

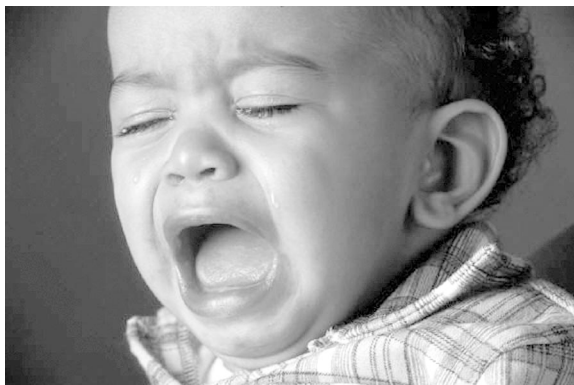
Journal Highlights

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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 by mailing a copy of current articles (preferably published within the past 6 months) along with a two- or three-sentence review to the editors of the APSAC Advisor at the address listed on the back cover, or by E-mail to JSRycus@aol.com.

The Impact of Trauma on Child Development

This article summarizes the growing body of research linking childhood experiences of abuse and neglect to serious, life-long consequences. The author delineates the negative impact of abuse and neglect on two fundamental developmental processes—neurodevelopment (the physical and biological growth of the brain, nervous, and endocrine systems) and psychosocial development (personality formation including morals, values, and social conduct). Putnam contends that “[s]uccessful prevention of child abuse and neglect will do more to eliminate its pernicious effects than any combination of treatments. Indeed, the mainstay of public health effects is that the prevention of disease is the most cost-effective intervention” (p. 7). He indicates that when abuse cannot be prevented, several empirically-supported treatment options can help mitigate its impact. Putnam provides research citations for several of these treatments, including cognitive behavioral therapy (CBT), trauma-focused CBT, and parent-child interaction therapy. In addition to making general recommendations for judges regarding child abuse and neglect cases, Putnam calls on policy makers and the general public to demand better services for children who have been maltreated, stating that, without such action, “this tragic legacy will continue across generations” (p. 9).



Putnam, F. (2006, Winter). The impact of trauma on child development. *Juvenile and Family Court Journal*, 57(1), 1-11.

Children’s Disclosure Patterns—Summary of Research Findings

Olafson and Lederman provide an extensive and objective summary of critical research concerning children’s disclosure patterns in child sexual abuse cases, and they summarize findings in a concise, 11-point chart. According to the authors, research concludes that most victims delay disclosure, often until adulthood. However, researchers disagree about rates of disclosure and of recantation among children. Gradual disclosures over time are common, and more than one interview may be necessary to achieve full disclosure. The rates and patterns of disclosure can be affected by whether there have been prior disclosures, the level of support to the child victim by nonoffending parents, the developmental level of the child victim,

and the child’s relationship to the perpetrator. The authors inform judges that simply knowing the law is often insufficient to deal effectively with child sexual abuse cases; a thorough understanding of the findings of sexual abuse research will “enhance their ability to make just decisions by applying the law to the facts” (p. 38). While the article was written primarily to update judges, the succinct, objective, and timely presentation of this article makes it relevant for anyone serving sexually abused children.

Olafson, E., & Lederman, C. S. (2006, Winter). The state of the debate about children’s disclosure patterns in child sexual abuse cases. *Juvenile and Family Court Journal*, 57(1), 27-40.

Current Findings Regarding Medical Evidence in Child Sexual Abuse

This article reviews the historical evolution of medical knowledge and clinical expertise in child sexual abuse. Frasier and Makoroff outline research over the past 25 years that has expanded medical knowledge related to child sexual abuse and that has debunked many myths regarding female genital anatomy that were based largely on dogma combined with a lack of empirical research. Early child abuse specialists assumed that documentable physical evidence would be critical in enabling physicians to determine the facts in sexual abuse cases. Research has demonstrated that even in cases of alleged genital or anal penetration, physical evidence is rare and sexually transmitted infections are uncommon. This requires considerable medical interpretation. The authors stress that all “professionals involved in a sexual abuse case [must] understand that a child’s credible history of sexual abuse should not be discounted because the child has a normal genital examination” (p. 45). An important feature of this article is a review of specific criteria to be used in evaluating expert witnesses who are testifying about medical findings in sexual abuse cases, including their knowledge regarding the current state of science and their recent training and clinical experience.

