

—Thomas F Curran

The purpose of Journal Highlights is to inform readers of current research on various aspects of child maltreatment. Selected articles from journals representing APSAC's multidisciplinary membership are represented in an annotated bibliography format.

## PHYSICAL ABUSE AND NEGLECT

**Dos Santos, L.M., Stewart, G., Meret, K. and Rosenberg, N.M.** (1995). Soft tissue swelling with fractures: Abuse vs nonintentional. *Pediatric Emergency Care*, 11(4), 215-216.

This brief but informative article describes 37 children under age eleven with long bone fractures seen in a large university children's hospital to determine if the amount of swelling at the fractured extremity indicated whether the fracture was the result of abuse or accident. More swelling was found in the accidental or unintentional injury group (11.2%) compared to 3.8% of the abuse group. It is suggested that this difference was attributable to a delay in getting medical treatment for the abuse group. Based on this, the authors caution that any acute fracture in children with minimal or no soft tissue swelling should be considered indicative of possible child abuse.

**Flynn, C.P.** (1996). Normative support for corporal punishment: Attitudes, correlates, and implications. *Aggression and Violent Behavior*, 1(1), 47-55.

An examination of Americans' attitudes toward the physical punishment of children is presented. Although support for spanking children was found to vary along lines of race, religion, education, and geographic location, overall, corporal punishment was found to enjoy overwhelming normative support in U.S. society. Research evidence of the harmful psychological effect of corporal punishment is reviewed, along with some reasons why our society continues its support for such "disciplinary" practices.

**Kinard, E.M.** (1995). Mother and teacher assessments of behavior problems in abused children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 34(8), 1043-1053.

This study compared maternal and teacher assessments of behavior problems in a sample of abused ( $N=172$ ) elementary school-aged children and a matched comparison group ( $N=155$ ) of nonabused children. The potential influence of maternal depressive symptomatology on these assessments was also examined. The findings support those of similar investigations reporting independent effects of abuse and maternal depression on assessment of child behavior problems. Both mothers and teachers rated the abused children, boys and girls, as having greater behavior problems than the nonabused children. The article concludes with a discussion of the need for intervention strategies to address reported behavioral problems of abused children and the role of maternal depressive symptoms.

## SEXUAL ABUSE

**Boudewyn, A.C. and Liem, J.H.** (1995). Childhood sexual abuse as a precursor to depression and self-destructive behavior in adulthood. *Journal of Traumatic Stress*, 18(3), 445-459.

Child sexual abuse as a predictor of depression and self-destructive behaviors in adulthood was examined relative to other traumatic stressors in childhood and adulthood. In a college sample of 173 men and 265 women, 16% of the male and 24% of the female respondents reported having been sexually abused as children. Childhood sexual abuse predicted depression, chronic self-destructiveness, acts of self-harm, suicide ideation and suicide attempts. The more frequent and severe the abuse and the longer its duration, the more depression and self-destructiveness was reported in adulthood.

**Cohen, J.A. and Mannarino, A.P.** (1996). A treatment outcome study for sexually abused preschool children: Initial findings. *Journal of the American Academy of Child and Adolescent Psychiatry*, 35(1), 42-50.

This study evaluated the relative efficacy of two different treatment modalities for recently sexually abused preschool children. A cognitive-behavioral intervention was compared to a nondirective supportive treatment model. The primary goal of both interventions was to study symptom reduction (based on a set minimum level of symptomatology required for inclusion in the study). Significant differences between the two groups were measured at the end of a 12-week treatment period, with the cognitive-behavior therapy group demonstrating more symptomatic improvement on almost all of the outcome measures used. There was no difference, however, in parents' reports of satisfaction between the treatments they received.

**Cosentino, C.E., Meyer-Bahlburg, H.F.L., Alpert, J.L., Weinburg, S.L. and Gaines, R.** (1995). Sexual behavior problems and psychopathology symptoms in sexually abused girls. *Journal of the American Academy of Child and Adolescent Psychiatry*, 34(8), 1033-1042.

The purpose of this study was to replicate previous research on the specificity of sexual abuse effects by employing psychiatric and nonpsychiatric controls in conjunction with a comprehension instrument for the assessment of sexual behavior. The relationship between sexual behavior problems and psychopathology symptoms, such as aggression, was also examined. Results indicated that both the sexually abused girls and the psychiatric controls manifested more sexual behavior problems and psychopathology symptoms than the nonpsychiatric controls. Excessive sexual behavior seemed to be uniquely associated with sexual abuse and occurred within the context of other forms of psychopathology symptoms, especially aggressive, externalizing behavior problems.

continued on next page

# Journal Highlights

Continued from page 31

**Cross, T.P., Whitcomb, D. and DeVos, E.** (1995). Criminal justice outcomes of prosecution of child sexual abuse: A case flow analysis *Child Abuse and Neglect*, 19(12), 1431-1442.

