

Physical/Sexual/Emotional Abuse

Additional Resources

Title, Date & Author	Brief Synopsis	Additional Notes
<p>American Academy of Pediatrics Committee on Child Abuse and Neglect. (2001). Shaken baby syndrome: Rotational cranial injuries – technical report. <i>Pediatrics</i> 108(1), 206-210.</p>	<p>After some controversy highlighted by a <i>New York Times</i> article as to criminal proceedings involving Shaken Baby Syndrome, the American Academy of Pediatrics clarifies its position that Shaken Baby Syndrome is a clearly definable medical condition. This report sets forth the etiology, clinical features, evaluation, and pathology, as well as recommendations for treatment and prevention.</p>	<p>Excellent explanation of the serious form of abuse of violently shaking a child up to 5 years of age, and the consequences, with an exhaustive list of references.</p> <p>http://pediatrics.aappublications.org/</p>
<p>Kellogg, N. D., & the American Academy of Pediatrics Committee on Child Abuse and Neglect. (2005). The evaluation of sexual abuse in children. <i>Pediatrics</i>, 116(2), 506-512.</p> <p>http://aappolicy.aappublications.org/</p>	<p>Comprehensive report to guide pediatricians in making a medical assessment of suspected child sexual abuse. It is divided into discussions of the definition of sexual abuse, interviewing, physical examinations, laboratory data, diagnostic considerations, treatment, and legal issues. The need to report and coordination with other professionals by the pediatrician are also considered.</p>	<p>The references at the end can be invaluable for more particular issues or more detailed information, but this article is sufficient in itself for a good overview for the Court.</p>
<p>Giardino, A.P., Harris, T.B., & Giardino, E.R. (2009, July 28). Child abuse and neglect, post traumatic stress disorder. Retrieved from http://emedicine.medscape.com/article/916007-diagnosis. Accessed [14 Feb 2011].</p>	<p>Outlines the essential features of PTSD and then examines the nature of the effects of traumatic experiences on the psychic functioning and emotions of children. There is also a helpful discussion on how to recognize the effects of traumatic experiences on the child's physiology. The most common symptoms of PTSD in children are pointed out along with causes and the differential diagnoses. This is followed by the tests available, treatment, and specific medications frequently used.</p>	<p>This is useful, comprehensive article (14 pages) as to the topic of PTSD in children, and an extensive list of references is provided.</p> <p>http://emedicine.medscape.com/</p>

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<p>Teicher, M.H., Samson, J.A., Polcari, A, & McGreenery, C.E. (2006). Sticks, stones and hurtful words: Relative effects of various forms of childhood maltreatment. <i>American Journal of Psychiatry</i>, 162 (6), 993-1000.</p>	<p>Parental verbal aggression has received little attention as a specific form of abuse. This article is a study that delineates the impact of parental verbal aggression, witnessing domestic violence, physical abuse and sexual abuse by themselves and in combination, on psychiatric symptoms. The article concludes that parental verbal aggression is a potent form of maltreatment. Most maltreated children have been exposed to multiple forms of abuse, and the different forms of abuse and their combinations result in different psychiatric symptoms.</p>	<p>http://ajp.psychiatryonline.org/</p>
<p>Silovsky, J.F., & Bonner, B.L. (2004). <i>National Center on Sexual Behavior of Youth Fact Sheet - Sexual development and sexual behavior problems – ages 2 – 12</i> (OJJDP grant number 01-JR-Bx-K002). The University of Oklahoma.</p>	<p>This fact sheet provides basic information about sexual development and problematic sexual behavior in children ages 2 to 12. The article provides the typical sexual knowledge of children ages 2 to 6 and ages 7 to 12. Further, the article provides a list of common sexual behaviors for children ages 2 to 6 and 7 to 12 and a list of infrequent sexual behaviors for children ages 2 to 12. Also found in this article is a description of accepted “sexual play” as compared to “problematic sexual behavior.” A child with a sexual behavior problem is described as a child 12 years or younger who demonstrates developmentally inappropriate or aggressive sexual behavior.</p>	<p>http://ncsby.org/</p>
<p>American Humane Association (2007). <i>American Humane Factsheet – emotional abuse</i>. Retrieved from http://www.americanhumane.org/children/stop-child-abuse/fact-sheets/emotional-abuse.html on 15 February 2011.</p>	<p>This article describes what emotional abuse includes: ignoring, rejecting, isolating, exploiting or corrupting, verbally assaulting, terrorizing, and neglecting the child. However, the article cautions that occasional negative attitudes or actions of parents should not be considered emotional abuse, noting that even the best parents “lose control” and say hurtful things to a child, may fail to give the child desired attention, or may unintentionally scare a child. The article describes the effects of emotional abuse and how emotional abuse may be prevented.</p>	<p>http://www.americanhumane.org/</p>

