

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, C.A.R.E./SHCC, P.O. Box 117500, University of Florida, Gainesville, FL 32611-7500 (FAX 352 846-1030).

Sexual Abuse

PTSD in Victimized Children

This study used a longitudinal, prospective design to examine the relationships between posttraumatic stress disorder (PTSD), youth victimization (e.g., sexual abuse), preexisting psychopathology and disturbed family relationships. In a national random sample telephone survey, children 10 to 16 years old were interviewed and then reinterviewed approximately 15 months later about psychological problems, family relationships and victimization experiences that had occurred in the interim. Victimization in the interim was associated with PTSD-related symptoms and depression measured at Time 2, even after controlling for these symptoms and the quality of the parent-child relationship at Time 1.

Boney-McCoy, S., Finkelhor, D. (1996). Is youth victimization related to trauma symptoms and depression after controlling for prior symptoms and family relationships? A longitudinal, prospective study. *Journal of Consulting & Clinical Psychology, 64(6)* 1406-1416.

Adult Psychiatric Problems Strongly Linked to Childhood Sexual Abuse

In the present study, 93 adult women presenting to an urban psychiatric emergency room were interviewed regarding their lifetime victimization history, and their charts were examined for relevant demographic and psychiatric variables. Self-reported childhood sexual and physical abuse were common in this sample (53% and 42%, respectively). Childhood and adult victimization experiences were intercorrelated and were associated with certain sociodemographic variables. Logistic regression analyses indicated that both child abuse and adult assaults were uniquely associated with psychiatric difficulties, even after controlling for relevant background variables. Childhood sexual abuse was the most powerful predictor of later psychiatric symptoms and disorders.

Briere J., Woo R., McRae B., Foltz J., & Sitzman R. (1997). Lifetime victimization history, demographics, and clinical status in female psychiatric emergency room patients. *Journal of Nervous & Mental Diseases, 185*, p. 95-101.

Helping the Child by Treating the Parents

The role of demographic, developmental, and familial mediating factors on treatment outcome of sexually abused preschool children was evaluated. Sixty-seven sexually abused preschool children and their parents were evaluated shortly after disclosure of sexual abuse and then were provided with one of two treatment interventions. At the completion of treatment, the parents and their children were reevaluated. Both parental depression and parental emotional distress correlated significantly with several of the child outcome measures. The findings indicate a strong correlation between parental emotional distress related to the abuse and treatment outcome in sexually abused preschool children, independent of the type of treatment provided. The findings indicate the importance of addressing parental distress related to the abuse in providing effective treatment to sexually abused preschool children.

Cohen, J.A. & Mannarino A.P. (1996). Factors that mediate treatment outcome of sexually abused preschool children. *Journal of the American Academy of Child and Adolescent Psychiatry, 35*, pp. 1402-10.

The Neglected Victims: Sexual Abuse in Males

This article reviews the literature on men who had been sexually abused in childhood. Issues of prevalence, nature of the abuse, and the long-term effects of childhood sexual abuse are examined. Specific long-term effects addressed include coping, emotional stability, depression and suicide, self-esteem, problems with intimate relationships, sexuality, substance abuse, and anger. Where provided, comparisons between men and women who had been sexually abused as children are included. Several gaps in the literature are identified that warrant measures to be taken in order to enhance understanding of male sexual abuse. It is concluded that a significant number of men have been sexually abused in childhood, and that very little empirically-sound research has been undertaken to better the present situation of such individuals.

Dhaliwal, G. K., Gauzas, L., Antonowicz, D. H., Ross, R. R. (1996). Adult male survivors of childhood sexual abuse: Prevalence, sexual abuse characteristics, and long-term effects. *Clinical Psychology Review, 16(7)* 619-639.

17 Year Study Documents the Damaging Wounds of Child Abuse

This article reported findings from a 17-yr longitudinal study that examined the relationship between childhood and adolescent physical and sexual abuse before the age of 18 yrs, and psychosocial functioning in mid-adolescence (age 15 yrs) and early adulthood (age 21 yrs). At age 21, nearly 11% reported physical or sexual abuse before age 18. Approximately 80% of the abused young adults met DSM-III-R criteria for at least one psychiatric disorder at age 21. Compared with their nonabused counterparts, abused subjects demonstrated significant impairments in functioning both at ages 15 and at 21, including more depressive symptomatology, anxiety, psychiatric disorders, emotional-behavioral problems, suicidal ideation, and suicide attempts. While abused subjects were functioning significantly more poorly overall at ages 15 and 21 than their nonabused peers, gender differences and distinct patterns of impaired functioning emerged. These deficits underscore the need for early intervention and prevention strategies to forestall or minimize the serious consequences of child abuse.

Silverman, A.B., Reinherz, H. Z., Giaconia, R.M. (1996). The long-term sequelae of child and adolescent abuse: A longitudinal community study. *Child Abuse & Neglect 20(8)* 709-723.

New Instrument Measures the Severity of Childhood Sexual Abuse

A sample of 117 help-seeking adult survivors of childhood sexual abuse (CSA) were assessed to investigate the relationship between the level of self-reported CSA and posttraumatic stress disorder (PTSD). CSA was measured utilizing the Sexual Abuse Exposure Questionnaire, a new research instrument. Eighty-six percent of survivors met full DSM-III-R criteria for a

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PTSD diagnosis at some point during their lives. Multivariate analysis indicated that CSA severity and duration accounted for significant portions of the variance in PTSD symptoms, providing support for their role as traumagenic variables

Rodriguez, N., Ryan, S.W., Rowan, A.B., & Foy, D.W. (1996). Posttraumatic stress disorder in a clinical sample of adult survivors of childhood sexual abuse. *Child Abuse & Neglect*, 20, 943-952.