This study examined the progress and disposition of child sexual abuse cases referred for prosecution in four urban jurisdictions. Although most cases were accepted for prosecution, only 9% of the total sample actually went to trial. The vast majority of cases carried forward for prosecution resulted in guilty pleas. In a study that dispels many common myths about the prosecution of child sexual abuse, the authors provide a thought-provoking discussion of why child sexual abuse trials are, in fact, so rare, and what potential implications this has on pre-trial investigations.

**Faller, K.C.** (1995). A clinical sample of women who have sexually abused children *Journal of Child Sexual Abuse*, 4(3), 13-30.

This article describes a study of a clinical sample of (72) women who allegedly sexually abused a total of 332 children. A wide range of situations were discovered in which the women sexually abused children. The reported sexual activity usually involved multiple victims, and in three-fourths of cases, intrusive sexual activity (i.e., oral sex or penetration). The women also had significant problems in functioning, with high rates of substance abuse, mental illness, and other mistreatment of their children. This study also found that women sexually abused children within and outside of their own families. There was an apparent reluctance to prosecute these women, and none were tried and convicted. The author presents an important discussion regarding whether a woman must be more deviant than a man to sexually abuse a child, or merely must be more disturbed to be recognized by professionals as a sexual offender.

**Finkelhor, D. and Berliner, L.** (1995). Research on the treatment of sexually abused children: A review and recommendations *Journal of the American Academy of Child and Adolescent Psychiatry*, 34(11), 1408-1423.

This article reviews the findings from (29) research studies that used qualitative outcome measures to evaluate the effectiveness of treatments for sexually abused children. Overall, the studies reviewed document improvements in sexually abused children consistent with the popular belief that therapy naturally facilitates recovery. Interestingly, though, only five of the 29 studies examined provided evidence that recovery was not due simply to the passage of time or some other factor not associated with therapy. Certain problems, such as aggressiveness and sexualized behavior, were found to be particularly resistant to intervention. Several special considerations for future sexual abuse therapy outcome research are discussed persuasively and in detail, including: children with no symptoms; possible "sleeper" effects; abuse-focused therapy; and the significance of family context on recovery.

**Gallop, R., McKeever, P., Toner, B., Lancee, W. and Lueck, M.** (1995). The impact of childhood sexual abuse on the psychological well-being and practice of nurses *Archives of Psychiatric Nursing*, 9(3), 137-145.

The psychological well-being of nurses who reported being sexually abused as children is compared with that of nurses who reported no childhood abuse. The impact of the abuse on the nurses' professional practice is examined. Study results provide further evidence on the impact of childhood sexual abuse on the general well-being of women. Nurses who reported being sexually abused scored much lower on scales measuring self-esteem and much higher on distress scales than did nurses who reported no abuse. The discussion of the role self-esteem plays in the ability of helping professionals to function effectively in their respective jobs is insightful.

**Kaemingk, K.L., Koselka, M., Becker, J.V. and Kaplan, M.S.** (1995). Age and adolescent sexual offender arousal *Sexual Abuse: A Journal of Research and Treatment*, 7(4), 249-257.

The purpose of this study was to examine the relationship between age and sexual arousal as measured by penile plethysmography in a sample of 104 adolescent sexual offenders. As hypothesized, erectile responses were found to be negatively correlated with age. Younger adolescents had erectile responses to a greater number of measurement stimuli. Implications of this study's findings on treating adolescent sexual offenders are discussed.

**Marshall, W.L. and Mazzucco, A.** (1995). Self-esteem and parental attachments in child molesters. *Sexual Abuse: A Journal of Research and Treatment*, 7(4), 279-285.

Self-esteem and other possible indices of the quality of the subjects' parental attachments in a sample of child molesters (N=24) and nonoffenders (N=23) were evaluated. Of the various measures used, only the Social Self-Esteem Inventory and the Child Sexual Abuse Scale produced significant group differences. The molesters had lower self-esteem and were more likely to report sexual victimization than were the nonoffenders, and maternal rejection scores proved to be the best predictors of self-esteem.

**Saunders, B.E., Lipovsky, J.A. and Hanson, R.F.** (1995). Couple and familial characteristics of father-child incest families. *Journal of Family Social Work*, 1(2), 5-25.

