

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

## Sexual Abuse

### Children's Strategies for Coping with Sexual Abuse

This study examined strategies used by school-aged sexually abused children to cope with their abuse. Principal components analysis yielded four coping strategies: avoidant coping, internalized coping, angry coping, and active/social coping. Each coping strategy was found to be associated with a unique set of abuse characteristics, abuse-related social environment, and symptoms. Use of avoidant coping strategies was related to fewer behavioral problems, but was also associated with greater sexual anxieties. Internalized coping was found to be associated with increased guilt and PTSD hyperarousal symptoms. Active/social coping was the only strategy found to be unrelated to symptoms but was not associated with measured benefits. Angry coping was found to be associated with a wide range of behavioral and emotional problems as rated by the child's home-room school teacher. Results are discussed in terms of a proposed mediational model.

**Chaffin, M., Wherry, J.N., & Dykman, R. (1997).** School age children's coping with sexual abuse: abuse stresses and symptoms associated with four coping strategies. *Child Abuse & Neglect, 21*, 227-40.

### Rates of Incidence and Disclosure of Sexual Abuse

This article reported the findings of a national survey of 1,000 parents. The survey was primarily focused on disciplinary practices and violence toward their children; however, two questions were asked about whether the children had been sexually abused. From these questions, rates of sexual abuse for children currently 0-17 were estimated at 1.9% in the last year and 5.7% ever. The cases making up these rates included a nearly equal number of boys and girls, and no female victims between the ages of 9 and 12, a distribution different from those generally obtained by other epidemiological methods, but due possibly in this case to normal sampling variation. Cases were more likely to be disclosed for children whose parents had themselves been sexually abused, who were from lower income households, or who were living with only one biologic parent.

**Finkelhor, D., Moore, D., Hamby, S.L., & Straus, M.A. (1997).** Sexually abused children in a national survey of parents: Methodological issues. *Child Abuse & Neglect, 21*, 1-9.

### See No Evil, Hear No Evil, Speak No Evil: Male Victims of Sexual Abuse

This literature review explores the reasons why comparatively few adult males with a history of childhood sexual abuse are seen by professionals for help with difficulties relating to that abuse. Male victims are relatively unlikely to disclose their experience of childhood abuse, and (as a coping strategy) they deny the impact of sexual abuse on their lives. Professionals fail to hypothesize that their male clients may have been abused, and do not create the conditions that would enable males to talk about the abuse. It is argued that the childhood sexual abuse of males has not yet acquired legitimacy as a problem recognized by society, thus lagging behind the abuse of females. In short, the "evil" of childhood sexual abuse in the male population is not being seen or heard by clinicians, and is not being recognized or talked about by victims. Clinical implications are considered.

**Holmes, G.R., Offen, L., & Waller, G. (1997).** See no evil, hear no evil, speak no evil: why do relatively few male victims of childhood sexual abuse receive help for abuse-related issues in adulthood? *Clinical Psychology Review, 17*, 69-88.

### Recovered Memories of Childhood Abuse

Recently a heated controversy emerged regarding recovered memories of childhood sexual abuse, but the prevalence and nature of these memories as well as the relationship between a history of child abuse and childhood memory generally have received limited empirical examination. This study (N = 429 nonclinical participants) found that similar proportions of those reporting histories of sexual, emotional, and physical abuse reported that they had periods without memory for their abuse (19.8%, 11.5%, and 14.9%, respectively). These participants, however, appeared to be referring to both a lack of conscious access to their abuse memories as well as the intentional avoidance of the memories for some period. There was a great deal of variance found in the reported quality of general childhood memory, but this was unrelated to reporting a history of child abuse. In addition, it appears to be normative to recover previously forgotten childhood events, and this too was found to be unrelated to history of child abuse.

**Melchert, T.P., & Parker, R.L. (1996).** Different forms of childhood abuse and memory. *Child Abuse & Neglect, 21*, 125-35.

### Predicting Recidivism of Extrafamilial Child Molesters

This study examined the predictive efficacy of 10 rationally derived, archivally coded variables for assessing reoffense risk among extrafamilial child molesters. Follow-up data on 111 child molesters who were discharged from the Massachusetts Treatment Center between 1960 and 1984 were used. Degree of sexual preoccupation with children, paraphilias, and number of prior sexual offenses predicted sexual recidivism. Juvenile and adult antisocial behavior, paraphilias, and low amount of contact with children predicted nonsexual victim-involved and violent recidivism.

**Prentky, R.A., Knight, R.A., & Lee, A.F. (1997).** Risk factors associated with recidivism among extrafamilial child molesters. *Journal of Consulting and Clinical Psychology, 65*, 41-9.

### Twenty Years Later: Accuracy of Memories of Childhood Abuse

This study examines the accuracy of retrospective self-reported information about childhood sexual abuse. A large group of children who were sexually and physically abused or neglected approximately 20 years ago were followed up and compared with a matched control group. Results indicate gender differences in reporting and accuracy, substantial underreporting by sexually abused respondents in general, good discriminant validity and predictive efficiency of self-report measures for women, and some support for the construct validity of the measures. Implications for researchers and practitioners are discussed.

