

# JOURNAL HIGHLIGHTS

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The purpose of Journal Highlights is to inform readers of current research on various aspects of child maltreatment. APSAC members are invited to contribute to Journal Highlights by sending a copy of current articles (preferably published within the past six months), along with a two- or three-sentence review to Rochelle F. Hanson, Ph.D., National Crime Victims Research & Treatment Center, Medical University of South Carolina, Charleston, SC 29425 (FAX 843-792-2945) e-mail. hansonrf@musc.edu

## SEXUAL ABUSE

### MATERNAL SOCIAL SUPPORT SYSTEMS ASSOCIATED WITH MALTREATMENT OF PRE-SCHOOL CHILDREN

This study examined the relationship between parental social support and the occurrence of child maltreatment. Subjects were low-income maltreating mothers (mean age 26.1 yrs) of preschool-aged children and a comparable group of mothers with no history of maltreatment. Compared to demographically matched mothers, maltreating mothers listed fewer friends in their social support networks, reported less contact with friends, and gave lower ratings of quality of support received from friends. Maternal depressive symptoms, quality of current relationships, and social support from friends were each independently associated with maltreatment status in logistic regression analysis.

**Bishop, S.J., & Leadbeater, B.J. (1999).** Maternal social support patterns and child maltreatment: Comparison of maltreating and nonmaltreating mothers. *American Journal of Orthopsychiatry*, 69(2): 172-181.

### THREE STUDIES DEMONSTRATE THAT EMPATHY ENHANCEMENT FOR SEXUAL ABUSERS IS A KEY COMPONENT OF TREATMENT PROGRAMS

Enhancement of empathy for victims of sexual abuse may foster a more meaningful therapeutic involvement in sex offenders and may deter relapses. Three studies, with a total of 50 males convicted of sexual abuse (both child abuse and rape), are described in this study. Collectively, these experiments demonstrate that (1) a contextual empathy deficit existed when sexual abusers were experiencing affective precursors to abuse, (2) specialized treatment enhanced abusers' empathy for victims, and (3) treatment effectively eliminated the contextual empathy deficit that was otherwise evident during precursive moods. Empathy enhancement for sexual abuse survivors must be regarded as a key component of sexual abuser treatment programs.

**Pithers, W.D. (1999).** Empathy: Definition, enhancement, and relevance to the treatment of sexual abusers. *Journal of Interpersonal Violence*, 14(3): 257-284.

### CHILD SEXUAL ABUSE IS FOUND TO BE A STRONG PREDICTOR OF ADULT DEPRESSION IN EACH ETHNIC GROUP STUDIED

To investigate the relation of child sexual abuse to depression and whether this relation differed by ethnicity (African Americans, Mexican Americans, Native Americans, and non-Hispanic Whites), 2,003 women (between the ages of 18 and 22 yrs) were surveyed about family histories, sexual abuse, and depression. Reported rates of child sexual abuse were similar across ethnic groups; approximately one-third of each group reported some form of sexual abuse, and about one-fifth of each ethnic group reported experiencing rape. After controlling for background characteristics identified as risk factors for both child sexual abuse and depression, severity of child sexual abuse was significantly related to depressive symptoms only for non-Hispanic Whites and Mexican Americans. Child sexual abuse variables accounted for more variance in depression than background variables only for Mexican American women. Child physical abuse was the strongest predictor of adult depression and was the only significant predictor for each ethnic group.

**Roosa, M.W., Reinholtz, C., Angelini, P. J. (1999).** The relation of child sexual abuse and depression in young women: Comparisons across four ethnic groups. *Journal of Abnormal Child Psychology*, 27(1): 65-76.

### AGE OF INCIDENT AND DELAY OF REPORTING FOUND CRITICAL IN EXPERIMENTS INVESTIGATING JURORS' REACTIONS TO CASES OF REPRESSED MEMORY OF CHILD SEXUAL ASSAULT

Two experiments investigated how mock jurors react to testimony involving claims of a repressed memory in a case involving child sexual assault. Participants read a fictional civil trial summary presented in 1 of 3 conditions: (a) immediate condition, (b) repressed condition, or (c) not-repressed condition. When there was any type of delayed reporting, either the age of the alleged victim at the time of the assault was constant and her age at reporting varied (Exp 1) or the age of the alleged victim at the time of the assault varied and her age at reporting remained constant (Exp 2). The results show that (1) a delay in reporting an incident adversely affected believability of the alleged victim, (2) longer delays in reporting generally led to lower alleged victim believability and fewer decisions in support of the plaintiff than shorter delays, (3) the age of the alleged victim at the time of the incident was a critical variable in determining belief of the alleged victim, and (4) men generally rated believability of the alleged victim lower and ruled in favor of the plaintiff less often than women. The results are discussed in terms of the psychosocial factors affecting the perception of delayed reporting in a child sexual assault trial.