Results from a study describing couple and family system characteristics of 54 father-child incest families are discussed. Findings indicated that, when compared to normative scores, parents in incest families reported above-average social isolation, higher levels of moral-religious emphasis and lower emphasis on personal independence. No support was found for the commonly reported enmeshed family cohesion; however, half of the couples reported significant distress, including sexual problems, in their relationships.

continued on next page

**Bjerregaard, B. and Blowers, A.N.** (1995). Charting a new frontier for self-defense claims: The applicability of the Battered Person Syndrome as a defense for parricide offenders. *University of Louisville Journal of Family Law*, 33(4), 843-873.

This article examines various legal issues involved in parricides (parents who are killed by their children), where abused children strike back and kill their parents in non-confrontational situations. The viability and desirability of asserting the "battered person syndrome" as part of a self-defense claim in such cases is examined in detail. The authors provide an overview regarding the assertion of the "battered person syndrome" defense.

**Gil, D.G.** (1996). Preventing violence in a structurally violent society: Mission impossible. *American Journal of Orthopsychiatry*, 66(1), 77-84.

While the words "child abuse" are not even used, this article presents an interesting explanation of violence from a sociopolitical and economic perspective. The author presents an argument, grounded in socio-cultural traditions, that violence prevention efforts by government agencies and professional organizations will continue to be futile because they target controlling, punishing, and changing the behavior of violent individuals rather than directly addressing the root causes of violence. The authors argue that these causes lie in oppressive and unequal social conditions and disregarded values. Food for thought regarding the commission and prevention of child maltreatment is embedded in the arguments presented.

**Gleason, W.J.** (1995). Children of battered women: Developmental delays and behavioral dysfunction. *Violence and Victims*, 10(2), 153-160.

Using a sample of 47 children living with their mothers in a battered women's shelter, this study examined the extent of developmental delays and behavioral dysfunction in these child witnesses to family violence compared with the prevalence of such delays in a normative comparison sample. Children of the battered mothers were found to have significantly greater delays and behavioral dysfunction than children in the comparison group, although no differences were found between sexes or age groups.

**Harrison-Speake, K. and Willis, F.** (1995). Ratings of the appropriateness of touch among family members. *Journal of Nonverbal Behavior*, 19(2), 85-100.

This study was designed to assess the degree of agreement regarding the appropriateness of different types of parent-child touch. No differences were related to the gender of the respondents and very few were related to the respondents' age, income, or marital status. Although cultural differences within the groups were not assessed, African-Americans rated many of the touches as being less appropriate than did whites.

**Henning, K., Leitenberg, H., Coffey, P., Turner, T. and Bennett, R.T.** (1996). Long-term psychological and social impact of witnessing physical conflict between parents. *Journal of Interpersonal Violence*, 11(1), 35-51.

A community sample of 617 adult women completed a questionnaire about witnessing parental physical conflict before the age of sixteen. Twenty percent (123) of the respondents reported witnessing some type of physical conflict between their parents. Women who reported witnessing such a conflict as children reported higher levels of current psychological distress and lower levels of social adjustment. The authors indicate the need for sensitivity to other factors associated with marital violence that could account for the effects attributed to witnessing marital physical aggression.

**Meadows, R.** (1995). What is, and what is not, Munchausen Syndrome by Proxy? *Archives of Disease in Childhood*, 72, 534-538.

Although brief, this article provides an excellent examination of Munchausen Syndrome by Proxy (MSBP), including some of the problems surrounding this diagnosis. The discussion of criteria used to diagnose MSBP, including those most recently included in the DSM IV, is especially useful. This article is a "must read" for all professionals in child protection, but particularly for those in health care.

**Milner, J.S. and Murphy, W.D.** (1995). Assessment of child physical and sexual abuse offenders. *Family Relations*, 44(10), 478-488.

This article reviews different standardized and offender-specific measures developed for the assessment of psychological, physiological, and interactive characteristics of child physical and sexual abusers. Data obtained from implementing these various measures are presented in specific detail, along with the varying degrees of success each has had in describing abusers or screening for potential child abuse. Because the available research clearly fails to provide a single offender profile for physical or sexual abuse, the authors caution that data from existing measures should not be used in any court proceeding as evidence that an individual either has or has not abused a child.

**Zaparniuk, J., Yuille, J.C. and Taylor, S.** (1995). Assessing the credibility of true and false statements. *International Journal of Law and Psychiatry*, 18(3), 343-352.

By implementing statement validity analysis (SVA), this study attempts to examine the credibility of adults' statements. Considerable attention focuses on one of the two components of SVA: criteria-based content analysis (CBCA). The other component of SVA is validity checklist. According to the authors, CBCA assesses the presence or absence of several criteria, which, they claim, often characterize true statements. No empirical support is offered for this claim. This article presents evidence of the lack of any scientific basis for SVA, and CBCA in particular.