventive intervention strategies aimed at new parents who experienced maltreatment in their own childhood.

Findings on Intergenerational Cycles of Maltreatment

Clinicians have long believed that parents who abuse their children were abused as children. Empirical support for this intergenerational hypothesis comes from studies of case histories or child protection reports. For example, Steele and Pollock (1968) found that all 60 abusing parents in their study were abused as children. The problem with findings from retrospective studies, however, is that one cannot determine how many adults who had similar childhood experiences do not go on to abuse their children. As part of an ongoing longitudinal study of 267 low-income women and their firstborn children (Minnesota Mother-Child Project), we have had an opportunity to examine the cycle of abuse across generations using a prospective approach. Among mothers in our study who were abused as children, 34% maltreated their child in some way, 6% were in an "other problem" group (e.g., abandoned their child), and 30% were in a category described as borderline caretaking (Egeland, 1988). Among mothers with a history of being sexually abused, 61% maltreated their children. In contrast, of 35 mothers in the study who were judged to have been raised in a family that was

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emotionally supportive and clearly not abusive, only one mother was currently maltreating her child. We conclude from these findings that a history of abuse is a major risk factor for abuse in the next generation. However, the rate of maltreatment across generations is not perfect, leading us to a question with important implications for preventive intervention: How do some individuals who were abused as children manage to break the cycle of abuse?

To address that question we examined case histories, as well as objective data, of mothers who broke the cycle of abuse, comparing them to mothers who did not break that cycle (Egeland, Jacobvitz, and Sroufe, 1988). Three variables were most important in distinguishing these two groups. Mothers who broke the cycle of abuse were more likely (1) to be in an intact, stable, and satisfying relationship; (2) to have experienced a supportive, close relationship in childhood with a relative, foster parent, or some other significant adult; and (3) to have been involved in long-term therapy that had enabled them to integrate their early experience of abuse.

In contrast, mothers who were not able to break the cycle of abuse had not integrated their own childhood experiences. These mothers tended either to idealize their past, unrealistically viewing it as all good, or to be consumed by negative feelings about their past, viewing it as all bad. Furthermore, these mothers did not see a connection between their own childhood history and how they currently were raising their children. They tended to repeat the abusive pattern in their relationships with their partners and with their child, but they did not see the link between their current behavior patterns and their past. The abusive experience was not a memory on which the individual could reflect, but instead was repeatedly acted out These mothers often talked about their history of abuse in a vague, disconnected fashion, as if it did not really happen to them.

Main and Goldwyn's (1984) study of adults' representations of their early attachment experiences converges with our findings and provides further evidence of the link betwen a mother's thoughts about her own history and the quality of her relationship with her child. The important variable is not the actual care a mother received in childhood, but rather the way she has come to think about that care. Specifically, mothers who deny the pain of their own history and/or dismiss the effect of that experience on the way they function now are likely to form an "anxious attachment" with their own children. Anxious attachment typically arises when a child does not receive sensitive, predictable care during the early months of life. Best assessed when the child is 1-2 years of age, anxious attachment is characterized by the child's difficulty in being comforted by mother during times of distress, and an inability to use the mother as a secure base from which to explore. The anxiously attached child is at risk for emotional and behavioral problems later in childhood (Erickson, Sroufe, and Egeland, 1985.)

Likewise, a mother who is still preoccupied with past experiences, perhaps caught up in rage or shame about that past, is likely to have trouble being sensitive to her baby's needs and responding to them in a way that facilitates secure attachment. On the other hand, mothers who have arrived at a coherent, integrated, autonomous way of thinking about their past most often develop a secure relationship with their own child.

For parents who have not worked through the pain of their own abusive childhood, it is important to consider how preventive intervention might help to bring about that integration and resolution. In the STEEP program (Steps Toward Effective, Enjoyable Parenting), a prevention program we developed and are evaluating at the University of Minnesota (Erickson, 1989), a major goal is to help the new mother look honestly at her own childhood in a way that frees her to respond in the best possible way to her children. We seize every opportunity to tie a mother's current experiences with her baby to her own experiences in childhood, striving to help her move beyond global generalizations about the past to specific anecdotal memories of experiences with caregivers. For example, as we watch a mother comfort her tired, cranky baby, we raise questions about what the baby might be feeling, share memories of similar experiences from our own childhood, and ask such questions as, "Can you remember a time when you were little and needed to be comforted? What happened? How did you feel?" And we acknowledge how trying it can be to provide for a child what seldom was (or is) provided for us. As Selma Fraiberg and her associates described so eloquently in "Ghosts in the Nursery" (Fraiberg, Adelson, and Shapiro, 1980), spending time in the home with mother and baby can help both the therapist and the mother make important discoveries about the mother's past, and major breakthroughs in her ability to rise above that past with her own child.

Furthermore, we have found group activities to be especially powerful in bringing about a realistic examination of the past. In one exercise we place written messages on a table—messages conveyed to children in overt statements or implicitly through parents' actions. We then ask the parents to choose the messages they remember hearing as children (e.g., "You're so cute," "I can't believe you would do that," "You sure are strong," "If you do that again I'm leaving for good"). Discussion follows, focusing on the feelings those messages evoked, both positive and negative. Then mothers are asked to choose other messages they wish they had heard. Finally, they are asked to choose the messages they want to pass on to their child, symbolically discarding the messsages they do not want to repeat from their past. Mothers practice conveying those positive messages to their own child during mother-child play time. As some mothers begin to talk openly about the pain of their past, others may remember an incident or a feeling for the first time, amazed at how they had blocked it from memory for so many years. Within this context, we discuss the defenses that we

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all use to protect ourselves from pain, acknowledging the value of such defenses in enabling us to survive some terrible experiences. We also talk explicitly about the research findings which indicate that facing painful memories is a critical step in avoiding repetition of the past. This is important in helping parents recognize that the past does have a powerful influence on their present relationship and that, if they remain aware of the past, they do not have to repeat it with their own child.