**Widom, C.S., & Morris, S. (1997).** Accuracy of adult recollections of childhood victimization, Part 2: Childhood sexual abuse. *Psychological Assessment, 9*, 34-46.

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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 9- through 17-year-olds ( $N = 665$ ) 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 in 172 (25.9%) of the sample. It 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. A community probability sample of children and adolescents demonstrated significant associations between physical abuse and psychopathology, after controlling for potential confounders. This supports 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 and Adolescent Psychiatry*, 36, 123-31.

### Reliability of Children's and Parent's Reports of Parental Physical Aggression

This study examined (a) differences among mothers', fathers', and children's reports of parental physical aggression toward children; (b) the reliability and validity of family members' reports of aggression; and (c) the discriminant validity of the construct of mother-child and father-child aggression. Participants were 72 dual-parent families in which the parents were seeking clinical services for their children's (ages 7-9 years) conduct behavior problems. Results indicate that children reported lower levels of mother-child and father-child aggression than either mothers or fathers reported. Although the reliability (total systematic variance accounted for by observed variables) of family members' reports of aggression ranged from moderate to high, convergent validity was generally low. The constructs of mother-child and father-child aggression were highly correlated but could be distinguished from each other when relationships among rater effects were considered.

Jouriles, E.N., Mehta, P., McDonald, R., & Francis, D. J. (1997). Psychometric properties of family members' reports of parental physical aggression toward clinic-referred children. *Journal of Consulting & Clinical Psychology*, 65(2), 309-318.

### Other Issues in Child Maltreatment

#### Survey Reports Physician Attitudes on Child Abuse Issues

This article reported findings of a questionnaire designed to assess physician attitudes and practices in controversial areas of child abuse and neglect. Responses differed according to gender, age, specialty, and practice or training status. Respondents were uncertain that reporting to CPS would lead to an improvement in the child's welfare. The article discusses whether an explanation and examination of physician attitudes may benefit medical education about child abuse.

Marshall, W.N., Locke, C., Jr., (1997). Statewide survey of physician attitudes to controversies about child abuse. *Child Abuse & Neglect*, 21, 171-9.

#### Adolescents' Perceptions of Childhood Abuse

This study examined adolescents' perceptions of their maltreatment experiences. It examined the combined and unique contribution of five maltreatment types (i.e., physical abuse, sexual abuse, psychological abuse, neglect, and exposure to family violence) to variance in adolescent adjustment. Adolescents ( $N = 160$ , aged 11-17) were randomly selected from the open caseload of a child protection agency. Participants completed global severity ratings regarding their experiences of the five types of maltreatment, as well as a battery of measures assessing self- and caretaker-reported externalizing and internalizing symptomatology. The youths' maltreatment ratings significantly predicted self-reported adjustment, even when controlling for all context variables. Psychological maltreatment was the most predictively potent maltreatment type, and enhanced the predictive utility of other maltreatment types. Significant sex differences in the sequelae of perceived maltreatment were evident.

McGee, R.A., Wolfe, D.A., & Wilson, S.K. (1997). Multiple maltreatment experiences and adolescent behavior problems: adolescents' perspectives. *Developmental Psychopathology*, 9, 131-49.

#### Mandated Reporting for Psychotherapists: Implications for Research and Clinical Training

In a national survey of 907 psychotherapists (29-85 yrs old) regarding mandated reporting of child maltreatment, the following predictors of outcome were revealed: therapeutic alliance, role strain, therapist explicitness, family vs individual treatment, and whether or not the client was the perpetrator. Therapists were asked to describe a case involving reporting, its impact on treatment informed consent procedures, as well as their own attitudes and beliefs. Implications for research are discussed, and recommendations for clinical training are offered.

Steinberg, K.L., Levine, M., & Doucek, Howard J. (1997). Effects of legally mandated child-abuse reports on the therapeutic relationship: A survey of psychotherapists. *American Journal of Orthopsychiatry*, 67(1) 112-122.

#### Young Children's Adjustment to Spousal Violence

This study investigated the effects of witnessing spousal violence on young children (ages 3-6). The mothers were given a structured interview which included a standardized family violence measure and child adjustment profile. Nearly half (42%) of the children exhibited behavioral problems that warranted clinical intervention. The amount of violence that the children witnessed, the children's responses when the violence occurred and whether the child copied the violent partner's behavior, were associated with the children's behavioral adjustment scores. Maternal parenting style was not found to have a significant effect on behavioral adjustment. The study provided important quantitative and qualitative data on the nature of parent-child relationships and children's adjustment in families where there is spousal violence.

Smith, J. Berthelsen, D. O'Connor, I. (1997). Child adjustment in high conflict families. *Child Care, Health & Development*, 23(2) 113-133.