

Additional Forms of Child Maltreatment

Chapter 7

Focus of Lecture

- This power point presentation only focuses on two of the additional forms of child maltreatment in Chapter 7 of the book.
 - Munchausen Syndrome by Proxy
 - Child Exposure to Intimate Partner Violence

Munchausen Syndrome By Proxy (MSP)

- In the DSM, this disorder is also called, “factitious disorder by proxy”
- Considered “atypical” child abuse
- There are 3 types of behavior that are seen in MSP. Some caregivers use all 3, others do not.
 - Exaggeration
 - The caregiver “embellishes” an actual problem the child is having
 - Fabrication
 - The caregiver makes up symptoms that the child does not have
 - Induction
 - The caregiver does things to make the child sick

MSP con't

- Exaggeration, fabrication, and induction are all problematic for the child. Any of these activities may subject the child to unnecessary (sometimes dangerous) procedures
- Most cases of MSP involve medical problems, but there is evidence that sometimes caregivers focus on psychological and educational problems
- Research indicates that the average length of time from first report of symptoms to diagnosis of MSP is about 22 months, nearly two years!

Victims of MPS

- Mostly under the age of 4
 - Because they are less likely to speak out and talk to the medical personnel about their symptoms
 - However, there are sometimes older victims (e.g., 25% of victims are over the age of 6 years)
 - Why do older children go along with the “lie?”
 - Sometimes caregivers promise them rewards for cooperation or they punish the child if he/she doesn't cooperate
- Males and females are equally likely to be victims

Perpetrators of MSP

- Mostly mothers (~77%)
- Mostly Caucasian
- Older than parents who engage in other types of maltreatment
- Usually middle-class
- Have a good knowledge of health care; often have worked in the medical profession in some capacity
- Some are mentally ill

Risk Factors to Engage in MSP

- Mothers like the attention they receive when child is ill
- Mothers find gratification from appearing to be such good mothers who are so concerned about their children
- When the child is hospitalized, it relieves the mother of parenting responsibilities
- Mothers may want to keep the child at home with them (a sick child can't go to school or to a friend's house or play outside)
- Mothers may be seeking help for parenting

Munchausen Syndrome By Proxy vs. Typical Child Abuse

(from Check, J. R. 1998)

	Typical Child Abuse	Munchausen Syndrome by Proxy
Physical Presentation of the Child	Results from direct physical contact with the child; signs often detected by others	Misrepresentation of an acute or accidental medical or surgical illness not usually obvious on physical examination
Obtaining the Diagnosis	The perpetrator does not invite the discovery of the abuse	The perpetrator usually presents the <i>manifestation</i> of the abuse to the health care system
Victims	Children are either the objects of frustration and anger or are receiving undue or inappropriate punishment	Children serve as the means for the mother to gain the attention she desires; anger is not the primary causal factor
Awareness of Abuse by the Child	Usually present	Not usually present bc the children are usually young

Munchausen Syndrome By Proxy

- Mothers typically establish a good relationship with medical personnel
- Medical personnel often think of the mother as super caring and concerned, not someone who would hurt her child
- Two ways to assess whether the child's symptoms are MSP
 - Separate mother and child for a few days
 - Use surveillance video. In one study, 23/41 chronic unexplained illnesses in children were MSP. 12 of the 23 cases were discovered to be MSP using video surveillance (Hall, 2000). There are a couple downsides to surveillance
 - Surveillance equipment and monitoring is expensive
 - Children may be continually harmed while gathering evidence

Controversies Related to MSP

- Arguments over whether we should focus on child or parent's motivation
 - Some say that we can't know the motivation, so it's best to describe the child as having "pediatric condition falsification"
- Incorrect Diagnosis
 - As medical personnel become more familiar with MSP, is it possible that they will be accusing more parents who are not harming their children (False positives)?
 - For example, one of the most common symptoms (sleep apnea) is quite common in children overall. Doctors wouldn't want to diagnosis a parent with MSP just because the child has sleep apnea

Children Exposed to Intimate Partner Violence (IPV)

- IPV is an act of physical or psychological aggression from one individual to his/her partner
- Very controversial as to who is more likely to engage in IPV, men or women depending on how and who is surveyed
- Johnson (1995) proposed that there are really two types of IPV
 - Situational Couple Violence—perpetrated equally by men and women; mild violence (e.g., slapping) likely to occur when a conflict gets out of hand
 - Coercive Couple Violence—more often perpetrated by men; sometimes there is a component of physical abuse, but the distinctive feature of this type of violence is psychological control. Has to do with power and control.

