

—Edited by
Rochelle F. Hanson

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, PhD, CARE/SHCC, P.O. Box 117500, University of Florida, Gainesville, FL 32611-7500 (Fax: 352 846-1030).

Sexual Abuse/Physical Abuse

Brand, E.F., King, C.A., Olson, E., & Ghaziuddin, N. (1996). Depressed adolescents with a history of sexual abuse: Diagnostic comorbidity and suicidality. *Journal of the American Academy of Child & Adolescent Psychiatry, 35*, 4-41.

This article examines the nature of comorbid psychopathology and suicidality associated with a history of sexual abuse. A group of 24 depressed adolescent inpatients (aged 13-17 yrs) with a history of sexual abuse (SA) were compared with a matched control group of 24 nonabused, depressed, adolescent inpatients on measures of depression, suicidal behavior, and posttraumatic stress disorder (PTSD) symptoms. Depressed subjects with a history of sexual abuse had a higher prevalence of comorbid PTSD than did those without a sexual abuse history. Chronicity and severity of abuse were significant contributors to a PTSD diagnosis. No group differences were found in depression severity, specific depressive symptoms, or suicidal behavior.

Celano, M., Hazzard, A., Webb, C., & McCall, C. (1996). Treatment of traumagenic beliefs among sexually abused girls and their mothers: An evaluation study. *Journal of Abnormal Child Psychology, 24*(1), 1-17.

This study evaluates and compares the efficacy of two short-term (8-week) individual therapy interventions with 32 sexually abused 8- to 13-year-old girls and their nonoffending female caretakers. Subjects were assigned either to an unstructured comparison program or to a structured experimental treatment: Recovering from Abuse Program (RAP). RAP was based on D. Finkelhor and A. Browne's traumagenic model of sexual abuse. Measures of child outcome for both programs yielded decreases in subjects' posttraumatic stress disorder (PTSD) symptoms and traumagenic beliefs reflecting self-blame and powerlessness, and increases in subjects' overall psychosocial functioning. RAP was more effective than the comparison program in increasing abuse-related caretaker support of the child and in decreasing caretaker self-blame and expectations of undue negative impact of abuse on the subject.

Hafemeister, T.L. (1996). Protecting child witnesses: Judicial efforts to minimize trauma and reduce evidentiary barriers. *Violence and Victims, 11*, 71-80.

A nationwide survey of judges was conducted to determine the relative use of various means to minimize trauma or reduce evidentiary barriers in child sexual abuse cases, how judges evaluate these means, and the impact of educational programs in this area. The survey indicated that judges are likely to use techniques that are relatively easy to implement and which they consider both effective and fair to the parties appearing before the court. Attending educational programs appears to influence the judges' use of these approaches. Survey results also indicated the best methods for disseminating relevant information on child sexual abuse to judges.

Polusny, M. A., & Follette, V. M. (1996). Remembering childhood sexual abuse: A national survey of psychologists' clinical practices, beliefs, and personal experiences. *Professional Psychology: Research & Practice, 27*(1) 41-52.

A national survey of 1,000 psychologists, to which 223 responded, assessed professionals' clinical practices and beliefs about the treatment of adult survivors of childhood sexual abuse (CSA), personal CSA history, and the phenomenon of clients remembering CSA in therapy. Results indicated that more than 25% of therapists reported using such memory retrieval techniques as guided imagery, dream interpretation, bibliotherapy regarding sexual abuse, referral to sexual abuse survivors' group, and free association of childhood memories with clients who had no specific memory of CSA. However, the majority of therapists reported that they had not seen any cases of adult clients entering therapy with no memory of CSA who subsequently recalled abuse in the course of therapy. The implications for training and establishing scientific standards of psychological practice are discussed.

Stein, M.B., Walker, J.R., Anderson, G., & Hazen, A.L. (1996). Childhood physical and sexual abuse in patients with anxiety disorders and in a community sample. *American Journal of Psychiatry, 153*, 275-277.