Toward New Models of Self and Others

To enter into such intimate therapeutic work requires that we first build a relationship of trust. For people with a history of being maltreated, such a trusting relationship is often hard to create. Children who are abused by their caregivers grow up expecting that their needs will not be met, and that others will be hostile, rejecting, or unavailable. Abused children learn to see themselves as unlovable and unable to get what they need in a relationship. These models of other and self are carried forward, influencing abuse survivors' expectations in other relationships (Bowlby, 1980). Even when someone behaves in a loving, caring manner toward them, they may discount or defensively exclude the experience as a way of maintaining the existing models. In fact, abused children often develop behaviors that make it difficult for others to respond in a caring, supportive way. For example, children who are physically abused tend to develop aggressive, noncompliant behaviors that provoke anger from peers and teachers (e.g., Erickson, Egeland, and Pianta, 1989). We know also that infants who are not nurtured or comforted during times of distress will learn to avoid their caregiver when they're distressed. We have found that avoidant babies continue to avoid close relationships as they get older (Sroufe, 1983).

As these children grow up and become parents themselves, they may bring with them 20 years of experience that has reinforced those early negative models of other and self. It takes special effort to overcome such anger or avoidance and help the abuse survivor move toward more positive models. This is one of the major challenges for preventive intervention aimed at helping abuse survivors deal with the transition to parenthood.

Our research and intervention experience suggest that the time just before the birth of a first child is a special window of opportunity for building such a relationship of trust and supporting the young mother as she embarks on the new adventure of parenting. In the STEEP program, the participant is recruited through her obstetric clinic during the second trimester of pregnancy, before she could have been judged in any way as a failure as a parent. We have observed that most women, during this time in their pregnancy, perceive a need for some additional support and recognize the offer of such a service as an opportunity to address their own needs and to try to give their children a good start in life. They in no way seem to see the offer of this service as a judgment that they have done something wrong. The program begins with home visits during the remaining months of pregnancy, visits that are extremely flexible and allow the facilitator to meet the mother where she is, to address needs as identified and defined by the participant, and to move as slowly as necessary in developing a relationship of trust. After several weeks of relationship building through home visits, the young mother is invited to join in a group with seven to nine other mothers with due dates close to her own. The group is led by the same facilitator who makes home visits to that mother. Many mothers have affirmed our belief that their already established connection with the facilitator helped them muster the courage to join a group of strangers in talking about their children and issues from their own lives.

Facilitators do not give up on a STEEP participant, even if she misses home visits and group sessions repeatedly. If a mother says that she wants to participate, we continue to show up for home visits and to offer rides to group, just as we have promised. Several women have commented that STEEP was their first experience with someone who did not give up on them, and our persistence has paid off in many cases. Through her behavior, the STEEP facilitator in many ways contradicts the mother's models of others as unavailable and unaccepting and her model of self as unworthy of being cared for.

A strong theme throughout the STEEP program is empowerment. The message we try consistently to give to mothers is, "I believe that you can do it." The concept of empowerment is central to the way we work with the mothers around issues they face in their everyday lives, such as finding adequate housing, asking questions of health care providers, choosing child care, pursuing educational or work goals, and communicating effectively with friends and family. We constantly ask ourselves, "What does this mother need to allow her to address this issue herself?" She might need information, transportation, support, or encouragement—rarely does she need us to solve the problem for her. An empowerment approach is critical to our efforts to modify the working models that mothers with a history of abuse and neglect have of themselves. For example, if we do too much for a mother, we are reinforcing a model that she is incapable of doing things on her own. On the other hand, if we do too little, we may reinforce her model of others as unavailable and unsupportive, and we also may set her up for another failure experience that will perpetuate her model of self as incompetent and powerless.

Implicit in an empowerment approach is a focus on strengths rather than deficits. One example of a strength-focused strategy that we have found to be quite effective is the therapeutic use of videotaping of parent-child interaction. By videotaping the parent and infant together, and then viewing the tape with the parent immediately afterwards, we are able to focus on what the parent knows about her child and on behavioral strengths in both the parent and the child. Avoiding a directive, expert-type approach with the parent, we instead make comments such as, "You knew just what your child needed there, didn't you? How did you know?" Of course, there are times when we see something that we know was aversive for the baby. When we would like to see a parent try a different behavior, we might say, "I wonder what he would do if you were to try ______?" Or we ask, "What do you think your baby was feeling there?" which usually taps into the parent's ability to read the baby's signals and discover another way of responding.

In summary, research and intervention experience suggest that preventive intervention should focus on an honest examination of past maltreatment and its influence on parenting, balanced by a clear message that the participant can move beyond the past and be the parent he or she wants to be. All of this needs to happen, we believe, within a framework of a relationship of trust and support, a relationship built on the recognition that the parent's own emotional needs are valid, as are the baby's. Although there is still much to learn about breaking intergenerational cycles of maltreatment, we are hopeful that such relationship-based interventions will help parents move toward new ways of caring for their children, and for themselves.

Note: Portions of this article appeared previously in Egeland, B., and Erickson, M.F. (December, 1990). Rising above the past: Strategies for helping new mothers break the cycle of abuse and neglect. *Zero to Three, 11* (2), 29-35.

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