Children Exposed to IPV

- I mention the two types of violence (on prior slide) because when we talk about how many children are exposed to IPV or what the consequences of this exposure are, there is really no information on what TYPE of violence children are exposed to.
- Situational Couple Violence occurs much more frequently than Coercive Couple Violence; however, surveys do not differentiate these two types of IPV

Children Exposed to IPV—Legal Issues *(taken from*

http://www.childwelfare.gov/systemwide/laws_policies/statutes/witnessdv.cfm)

- “The witnessing of domestic violence can be auditory, visual, or inferred, including cases in which the child perceives the aftermath of violence, such as physical injuries to family members or damage to property.
- The legal system is beginning to recognize the need to protect and care for these children. Approximately 22 States and Puerto Rico currently address in statute the issue of children who witness domestic violence in their homes.
- **Circumstances That Constitute Witnessing**
 - A child is a witness to domestic violence when an act that is defined as domestic violence is committed in the presence of or perceived by the child. In six States, the definition goes no further than that. In 14 States and Puerto Rico, the language used is more specific, stating that witnessing by a child occurs when the child is physically present or can see or hear the act of violence.
 - In 10 States, the laws apply to any child who may be present or a witness to the act of domestic violence. In 10 States and Puerto Rico, the laws apply specifically to a child who is related to or a member of the household of the victim or perpetrator of the violence.”

Children Exposed to IPV—Legal Issues con't (taken from

http://www.childwelfare.gov/systemwide/laws_policies/statutes/witnessdv.cfm)

- **Legal Consequences**

- In many States, a conviction for domestic violence that was committed in the presence of a child may result in harsher penalties than a conviction for domestic violence without a child present.
- Approximately eight States consider an act of domestic violence committed in the presence of a child an "aggravating circumstance" in their sentencing guidelines. This usually results in a longer jail term, an increased fine, or both.
- An additional five States, while not using the term "aggravating circumstance," require more severe penalties.
- In five States, committing domestic violence in the presence of a child is a separate crime that may be charged separately or in addition to the act of violence."
- 3 States require perpetrators of domestic violence to pay for any counseling that a child victim may require. Ohio and Oklahoma require the offenders to undergo counseling. Indiana requires that visitation of a noncustodial parent who has been convicted of domestic violence in the presence of his or her noncustodial child be supervised for at least 1 year and not more than 2 years following the act of domestic violence."

Children Exposed to IPV—Legal Issues con't

- Michigan's law does not address this issue

Children Exposed to IPV

- Why do we care if children are exposed?
 - These children have more problems in 5 areas than control children:
 - Emotional functioning
 - Behavioral functioning
 - Social competence
 - Cognitive ability
 - Physiological problems
 - Table 7.1 (page 222) of your textbook has a chart describing these problems

Children Exposed to IPV—How are they affected? Children's Attachment

- IPV is usually not a constant in a family. Sometimes partners leave each other. Sometimes the violence stops. And, usually as the relationship continues, it will become less violent.
- My research group was interested in seeing how mother's experiences of IPV affected child attachment at ages 1 and 4 (Levendosky, Bogat, Huth Bocks, Rosenblum, & von Eye, 2009). We categorized children into 4 patterns based on attachment classifications at age 1 and age 4: secure-secure, secure-insecure, insecure-secure, and insecure-insecure.
 - The stable secure group (secure-secure) had relatively constant levels of low IPV over time.
 - Movement towards security (insecure-secure) was related to low levels of IPV that decreased over time and then rose to previous levels.
 - The stable insecure group (insecure-insecure) started with the highest level of IPV during pregnancy and then decreased to low levels.
 - Movement toward insecurity (secure-insecure) was related to unstable levels of IPV characterized by low levels of IPV during pregnancy which then increased, decreased, and finally increased to the highest levels at age 4. For this group, the secure nature of the mother-infant relationship during the first year of the child's life appeared to be disrupted by the intermittent presence of IPV and the very high levels at the time the child was 4 years of age.
- These findings indicate a complicated picture about the relationship between IPV and attachment. Importantly, the timing of IPV for attachment seems to matter.