This study investigated whether childhood histories of physical or sexual abuse were reported more frequently in a clinical sample of 125 patients (aged 18 to 64 years) with anxiety disorders (e.g., panic disorder with or without agoraphobia, social phobia, or obsessive-compulsive disorder) than in a matched community comparison sample of 125 18- to 61-year-olds. Childhood physical abuse was higher among both men and women with anxiety disorders than among comparison subjects. Childhood sexual abuse was higher among women with anxiety disorders than among comparison women and was higher among women with panic disorder than among women with other anxiety disorders. Results confirm the association between anxiety disorders and reported childhood physical and sexual abuse.

Toth, S.L., & Cicchetti, D. (1996). Patterns of relatedness, depressive symptomatology, and perceived competence in maltreated children. *Journal of Consulting and Clinical Psychology, 64*, 32-41.

In this article, an attachment theory framework is applied toward understanding the emergence of depressive symptomatology and lower perceived competence in maltreated and nonmaltreated children. Hypotheses that maltreated children with nonoptimal patterns of relatedness show elevated depressive symptomatology and lower competence, whereas nonmaltreated children with optimal or adequate patterns of relatedness exhibit low depressive symptomatology and higher competence, were confirmed. Differentiations between maltreated children with and without optimal or adequate patterns of relatedness also emerged, suggesting that relatedness may mitigate against the adverse effects of maltreatment.

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Zlotnick, C., Davidson, J., Shea, M. & Pearlstein, Teri (1996). Validation of the Davidson Trauma Scale in a sample of survivors of childhood sexual abuse. *Journal of Nervous & Mental Disease* 184(4), 255-257.

The construct validity and the reliability of a self-report measure of posttraumatic stress disorder (PTSD), the Davidson Trauma Scale (DTS), were evaluated in a sample of 62 psychiatric female patients with histories of childhood sexual abuse. The relationship between the DTS and a standardized structured interview for PTSD was examined. The DTS was also compared with several measures that conceptually overlap the DTS to assess convergent validity. Twenty-three subjects were randomly assigned to a 15-week treatment group or to a 15-week wait list, and posttreatment measures were completed. To evaluate whether the DTS is sensitive to change, the pretreatment and posttreatment scores on the DTS for the treatment and wait-list subjects were compared. The DTS showed good internal consistency, adequate concurrent validity, and good construct validity. The DTS was also able to detect treatment effects.

Other Issues in Child Maltreatment

Bottoms, B.L. Shaver, P.R., & Goodman, G.S. (1996). An analysis of ritualistic and religion-related child abuse allegations. *Law & Human Behavior*, 20, 1-34.

This article presents results of a stratified random sample survey of 2,722 members of the American Psychological Association intended to determine the number and nature of cases involving alleged ritualistic and religion-related child abuse, whether reported directly by children or retrospectively by adults. Only a minority of the subjects reported encountering ritual cases, but of those, the majority believe their clients' claims. Even so, the purported evidence for the allegations, especially in cases reported by adults claiming to have suffered the abuse during childhood, is questionable. Most clients who alleged ritual abuse have been diagnosed as having multiple personality disorder or as posttraumatic cases. Issues addressed in the article include the role psychotherapists play in uncovering or helping to co-create alleged abuse experiences and the need to clarify the definition of ritualistic abuse.

Finkelhor, D., & Asdigian, N.L. (1996). Risk factors for youth victimization: Beyond a lifestyles/routine activities theory approach. *Violence and Victims*, 11, 3-18.

The authors point out in this article that previous work has focused on lifestyle or routine activity theory to identify and understand risk factors for youth victimization. The authors argue that other personal characteristics put youth at risk by making certain individuals more "congruent" with the needs, motives, or reactivities of potential offenders. Three specific types of characteristics discussed are those that increase the potential victim's "target vulnerability" (e.g., physical weakness, psychological distress), "target gratifiability" (e.g., female gender for sexual assault crimes), or "target antagonism" (e.g., behaviors or ethnic or group identities that may spark hostility or resentment). Data from a national youth survey are used to test variables measuring these characteristics and to show that they make a significant contribution in predicting nonfamily, sexual, and parental assault.

Jouriles, E. N., Norwood, W. D., McDonald, R., & Vincent, J. P. (1996). Physical violence and other forms of marital aggression: Links with children's behavior problems. *Journal of Family Psychology*, 10, 223-234.