Physical Abuse and Neglect

Kids Helping Kids: Using Peer Support in Treating Abused Children

The purpose of the present study was to evaluate differences in the social play of maltreated and nonmaltreated preschool children and the effectiveness of a resilient peer treatment (RPT) for socially withdrawn victims of physical abuse and neglect. RPT is a peer-mediated classroom intervention that involves pairing withdrawn children with resilient peers in the natural classroom under the supervision of a parent assistant. Forty-six Head Start children, of whom 22 were maltreated, were randomly assigned to RPT and control conditions. Before treatment, maltreated children were significantly more isolated and less interactive in peer play than nonmaltreated children. RPT resulted in a significant increase in positive interactive peer play and a decrease in solitary play for maltreated and nonmaltreated, socially withdrawn children. Moreover, treatment gains in social interactions were validated two months following treatment. Findings are discussed in terms of a developmental-ecological model.

Fantuzzo, J., Sutton-Smith, B., Atkins, M., & Meyers, R. (1996). Community-based resilient peer treatment of withdrawn maltreated preschool children. *Journal of Consulting & Clinical Psychology*, 64(6), 1377-1386.

Psychopathology Associated with Childhood Abuse

This study examined the association between physical abuse and selected psychosocial measures in a community-based probability sample of children and adolescents. A sample of 665 9- through 17-year-olds and their caretakers in New York State and Puerto Rico were interviewed in the Methods for the Epidemiology of Child and Adolescent Mental Disorders (MECA) Study. A history of physical abuse was reported by 172 (25.9%) of the sample. Physical abuse was significantly associated with global impairment, poor social competence, major depression, conduct disorder, oppositional defiant disorder, agoraphobia, overanxious disorder, and generalized anxiety disorder but not with suicidality, school grades, or receptive language ability. Significant associations were found between physical abuse and psychopathology. These findings support comprehensive screening for psychopathology among physically abused children and for physical abuse among those with psychopathology. Interventions aimed at improving social competence may be indicated.

Flisher A.J., Kramer R.A., Hoven C.W., Greenwald S., Alegria M., Bird H.R., Canino, G., Connell R., & Moore R.E. (1997). Psychosocial characteristics of physically abused children and adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 36, pp. 123-31.

Accuracy of Memory: A 20 Year Followup Study

This study assessed accuracy of adult recollections of childhood physical abuse. Children who were physically abused, sexually abused, or neglected about 20 years ago were followed up along with a matched control group. Two hour in-person interviews were conducted in young adulthood with 1,196 of the original 1,575 participants. Results indicate good discriminant validity and predictive efficiency of the self-report measures, despite substantial underreporting by physically abused respondents. Tests of construct validity reveal shared method variance, with self-report measures predicting self-reported violence and official reports of physical abuse predicting arrests for violence. Findings are discussed in the context of other research on the accuracy of adult recollections of childhood experiences.

Widom, C.S., & Shepard, R.L. (1996). Accuracy of adult recollections of childhood victimization: Part 1. *Childhood physical abuse*. *Psychological Assessment*, 8(4) 412-421.

Other Issues in Child Maltreatment

The Link Between Cigarette Smoking and Traumatic Assault and Depression

Cigarette smoking may be conceptualized as a strategy to cope with negative affect. Therefore, rates of cigarette use (CU) might be expected to be greater in individuals experiencing events that produce negative affect. To test this hypothesis, a national sample of 3,006 women (mean age 46.1 yrs) was assessed for lifetime and current CU, previous history of physical and sexual assault, lifetime and current incidence of depression, and lifetime and current incidence of posttraumatic stress disorder (PTSD). Results indicate that the odds of active smoking in women with a lifetime history of assault were 1.82 times those of women with no previous history of assault. Similarly, risk of active CU in women with a previous history of depression or PTSD was 2.22 and 1.34 times those of women with no depressive or PTSD history, respectively. Recent assault, current PTSD, or current depression status were not associated with increased CU.

Acierno, R., Kilpatrick, Dean G., Resnick, H.S., & Saunders, B.E. (1996). Violent assault, posttraumatic stress disorder, and depression: Risk factors for cigarette use among adult women. *Behavior Modification*, 20(4), 363-384.

Legal Protections for Professionals in Cases of Recovered Memory

This article discusses basic precautions psychologists should use to reduce their legal risks in cases involving recovered memories of childhood abuse. These include maintaining appropriate boundaries with their patients, following acceptable procedures in diagnosing and treating patients, obtaining informed consent (especially when using experimental procedures), and showing concern for patients' long-term relationships with their families. Consultation on difficult cases and careful documentation are also indicated.

Knapp, S., & VandeCreek, L. (1996). Risk management for psychologists: Treating patients who recover lost memories of childhood abuse. *Professional Psychology: Research & Practice*, 27, 452-459.

Motivated Forgetting: Perpetrators' False Memories

This article discusses issues concerning the possibility that perpetrators' may have "false memories" in cases of child sexual abuse. Denial, dynamics of secrecy in incestuous families, behavioral reenactments of childhood victimization, alcohol-induced blackouts, and outright lying are all potential explanations for perpetrator memory loss and motivated forgetting.

Rubin, L. J. Childhood sexual abuse: False accusations of "false memory"? (1996). *Professional Psychology: Research & Practice*. 27(5) 447-451.