Children Exposed to IPV—How early are they affected?

- My research group has explored how early children can be affected by IPV (DeJonghe, Bogat, Levendosky, von Eye, & Davidson, 2005) .
 - One study examined whether one-year-old infants whose mothers had been victims of IPV during the infant's lifetime would be more likely to experience distress in response to a simulated verbal conflict than non-exposed infants.
 - Infants were videotaped during and for five minutes after an experimenter pretended to have a telephone argument.
 - Infants exposed to IPV expressed more distress than those who had not been exposed.
 - We looked at whether there were infant temperament differences that also contributed to the results (you would expect fussier infants to be more distressed in general).
 - However, negative temperament traits predicted greater distress only among infants who had not been exposed to IPV. These traits made no difference in how IPV-exposed infants responded.
 - Findings suggest that for IPV-exposed infants, exposure to IPV “trumped” temperament. That is, individual factors didn't affect how they responded to the simulated verbal conflict; only whether they had previously been exposed to IPV.

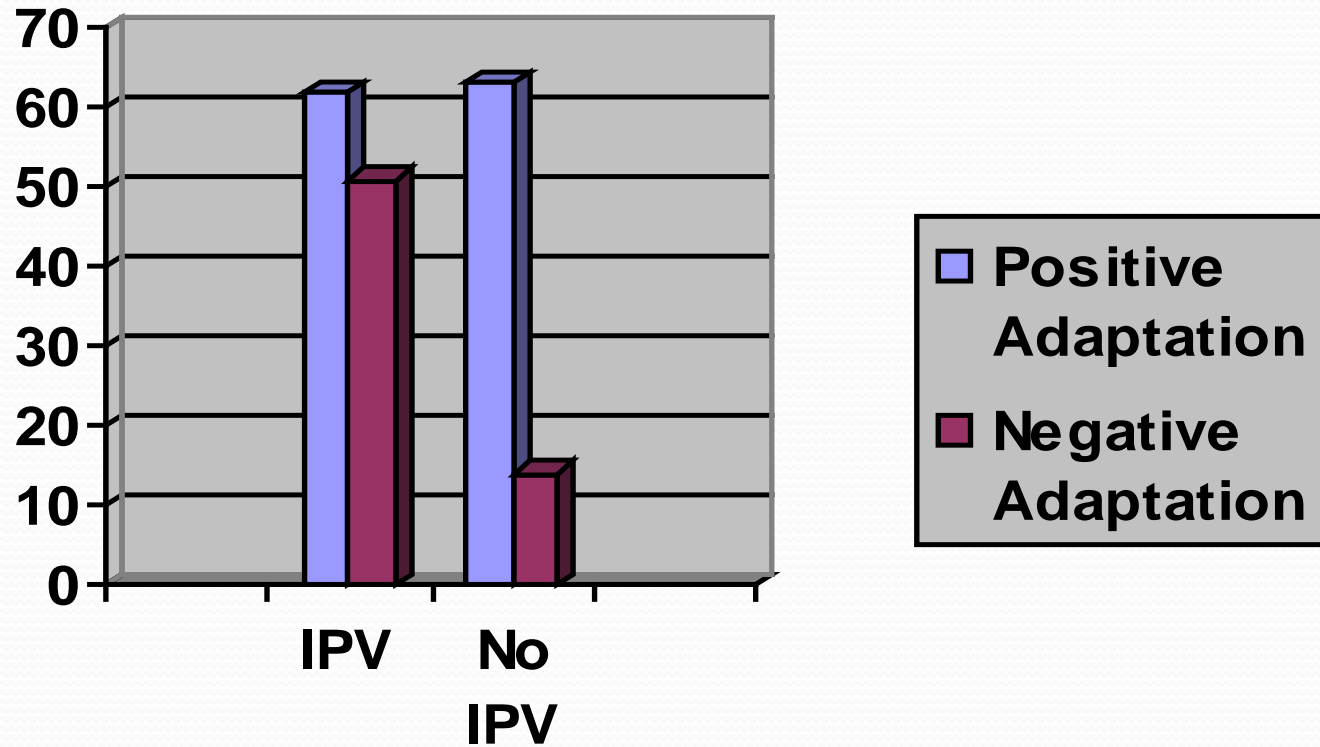
Children Exposed to IPV—How are they affected?—does witnessing IPV vs. just living in a house where it occurs matter?