Two studies examined whether physical marital violence and other forms of marital aggression (e.g., threats, throwing objects) correlate with children's behavior problems in families marked by recent spousal violence. Study 1 included 55 families seeking marital therapy. Study 2 included 199 families at battered women's shelters. In the marital therapy sample, both physical marital violence and other forms of marital aggression correlated positively with children's externalizing problems. In the women's shelter sample, physical violence and other forms of marital aggression correlated positively with children's externalizing and internalizing problems.

Kinard, E. Milling (1996). Conducting research on child maltreatment: Effects on researchers. *Violence and Victims*, 11, 65-69.

This brief report discusses the potential negative psychological consequences of conducting child maltreatment research on the researchers themselves. Illustrations of these effects are drawn from the experiences of a study of child maltreatment. Common themes of anger, sadness, frustration, and powerlessness emerged as reactions to reviewing case records of child maltreatment. The author argues that research protocols should include methods for helping researchers cope with the emotional distress brought about by their work. Several strategies are suggested for ensuring that research staff receive sufficient support to minimize the negative effects of conducting research on sensitive topics.

Warner, B.S., & Weist, M. D. (1996). Urban youth as witnesses to violence: Beginning assessment and treatment efforts. *Journal of Youth & Adolescence*, 25, 361-377.

This article reviews literature on witnessing violence ("covicimization") in children and adolescents. As violent incidents have increased dramatically in urban areas, so has inner-city youth's exposure to violence in the home, school, and community. In reaction to witnessing violence, youth may present symptoms of posttraumatic stress disorder (PTSD), separation anxiety, and depression; evince disturbed grieving and bereavement; show a number of externalizing behaviors, including aggressiveness; have impaired interpersonal and family relations; and show declines in academic performance. A number of factors may mediate the impact of violence exposure, including age, gender, and history of prior trauma. Directions for future investigation are highlighted.

Westman, J. C. (1996). The child advocacy team in child abuse and neglect matters. *Child Psychiatry & Human Development*, 26, 221-234.

This article describes the child advocacy team as a means of counteracting the fragmentation and lack of continuity of professional and volunteer services for children and their families in child abuse and neglect cases. The experience of the University of Wisconsin Child Advocacy Service is used to illustrate the formation, operation, and efficacy of the child advocacy team. Data are provided on 36 child advocacy team outcomes, as well as a case example of a six-person family undergoing investigation for child neglect.

Directory of Related Agencies and Resources

As a service to its readers, *APSAC Advisor* offers the following list of related agencies and resources. This list is by no means exhaustive and will change from time to time. If you know of an agency or resource of benefit to interdisciplinary professionals in the field of child maltreatment, please send the information to APSAC Publications, 407 S. Dearborn, Ste. 1300, Chicago, IL 60605 (Thanks to the National Committee to Prevent Child Abuse [NCPCA] for providing many of these listings.)

Need Materials?

National Committee to Prevent Child Abuse (NCPCA). 332 S. Michigan Ave., Suite 1600, Chicago, IL 60604. 312-663-3520. The NCPCA publishes a variety of educational materials that deal with parenting, child abuse, and child abuse prevention—a free catalog can be obtained by calling 1-800-835-2671. It also produces public service announcements for radio, television, and print media with the goal of making the public more aware of child abuse and teaching alternatives to abusive behavior, and provides many other resources and services.

Clearinghouse on Child Abuse and Neglect Information. P.O. Box 1182, Washington, DC 20012. 703-385-7565. The Clearinghouse provides annotated bibliographies of documents about specific aspects of child abuse or neglect (e.g., the relationship between alcohol abuse and maltreatment), and can provide statistics on various topics as well.

National Center on Child Abuse and Neglect (NCCAN). U.S. Department of Health and Human Services, P.O. Box 1182, Washington, DC 20013. 1-800-FYI-3366. Established by the Child Abuse Prevention and Treatment Act (CAPTA) in 1974, the NCCAN publishes manuals (the 21-manual *User Manual Series*) designed to provide guidance to professionals involved in the child protection system and to enhance community collaboration and the quality of services provided to children and families.