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<p>Abdulhamid, I., & Siegel, P.T. (2008, March 26). <i>Munchausen Syndrome by proxy</i>. Retrieved February 15, 2011, from http://emedicine.medscape.com/article/917525-overview</p>	<p>Munchausen Syndrome by Proxy (MSBP) is a covert, potentially lethal and frequently misunderstood form of child abuse and is difficult to detect. The results of such an illness if not detected is a serious injury or death to a child. The article reports that mothers are usually the perpetrator of the child's illnesses and that the child usually is presented to the medical provider as suffering from a variety of symptoms which do not conform to any disease and do not respond to treatment. If correctly diagnosed long term treatment of both the perpetrator and child is necessary.</p>	<p>This article provides an overview of MSBP which is a term to describe adults who fabricate illnesses to get medical attention for a child.</p> <p>http://emedicine.medscape.com/</p>
<p>Wotherspoon, E., Hawkins, E., Clinton, J., Vellet, S. & Pirie, J. (2010). Infant emotional trauma: Bringing the science of early childhood development into family court. <i>Michigan Child Welfare Law Journal</i>, 13(2), 4-16.</p>	<p>The article specifically addresses the consequences to infants who are emotionally abused. Infant emotional trauma differs from trauma occurring later in life because the infant's brain development is greatly influenced by (1) the quality of the infant's environment, particularly the environment of relationships, and (2) the physical and psychological impact of chronic stress and under stimulation.</p> <p>Because an infant's stress response system is not fully developed, it is highly sensitive to the actions of the caregiver. A baby who is roughly or inconsistently handled develops a more reactive stress response. Caregivers who do not read the infant's cues or soothe distress create the conditions for potentially toxic levels of stress hormones. Severe emotional trauma in the first two years of life, therefore, is not caused by a single incident but the result of repetitive and sustained failure of the caregiver to help the infant manage distress.</p>	<p>http://chanceatchildhood.msu.edu/</p>
<p>Child Welfare Information Gateway. (2009) <i>Understanding the effects of maltreatment on brain development</i>. US Department</p>	<p>This report summarizes the impact of maltreatment on infants and adolescents. In infants, maltreatment can result in persistent fear responses, hyperarousal, dissociation, and a disrupted attachment</p>	<p>http://www.childwelfare.gov/</p>

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<p>of Health and Human Services, Administration for Children and Families, Children's Bureau, November 2009, 1-17.</p>	<p>process.</p> <p>In adolescents, maltreatment can result in the underdevelopment of the portion of the brain that deals with executive functioning and hyperdevelopment of the portion of the brain that deals with survival instincts, resulting in increased impulsive behavior.</p> <p>Children who have been maltreated are also at a greater risk to develop, as both children and adults, depression, irritability in the limbic system, dissociative disorders, memory impairments, and ADHD.</p>	
<p>Stirling, J. & Amaya-Jackson, L. (2008). Understanding the behavioral and emotional consequences of child abuse. <i>Pediatrics</i>, 122(3), 667-673.</p> <p>http://pediatrics.aappublications.org/</p>	<p>This clinical report discusses the behavioral problems that result from early abuse and neglect, and discusses the important role of the pediatrician dealing with such abused/neglected children.</p>	<p>This report has limited relevance for dependency judges, in that it is geared toward pediatricians who are treating abused and neglected children. However, the detailed discussion of the behavioral problems that result from abuse/neglect is useful.</p>