**Golding, J.M., Sanchez, R.P., & Segó, S.A. (1999).** Brief research report: Age factors affecting the believability of repressed memories of child sexual assault. *Law & Human Behavior*, 23(2): 257-268.

PHYSICAL ABUSE

**MRI IS FOUND TO BE THE TEST OF CHOICE FOR CHILDREN PRESENTING WITH UNEXPLAINED NEUROLOGIC SIGNS**

This study examined the usefulness of cerebral magnetic resonance imaging (MRI) to detect possible child abuse in children with unexplained neurologic findings. The sample included 208 children referred for suspected physical child abuse to a child protection clinic. Among them, 39 children presented initially with neurological findings. For 27 of them, the CT scan results prompted the diagnosis of child abuse. However, in 12 children (aged 1-8 mo), the diagnosis and/or the mechanisms of the neurologic distress remained obscure. Investigation was completed with MRI studies in those 12 cases. MRI findings were diagnostic for physical abuse in eight cases. A diagnosis of child abuse was made in two more cases by a combination of MRI and skeletal survey findings. In one case, MRI was suggestive but the diagnosis of child abuse could not be confirmed. One case was misinterpreted as normal. It is concluded that MRI is the test of choice to rule out child abuse, when faced with a child presenting with unexplained neurologic signs lasting for a few days.

**Chabrol, B., Decarie, J., & Fortin, G. (1999).** The role of cranial MRI in identifying patients suffering from child abuse and presenting with unexplained neurological findings. *Child Abuse & Neglect, 23(3): 217-228.*

**SIGNIFICANT RELATIONSHIPS FOUND BETWEEN MATERNAL ABUSE POTENTIAL AND DEVELOPMENT PROBLEMS IN PRESCHOOL CHILDREN**

This study examined the potential impact of adolescent mothers' abuse on the development of preschool children. The specific aims were to demonstrate relationships between maternal abuse potential and developmental problems in preschool children, to examine these relationships across time, and to determine whether maternal abuse potential predicted developmental delays after controlling for problematic parenting orientations. Using a longitudinal design, the authors examined 146 first-time mothers (aged 14-19 yrs) and their children. Regression analyses revealed significant relationships between maternal abuse potential and a variety of developmental problems. Path analyses revealed unidirectional relationships between abuse potential predicting IQ and adaptive behaviors. Maternal abuse potential at 1 and 3 years predicted intelligence and adaptive behavior at ages 3 and 5.

**Dukewich, T.L., Borkowski, J.G., & Whitman, T.L. (1999).** A longitudinal analysis of maternal abuse potential and developmental delays in children of adolescent mothers. *Child Abuse & Neglect, 23(5): 405-420.*

**STUDY OF CASES REFERRED TO CPS LOOKS AT PATTERNS OF SERVICE INVOLVEMENT AND RATINGS OF SERVICE GOALS AND OBSTACLES**

This study examined the treatment histories, and the service needs, concerns, and involvement of cases referred to Child Protective Services (CPS) following an allegation of child physical or sexual abuse, in an effort to document their service experiences. Standardized clinical assessments were conducted with 86 child victims and their caregivers at intake and at a second assessment about four to eight months later. Group differences due to informant type and abuse allegation were examined at each assessment and across time. Thirty percent of the caregivers and children had a past history of psychiatric hospitalization. Reports from both informants at intake identified a range of perceived service needs, treatment goals, and obstacles to service participation. At the post-service assessment, children and their caregivers reported high rates of family (54%, 51%) and parent counseling (50%, 51%), and lower rates for child treatment (13%, 18%). Some significant differences between the two abuse subgroups were found in their patterns of service involvement and in their ratings of service goals and obstacles. Four variables predicted overall family service use at intake: child is Caucasian, low child anxiety, high parental distress, and parental abuse history as a child.