Need Statistics?

American Humane Association (AHA), Children's Division. 63 Inverness Drive East, Englewood, CO 80112-5117. 303-792-9900 or 1-800-227-4645. A national center promoting responsive child protection services in every community through program planning, training, education, and consultation. The AHA also operates the **National Resource Center on Child Abuse and Neglect**. National statistics on a number of issues are available from the AAPC.

National Committee to Prevent Child Abuse (NCPCA). 332 S. Michigan Ave., Suite 1600, Chicago, IL 60604. 312-663-3520. In addition to all of the other resources it provides, the NCPCA publishes the results of an annual fifty-state survey that disseminates statistics relevant to child abuse issues.

Need Information on Children's Legal Rights and Advocacy?

ABA Center on Children and the Law. 740 15th St. NW, Washington, DC 20005. 202-662-1720. The center provides consultation, technical assistance, and training for professionals in using the legal system to protect children, and also publishes materials on child abduction.

The National Children's Advocacy Center. 106 Lincoln St., Huntsville, AL 3580. 205-533-KIDS. In addition to sponsoring training conferences, disseminating research findings, providing resource materials, and providing technical assistance, the center provides multidisciplinary resources in a model community response to child sexual abuse.

National Association of Counsel for Children (NACC). 1205 Oneida St., Denver, CO 80220. 303-322-2260. The NACC is a professional organization for lawyers and other practitioners who represent children in court and publishes a variety of materials relating to children's legal rights as well as sponsoring child abuse training.

Need Medical Resources?

American Academy of Pediatrics. Department C, P.O. Box 927, Elk Grove Village, IL 60009. 708-228-5005. The academy publishes a free brochure on child sexual abuse, including the history of child abuse, identification of child abuse, effects on child victims, and information about child care centers.

American Medical Association. Department of Mental Health, 515 State St., Chicago, IL 60610. 312-464-5066. The AMA provides referrals related to child abuse and family violence and free copies (single) of two brochures containing guidance on diagnosis, treatment, and medicolegal issues concerning child abuse and neglect.

Need Family Resource Information?

Family Resource Coalition (FRC). 200 S. Michigan Ave., 16th Fl., Chicago, IL 60604. 312-341-0900. FRC is a membership organization of social service agencies concerned with strengthening families through preventive services. FRC maintains a clearinghouse for information on family resource programs throughout the United States, publishes a quarterly newsletter, sponsors conferences, and provides technical assistance.

National Coalition Against Domestic Violence. Address for membership information: P.O. Box 34103, Washington, DC 20043-4103. 202-638-6388. To order publications: P.O. Box 18749, Denver, CO 80218-0749. 303-839-1852. The coalition is a national organization that works to end violence in the lives of battered women and their children. The coalition provides information, technical assistance, publications, newsletters, and resource materials.

Need Culture-Specific Information?

People of Color Leadership Institute (POCLI). 714 G St. SE, Washington, DC 20003. 202-544-3144. Among POCLI's goals is to improve cultural competence in child welfare systems that serve children and families of color. POCLI has developed a cultural competence training guide, an agency self-assessment tool regarding cultural competence, a bibliography of publications about the field of child welfare as it relates to people of color, and a network of professionals of color in the field.

Need Substance Abuse and Self-Help Group Information?

Children of Alcoholics Foundation. 555 Madison Ave., 20th Fl., New York, NY 10163. 212-754-0656. The foundation promotes public and professional awareness of children of alcoholics' problems and develops programs and materials to break the cycle of family alcoholism.

National Clearinghouse for Alcohol and Drug Information (NCADI). 11426 Rockville Pike, Suite 200, Rockville, MD 20852. 301-468-2600 or 1-800-729-6686. NCADI is a communications service of the Center for Substance Abuse Prevention. NCADI provides information on research, publications, prevention and education resources, and prevention programs, and a catalog is available on request.

The National Self-Help Clearinghouse. Graduate School, City University of New York, 25 W. 43rd St., Room 620, New York, NY 10036. 212-642-2944. For listings of self-help groups, send a stamped, self-addressed business-sized envelope to the above address.