- Most researchers do not differentiate whether a child actually witnesses IPV or just lives in a household where it occurs.
- This is a tricky differentiation to make because it relies on parent self-report data, and parents are known for under-representing how much conflict children witness in a household. Therefore, most researchers assume that if there is IPV in the household, the child has been exposed.
- However, in my lab, we hypothesized that witnessing vs. living-with IPV would affect children differently (DeJonghe, von Eye, Bogat, & Levendosky, 2011).
- We hypothesized that for infants and toddlers, direct witnessing of IPV, compared to living-with IPV, would result in more disruptive behavior because it affects the child's emotional security within the family.
- Findings supported our hypothesis. Children who witnessed IPV displayed more externalizing behaviors at ages 2 and 3 as compared to children who did not witness IPV or whose mothers were not victims of IPV at all (control group).
- In fact, there were no differences in externalizing behavior between the children who did not witness and the control group!

Children Exposed to IPV—how are they affected? Resilience

- Although many children are negatively affected by exposure to IPV, many are also resilient.
- In my lab, we examined what made children resilient to the effects of IPV (Martinez-Torteya, Bogat, von Eye, & Levendosky, 2009). We looked at data from mothers and children when children were 2, 3, and 4 years old
- We found that IPV-exposed children were 3.7 times more likely than non-exposed children to develop internalizing or externalizing problems (see following slide)

Cross Classification of Intimate Partner Violence (IPV) and Adaptation

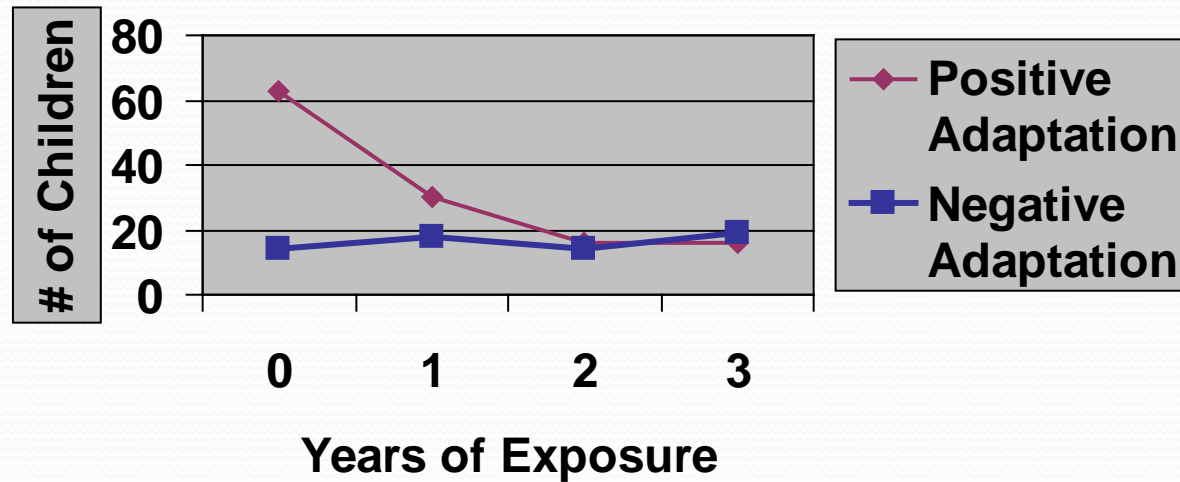


Martinez-Torteya, C., Bogat, G. A., von Eye, A., & Levendosky, A. A. (in press). Resilience among children exposed to intimate partner violence: The role of protective and vulnerability factors. *Child Development*.

Resilience con't

- 54% of IPV-exposed children maintained positive adaptation. What differentiated them from the non-resilient children?
 - Easy temperaments
 - Non-depressed mothers
 - BUT, these are only protective factors when children are exposed to 1 or 2 time periods of IPV
 - For children exposed to IPV at all 3 time periods (chronic exposure), these were not protective factors
- Also,
 - More IPV exposure prevented the development of resilience
 - More IPV exposure, however, did not increase the likelihood of non-resilience (see next slide)

Intimate Partner Violence and Adaptation



Other Types of Abuse

- There are other types of abuse in the textbook, but I'll let you read about them.