Frasier, L., & Makoroff, K. (2006, Winter). Medical evidence and expert testimony in child sexual abuse. *Juvenile and Family Court Journal*, 57(1), 41-50.

Diversity as a Variable in Child Maltreatment Research

In this article, Miller and Cross replicated a prior content analysis study by Behl et al. (2001)* that examined the ways ethnicity has been studied as a variable in child maltreatment research. There has been considerable concern about the disproportionate number of

Cont’d on page 14

children of color served by the public child welfare systems. To address the complex issues inherent in this concern, the authors suggest that empirical research include a focus on ethnicity in all investigations. In this article, the authors studied the use of ethnicity in research by reviewing articles published in three child maltreatment specialty journals over a 20-year period from 1977 to 1998. The findings of the new study indicate that there have been recognizable but small increases in attention to ethnicity in child maltreatment research. The authors found that the percentage of articles focusing on ethnicity was still less than 10%. Fifty percent of the articles reported ethnic composition and 24% used ethnicity in data analyses. The latter showed the largest gain in use of ethnicity in research since the Behl et al. study. The authors encourage continued inclusion by researchers of ethnicity as a variable in child maltreatment research.

Miller, A., & Cross, T. (2006, January). Ethnicity in child maltreatment research: A replication of Behl et al.'s content analysis. *Child Maltreatment, 11*(1), 16-26.

* Behl, L., Crouch, J., May, P., Valente, L., & Conyngham, H. (2001, February). Ethnicity in child maltreatment research: A content analysis. *Child Maltreatment, 6*(2), 143-147.



Child Abuse and Bone Fractures

Multiple and unexplained fractures in infants and toddlers often indicate they are victims of child abuse. There are times when medical conditions can also cause multiple fractures. Many parents whose children have been diagnosed with metabolic or genetic bone disease have discovered the diagnosis as a result of allegations of child abuse. This article presents the differential diagnosis of multiple fractures and the diagnostic testing clinicians can use to assess the cause of multiple fractures in infants and toddlers. The article includes a discussion of bone diseases that affect children of this age

including osteogenesis imperfecta, rickets, osteomyelitis, copper deficiency, fractures secondary to demineralization from paralysis, and issues related to preterm birth. The authors suggest a careful review of the clinical history and a careful examination for other signs of abuse or neglect are essential when children come for treatment of multiple fractures.

Jenny, C., for the Committee on Child Abuse and Neglect. (2006). Evaluating infants and young children with multiple fractures. *Pediatrics, 118*, 1299-1303.

Burns and Child Neglect

This article describes the results of a retrospective study of 440 hospitalized pediatric burn patients during 2000–2002. The study employed a multidisciplinary team investigation of suspicious cases, which included a home assessment. Researchers identified 395 cases of accidental burning (89.8%) compared with 41 cases of neglect (9.3%). Several family conditions, including parental drug abuse, single parent families, delay to presentation, and lack of first aid were statistically more prevalent in the children identified as neglected than in the group of children accidentally burned. The children in the neglect group were also statistically more likely to have deeper burns and require skin grafting. Findings show that 82.9% of children whose burns were deemed to be due to neglect had a previous entry on the child protection register; 48.8% were transferred into foster care. The authors conclude that burning by neglect is far more prevalent than by abuse, and they advocate for a multidisciplinary investigation coupled with the use of home assessments to aid in diagnosis, which includes a goal of targeting preventive strategies for children with the above risk factors.

Chester, D., Jose, R., Aldlyami, E., King, H., & Moiemem, N. (2006, March). Non-accidental burns in children—Are we neglecting neglect? *Burns, 32*(2), 222-228.

Empowering Mothers Who Abuse Substances

Mothers who use substances constitute 80% of those involved in the child welfare system. The process of recovery from addiction is a difficult one, and the Adoption and Safe Families Act of 1997 created time frames that challenge recovery time for mothers whose children are in the child welfare system. Practitioners working with this population need to act quickly if mothers are to complete their recovery programs within time frames for reunification. This article discusses results of a qualitative study of women with substance abuse problems who are involved in the child welfare system. Thirty-four women participated in focus groups. The data analysis revealed several predominant themes, which the author organized into two categories: (1) obstacles to family reunification, including the infrequency of mothers' visits with their children, lack of communication among service providers, and limited services for children, and (2) recommendations for change, such as a stronger family focus in substance abuse treatment, more support for the family once treatment is completed and the children are returned home, and more training for child welfare workers on addiction and recovery issues. The author advocates for a strengths-based empowerment approach to working with mothers with substance abuse issues.

