



PII S0145-2134(00)00148-4

PERINATAL COMPLICATIONS AND CHILD ABUSE IN A POVERTY SAMPLE

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ABSTRACT

Objective: Perinatal medical illness has been associated with child maltreatment. Using a Child Protective Service (CPS) report as the defining event, this study explores to what extent perinatal morbidity is a risk factor for maltreatment.

Method: Medical charts of 206 children ages 0–3 years were reviewed. Data regarding birth history were collected and analyzed in three groups of children: children whose medical record indicated a report to CPS based on prenatal findings (Early Maternal Inadequacy group [EMI]), children whose medical record indicated a report to CPS based only on postnatal findings (Child Maltreatment group [CM]), and a control group without CPS report (NM).

Results: Compared to the CM and the NM groups, children in the EMI group showed significantly lower birth weight and higher neonatal morbidity as measured by Apgar scores, frequency of oxygen requirement and intubation at birth, frequency of admission to Neonatal Intensive Care unit, and frequency of neonatal medical problems. There was no significant difference between the CM and the NM groups in birth weight, gestational age, and other measures of morbidity.

Conclusion: The results of the study suggest that perinatal complications are associated with prenatal maltreatment. Previously reported strong associations between neonatal morbidity and child abuse are more likely a result of antecedent prenatal maternal behaviors (early maternal inadequacy). Early maternal inadequacy, a clinically and demographically distinct phenomenon, is important due to serious health, development and financial implications and deserves further exploration. © 2000 Elsevier Science Ltd.

Key Words—Child abuse, Perinatal complications, Prenatal care, Prenatal substance use.

BACKGROUND

RETROSPECTIVE STUDIES HAVE consistently found a high incidence of neonatal medical problems, premature births and low birth weights in abused children (Creighton, 1985; Famularo,

This research was supported by the NIMH 5 T-32 grant (MH 19908) and Human Service grant M01-RR00070, General Clinical Research Center of Stanford, NIH.

Submitted for publication September 28, 1998; final revision received November 22, 1999; accepted November 24, 1999.

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Fenton, & Kinscherff, 1992; Fontana, 1973; Goldson, Cadol, Fitch, & Umlauf, 1976; Klein & Stern, 1971) that led to a common notion that these problems place a child at a higher risk for maltreatment. Several explanations of this association have been proposed. The early separation hypothesis suggests that separation from the parents due to neonatal disease impedes development of affectionate bonds between the infant and the parents (Egeland & Vaughn, 1981; Lynch & Roberts, 1977). In addition, a lack of behaviors requisite to secure attachment in a sick infant may trigger a reciprocal decrease in maternal attachment-promoting behaviors (Wasserman, Lennon, Allen, & Shilansky, 1987). The disruption to the mother-infant bonding may predispose to distorted interpersonal relationships and thus facilitate abusive or neglectful behavior. Initial parental negative reactions to the birth of a sick infant (Drotar, Baskiewicz, Irvin, Kennell, & Klaus, 1975), hostility toward an unwanted child (Smith, Hanson, & Noble, 1974), maternal depression (Emde & Brown, 1978), and unrealistic expectations of a child's development (Blacher, 1984)—all have been suggested to lead to heightened frustration and negative feelings toward a sick child. However, the nature of the relationships between neonatal medical illness and such psychosocial phenomena as child abuse remains unclear.

While some researchers believe that neonatal medical problems are risk factors for later abuse and/or neglect, others question this relationship (Ammerman, Van Hasselt, & Hersen, 1988; Starr, 1988). A few studies on maltreatment rate of handicapped children report controversial findings with respect to risk for maltreatment in this population (Lightcap, Kurland, & Burgess, 1982; Starr, 1982; Westcott, 1991; White, Benedict, Wulff, & Kelley, 1987). Moreover, more severely functionally disabled children appear at less risk of maltreatment than disabled children functioning at more age-appropriate level (Benedict, White, Wulff, & Hall, 1990). A few other studies showed no differences between abusive and non-abusive families in rates of premature birth and medical complications of infancy (Egeland & Brunnquell, 1979; Egeland & Vaughn, 1981). Although there is some suggestion that children with relatively circumscribed features may add to risk in families that already exhibit predisposition for maltreatment, it seems unlikely that intrinsic or extrinsic characteristics of children play a major role in the etiology of abuse (Ammerman, 1991; Egeland & Vaughn, 1981; Engfer, 1992; Starr, 1982). In addition, it has been shown that although abused children experienced more illness than their peers, this often appeared to be a consequence of abuse rather than an antecedent (Diamond & Jaudes, 1983).

Obstetric and pediatric literature has repeatedly shown that in addition to various maternal and fetal medical factors, a considerable proportion of perinatal complications and early medical illness is associated with maternal behaviors during pregnancy (Bell & Lau, 1995; Offidani et al., 1995; Work, 1994). The behaviors include failure to provide prenatal care and adequate nutrition for the fetus (Work, 1994), denial of the pregnancy (Spielvogel & Hohener, 1995), failure to protect the fetus from chemical assault by drugs and alcohol (Little & VanBeveren, 1996), and physical assault of the fetus, including assault in response to fetal movements (Condon, 1986, 1987; Risemberg, 1989). Thus, perinatal complications in these cases may be a physical expression of antecedent prenatal maternal behaviors. These negative prenatal maternal behaviors frequently come to clinicians' attention at delivery and are reported to Child Protective Services (CPS) as "child maltreatment."

In our study, we wished to explore the relationship between perinatal morbidity and child maltreatment taking in consideration the reason for the CPS report. We suggested that the reported high frequency of perinatal complications in maltreated children could be due to understandably high neonatal morbidity in the distinct subgroup of maltreatment that we call "early maternal inadequacy" to emphasize that prenatal, rather than postnatal findings necessitated the CPS report.

METHOD

Two hundred and six medical charts of the children ages 0–3 years who were born at the Lucile Packard Children's Hospital and have had public medical insurance were reviewed retrospectively.

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