**Kolko, D. J., Seleyo, J., & Brown, E. J. (1999).** The treatment histories and service involvement of physically and sexually abusive families: Description, correspondence, and clinical correlates. *Child Abuse & Neglect, 23(5): 459-476.*

OTHER ISSUES IN CHILD MALTREATMENT

**REVIEW OF THE LITERATURE CITES CURRENT FINDINGS ON RESILIENCE TO MALTREATMENT IN CHILDHOOD AND ADOLESCENCE**

This article reviews the current research literature on resilience to maltreatment in childhood and adolescence. First, the methodological issues applicable to this area of research are addressed. Second, the empirical literature on the protective factors believed to contribute to resilience to maltreatment are reviewed. Finally, specific issues raised in each study are addressed. The current findings are summarized and an integrated descriptive picture, based on the extant literature of the processes and factors contributing to the development of resilience to childhood maltreatment, is outlined.

**Heller, S. S., Larrieu, J.A., D'Imperio, R., & Boris, N. W. (1999).** Research on resilience to child maltreatment: Empirical considerations. *Child Abuse & Neglect, 23(4): 321-338.*

## CREATION OF AN OMBUDSMAN'S OFFICE LEADS TO CHANGES IN CHILD WELFARE SYSTEM

This article examined the changes in a child welfare system created by establishing an ombudsman's office to investigate complaints regarding children in the foster care, adoption, and child protection systems. Serving as a complaint office, the Michigan Office of Children's Ombudsman investigated 443 cases involving 820 children, during its first 18 months of operation. Information was collected regarding the nature of abuse and system concerns identified in child protective services, foster care, and adoption agencies from across the State. Information was also collected regarding changes in agency practices or procedures and legislation resulting from case investigation. The Children's Ombudsman in Michigan identified 209 cases in which "administrative acts" of child protective services, foster care, or adoption agencies led to real or potential harm to children. Through investigation of these complaints, a number of areas of concern in the child welfare system were identified, resulting in changes in case management, investigation, and service provision.

**Bearup, R. S., & Palusci, V. J. (1999).** Improving child welfare through a children's ombudsman. *Child Abuse & Neglect*, 23(5): 449-457.

## CONFERENCES

**October 31-November 2, 1999.** *National Association of Public Child Welfare Administrators Fall Meeting.* Savannah, Georgia. Sponsored by the American Public Human Services Association. Visit Website at [www.aphsa.org](http://www.aphsa.org).

**November 6-19, 1999.** *13<sup>th</sup> Annual Conference, Counseling and Treating People of Color, An International Perspective.* Honolulu, Hawaii. Call 516-444-2139.

**November 14-17, 1999.** *15<sup>th</sup> Annual Meeting, International Society for Traumatic Stress Studies.* Miami, Florida. Sponsored by the International Society for Traumatic Stress Studies of Illinois. Call 847-480-9028.

**November 14, 1999.** *Advanced Training Institutes* held in conjunction with the Northeast Child Maltreatment Conference. Call APSAC at 312-554-0166.

**November 15-17, 1999.** *Northeast Child Maltreatment Conference.* Providence, Rhode Island. Sponsored by MSPCC, APSAC, MRCAC, and Tufts University School of Medicine. Call 617-636-6579.

**December 1-4, 1999.** *3<sup>rd</sup> Annual Pediatric Forensic Issues.* Lake Buena Vista, Florida. Sponsored by the Institute for Pediatric Medical Education & Society for Pediatric Pathology. Call 301-263-9360.

**December 6-7, 1999.** *Kid Power Health & Safety Forum.* Washington, D.C. Presented by The Kid Power Xchange. Call 800-882-8684 or 973-256-0211.

**January 27-28, 2000.** *Stop the Hurt! Child Sexual Abuse Conference.* Tupelo, Mississippi. Sponsored by Stop the Hurt Foundation and the Create Foundation, Inc. Call 662-841-3872.

**March 7-10, 2000.** *16<sup>th</sup> National Symposium on Child Sexual Abuse.* Huntsville, Alabama. Sponsored by the National Children's Advocacy Center. Call 256-534-1328.

**March 7-10, 2000.** *Great Lakes Native American Conference.* Sponsored by the Great Lakes US Attorney's Offices (MI, MN, WI), US Dept. of Interior-Bureau of Indian Affairs Law Enforcement Services, and US Dept. of Justice, Office for Victims of Crime. Call 616-456-2427 X3032.

**September 23-27, 2000.** *5<sup>th</sup> International Conference on Family Violence.* San Diego, California. Sponsored by the Family Violence and Sexual Assault Institute. Call 619-623-2777 X406 or email [jmarciano@mail.cspp.edu](mailto:jmarciano@mail.cspp.edu).

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