Smith, N. A. (2006). Empowering the "unfit" mother: Increasing empathy, redefining the label. *Affilia: Journal of Women and Social Work, 21*(4), 448-457.

Standardizing Definitions of Child Maltreatment

The authors of this article tested whether they could develop more reliable definitions of child maltreatment and processes for substantiating maltreatment, and whether child welfare caseworkers would be comfortable with and accepting of this revised approach. Determinations from five field sites were compared with those made by master reviewers (made while listening to case presentations from the field sites). Agreement, sensitivity, specificity, positive predictive values, and negative predictive values were high overall and for each type of maltreatment. Agreement among raters was substantially improved. The revised definitions and determination process were well liked by caseworkers and other stakeholders. The authors contend that while implementing standardized definitions in a typical child protective services environment posed myriad political challenges, the study results suggest that achieving reliable substantiation determinations may be a feasible goal.

Slep, A., & Heyman, R. (2006, August). Creating and field-testing child maltreatment definitions: Improving the reliability of substantiation determinations. *Child Maltreatment, 11*(3), 217-236.

Influencing Child Maltreatment Policy

Noting that public policy can be a powerful tool to aid children and their families, the authors of this article address how psychologists and other child-oriented researchers can leverage this tool to ensure that child and family issues, specifically issues related to child abuse and neglect, receive adequate attention. They encourage a bidirectional relationship between policy makers and child maltreatment experts through which policy makers would solicit and employ relevant expertise provided by psychologists. Toward this end, this article offers practical guidance to psychologists on understanding the process of making policy, how to become familiar with relevant policy, communicating effectively with policymakers, and understanding the unique contributions psychologists can make to the policy development process.

Portwood, S., & Dodgen, D. (2005, November). Influencing policymaking for maltreated children and their families. *Journal of Clinical Child and Adolescent Psychology, 34*(4), 628-637.

Differential Outcomes of Different Forms of Maltreatment

The authors tested the hypothesis that different traumatic experiences contributed in variable degrees to different mental pathologies. A total of 223 young adult nonpatients were assessed with the help of self-reports. The role of six different trauma experiences (broken home, dysfunctional family, family violence, child sexual abuse,

severe child sexual abuse, and adult sexual abuse) were assessed related to six different conditions or pathologies (depression, somatization, borderline, overall physical health, overall mental health, and alexithymia [i.e., difficulty in recognizing and describing one's emotions and in defining them in terms of somatic sensation or behaviors.]) A series of multivariate analyses of variance and Roy-Bargmann stepdown analyses were used. The results confirmed that individual traumatic experiences were associated with different subsequent pathologies. Specifically, borderline pathology resulted from sexual abuse, somatization from severe child sexual abuse, and depression from dysfunctional or broken family constellations. Family violence was associated with poorer overall mental health and alexithymia. None of the trauma variables was associated with overall physical health. Most of these relationships have been reported in the literature based on results from different clinical samples.

Modestin, J., Furrer, R., & Malti, T. (2005, March). Different traumatic experiences are associated with different pathologies. *Psychiatric Quarterly, 76*(1), 19-32.



Home Visitation by Nurses and Child Maltreatment Recurrence

This study investigated whether home visitation by nurses with disadvantaged first-time mothers would reduce recidivism in samples of families in which children had previously been maltreated. In the study, 163 families with a history of one index child having been exposed to physical abuse or neglect were enrolled in a randomized controlled trial that compared standard treatment with a program of home visitation by nurses in addition to standard treatment. The primary study outcome was recurrence of physical abuse and neglect, based on a standardized review of child protection records. At 3-years' follow up, records were available for 160 of 163 families (98%); 139 (85%) completed follow-up. Recurrence of child physical abuse and neglect did not differ between the control and intervention groups. However,

hospital records showed significantly higher recurrence of either physical abuse or neglect in the intervention group. There were no differences between groups for the other secondary measures. The authors conclude that this strategy does not seem to be effective in preventing recurrences of physical abuse and neglect in families associated with the child protection system, and they suggest more effort be made toward prevention.

MacMillan, H., Thomas, B., Jamieson, E., Walsh, C., Boyle, M., Shannon, H., & Gafni, A. (2005, May 21-27). Effectiveness of home visitation by public-health nurses in prevention of the recurrence of child physical abuse and neglect: A randomised controlled trial. *Lancet, 365*(9473), 1786-1793.