JOURNAL HIGHLIGHTS

-edited by Thomas F. Curran

The purpose of Journal Highlights is to inform Advisor readers of current literature and research on various aspects of child maltreatment. Selected articles from journals representing APSAC's multidisciplinary membership are presented in the form of an annotated bibliography. APSAC members are encouraged to send copies of current articles they believe would benefit Advisor readers to: Thomas F. Curran, MSW, JD, 1405 72nd Avenue, Philadelphia, PA 19126.

PHYSICAL ABUSE, NEGLECT AND EMOTIONAL ABUSE_

Ammerman, R.T. (1991). The role of the child in physical abuse: A reappraisal. Violence and Victims, 6 (2), 87-101.

This article presents a comprehensive examination of the role played by the child in physical abuse. Particular attention is devoted to the role of handicapping or developmentally disabling conditions in child abuse. Research studies over the past fifteen years that have addressed these questions are reviewed in detail, along with an analysis of the leading theoretical models for explaining child abuse.

Kelley, S.J., Walsh, J.H. and Thompson, K. (1991). Birth outcomes, health problems, and neglect with prenatal exposure to cocaine. *Pediatric Nursing*, 17 (2), 130-136.

This article discusses a study of 30 children exposed prenatally to maternal cocaine use compared to 30 nonexposed children on maternal variables, birth outcomes, health problems and issues related to child maltreatment. The cocaine-exposed infants were much more likely to have mothers who received either inadequate or no prenatal care, to be born prematurely and have more health problems beyond the newborn period. In addition, significantly more cocaine-exposed children were the subject of subsequent child abuse or neglect reports and placed in foster care. Very important policy issues concerning the management of exposed newborns and their cocaine-using mothers are discussed.

Kiser, L.J., Heston, J., Millsap, P.A. and Pruitt, D.B. (1991). Physical and sexual abuse in childhood: Relationship with post-traumatic stress disorder. Journal of the American Academy of Child and Adolescent Psychiatry, 30 (5), 776-783.

This study describes the clinical symptoms found 89 children and adolescents (with a control group of 74 non-abused children and adolescents) who experienced physical and/or sexual abuse, and examines the relationship between abuse and post-traumatic stress disorder (PTSD). The findings indicated that 55% of the children who experienced abuse developed symptoms characteristic of PTSD, whereas abused children who did not develop such symptoms exhibited more anxiety, depression and externalizing behaviors, such as delinquency and aggression. Significant differences were also found between victims reacting to single event abuse, who displayed more behavior disorders, and victims of on-going abuse, who were more disturbed. Contrary to previous research on PTSD in victims of child sexual abuse, this study found no relationship between many aspects of sexual abuse (e.g., relationship of perpetrator to victim, use of force) and the development of PTSD in victims.

Murphy, J.M., Jellinek, M., Quinn, D., Smith, G., Poitrast, F.G. and Goshko, M. (1991). Substance abuse and serious child maltreatment: Prevalence, risk and outcome in a court sample. Child Abuse and Neglect, 15 (3), 197-211

The prevalence and specific types of substance abuse in a sample of 209 cases of serious physical abuse and neglect brought before the Boston Juvenile Court during a two-year period are examined. Because of its correlational design, the study could not establish a causal relationship between substance abuse and child abuse. Nonetheless, results did reveal that parents who were documented substance abusers were significantly more likely to have been previously charged with child maltreatment, to be considered as presenting risks of danger to their children, to reject court-ordered services, and to have their children permanently removed than were non-substance abusing parents. Very difficult intervention policy questions are also discussed.

SEXUAL ABUSE

Awad, G.A. and Saunders, E.B. (1991). Male adolescent sexual assaulters: Clinical observations. Journal of Interpersonal Violence, 6(4), 446-460.

This study examined various characteristics of 49 male adolescent sexual offenders referred to the Toronto Family Court Clinic between 1980 and 1988 for assaulting females their age or older. This sample was compared to 24 male juvenile delinquents matched for social class and age, and 45 child molesters. Most of the adolescent sexual offenders were recidivists with histories of antisocial behaviors which predated or coincided with their sexual offenses, and most came from disturbed families, with a known sexual pathology in 25% of the parents. Finally, although 33% of the adolescent non-sexual offenders reported a history of physical abuse in childhood, only two reported being sexually abused.

Becker, J.V. and Stein, R.M. (1991). Is sexual erotica associated with sexual deviance in adolescent males? *International Journal of Law and Psychiatry*, 14 (1/2), 85-95.

Four factors that can possibly play a role in the commission of a sexual offense by an adolescent male were examined in this study: sexually explicit material, substance abuse, past sexual victimization, and past physical victimization. Study results could not demonstrate a relationship between use of sexually explicit material and number of victims. In fact, the majority of the subjects questioned felt sexually explicit material played no part in the commission of a sexual offense. Alcohol consumption and being physically or sexually abused were related to increased number of victims. Major problems with research on the effects of pornography are discussed.

Faller, K.C., Froning, M.L. and Lipovsky, J. (1991). The parent-child interview: Use in evaluating child allegations of sexual abuse by the parent. American Journal of Orthopsychiatry, 61 (4), 552-557.

This article reviews the practice of conjointly interviewing parents who have been named as alleged sexual abuse perpetrators with their victims to determine whether children have actually been abused. A very useful review of the relevant literature is provided, with an analysis of practical and ethical reasons why such interviews should not be conducted.

Kahn, T.J. and Chambers, H.J. (1991). Assessing reoffense risk with juvenile sexual offenders

Child Welfare, 70 (3), 333-345.

A retrospective evaluation of case data from a two-year study of 22l juvenile sexual offenders who entered one of ten treatment programs in Washington was conducted to assess reoffense risk. Very few of the variables identified as likely to affect recidivism were found to have a significant relationship to sexual reoffending. Only 14% of the juveniles thought to be "at risk" for reoffending actually recidivated during the follow-up period. Factors suggested for consideration in assessing reoffense risk include a juvenile's previous nonsexual criminal history and any possible nonsexual criminal reoffense risks.

Kendall-Tackett, K.A. and Watson, M.W. (1991). Factors that influence professionals' perceptions of behavioral indicators of child sexual abuse. Journal of Interpersonal Violence, 6 (3), 385-395.

Factors that might influence interviewers' perceptions of the convincingness of certain behavioral indicators of child sexual abuse are examined in this study. A sample of 201 professionals was interviewed and, as predicted, those who believed that children do not lie about sexual abuse were more convinced by various behavioral indicators that sexual abuse occurred than were professionals who approached cases neutrally. Contrary to prediction, interview purpose (investigative v. therapeutic) had no effect on professionals' perceptions of indicators. Age of the child, however, significantly affected perception of abuse indicators.

Long, P.J. and Jackson, J.L. (1991). Children sexually abused by multiple perpetrators: Familial risk factors and abuse characteristics.

Journal of Interpersonal Violence, 6 (2), 147-159.

Utilizing the Family Environmental Scale, this study of 324 college women examined family characteristics and characteristics of the initial abuse experience that might differentiate children abused by a single perpetrator from those victimized by more than one person. Multiple-perpetrator victims characterized their families as displaying less cohesion, less expressiveness and more conflict than did the single-perpetrator victims or the non-victims. Also, certain initial abuse characteristics, such as victim age and family deviance, appeared directly related to characteristics of later victimization. The findings suggest that family dysfunction and initial abuse characteristics may serve as risk factors for multiple victimization.

Ray, K.C., Jackson, J.L. and Townsley, R.M. (1991). Family environments of victims of intrafamilial and extrafamilial child sexual abuse. *Journal of Family Violence*, 6 (4), 365-374.

This study examined the family environments of intrafamilial and extrafamilial child sexual abuse victims to determine whether characteristics of incestuous families that appear to place children at risk for abuse can also be viewed as risk factors for extrafamilial abuse. As predicted, family characteristics associated with intrafamilial abuse were also found to be associated with extrafamilial sexual abuse. These characteristics included a lack of involvement of family members with each other, in terms of emotional support, closeness and activities that generally promote children's healthy growth and development. Families of intrafamilial victims were not found to be significantly less well-functioning than families of extrafamilial victims.

OTHER ISSUES IN CHILD MALTREATMENT_

Kahan, B. and Yorker, B.C. (1991). Munchausen Syndrome by Proxy: Clinical review and legal issues, Behavioral Sciences and the Law, 9, 73-83.

An overview of Munchausen Syndrome by Proxy is presented, including a discussion of important clinical and diagnostic features, etiology and detection, and legal issues relevant to intervention and treatment. A comprehensive case example is used to illustrate some of the unique characteristics and problems commonly found in Munchausen Syndrome by Proxy cases.

Kelley, S.J. (1991). Methodological issues in child sexual abuse research. Journal of Pediatric Nursing, 6 (1), 21-29.

Factors such as measuring a child's response to sexual abuse, sample selection, use of comparison subjects, and ethical considerations are examined in detail. Suggestions are made for strengthening sexual abuse research designs, with a review of several studies that have incorporated these suggestions.

Sivan, A.B. (1991). Preschool child development: Implications for investigation of child abuse allegations. Child Abuse and Neglect, 15 (4), 485-493.

This article summarizes those aspects of normal child development research which are particularly significant in evaluating the question of veracity in child abuse allegations by preschoolers. The author's examination of current research on young children's fears, fantasy, and play, as well as research on the influence of television on children of this age, led to the conclusion that preschoolers base their play on the reality of their experiences, not made-up stories or fantasy. Abuse investigators and attorneys should find this article especially useful

CALL FOR PAPERS

SAN DIEGO CONFERENCE ON RESPONDING TO CHILD MALTREATMENT

January 26-30, 1993

Research papers in the field of child maltreatment are solicited for presentation at the Conference. Original research papers on all issues in this field are welcome, and presentations in the areas of medical assessment and foster care are particularly encouraged. Research may be from any discipline and may have been previously presented,

but not previously published. Graduate students are encouraged to submit. Three afternoon sessions have been arranged for presentation of 20 minute papers, followed by a discussion period. Selection of presentations will be made by November 15, 1992. Four hundred word abstracts should be submitted by November 1, 1992 to:

John Landsverk, Ph. D.
Director of Research
Center for Child Protection
Children's Hospital
8001 Frost Street
San Diego, CA 92124
Phone: 691-5670-6950