

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

Innovative Program Offers Tailored Treatment Services for Offenders

This article describes a treatment program provided for sex offenders serving a community sentence. This program adapts treatment to meet the needs of clients with learning disabilities and for men who sexually abuse adult women. In addition, a victim-to-victimizer group is run parallel to the treatment group and is offered to clients who were themselves child victims of sexual abuse. Although the long-term effectiveness of tailoring treatment to suit offender characteristics is not known, client and staff feedback has been positive. Because sex offenders are not a homogeneous group, this greater program flexibility may be needed to provide effective client treatment and adequate protection to the public.

Allam, J., Middleton, D., & Browne, K. (1997). Different clients, different needs? Practical issues in community-based treatment for sex offenders. *Criminal Behaviour & Mental Health* 7, 69-84.

Hearsay Evidence Found to Influence Perception of Guilt in Mock Sexual Assault Trials

Two experiments investigated how mock jurors react to hearsay testimony in a case involving child sexual assault. Subjects included male and female introductory psychology students. Subjects read a fictional criminal trial summary involving the sexual assault of a 4, 6, or 14 year old female. Results show that the hearsay testimony was believed to a considerable degree, and that this testimony led to an increase in the perceived guilt of the defendant. Moreover, these results were comparable to those of conditions in which the alleged victim testified. Results are discussed in terms of the psychosocial factors affecting the perception of hearsay testimony in a child sexual assault trial.

Golding, J. M., Sanchez, R. P., & Segó, S. A. (1997). The believability of hearsay testimony in a child sexual assault trial. *Law & Human Behavior*, 21, 299-325.

Are Controversial Techniques Being Taught in Clinical and Counseling Psychology Programs?

This article presents the results of a survey of the directors of 126 American Psychological Association accredited clinical and counseling psychology Ph.D. and PsyD programs. The survey was conducted to determine whether they teach controversial memory recovery techniques for suspected childhood sexual abuse and the controversial technique, facilitated communication. The authors also asked about training in empirically validated treatments. Results show that counseling psychology programs were more likely than clinical psychology programs to teach memory recovery techniques, and counseling programs were less likely to discourage the use of both memory recovery techniques and facilitated communication. More emphasis on research, less on practice, and a higher percentage of behaviorally-oriented faculty were related to less training of controversial techniques. Empirically validated treatments were reportedly taught more in clinical than in counseling psychology programs and in programs that emphasize research and have a higher percentage of behaviorally-oriented faculty.

Maki, R.H., & Syman, E.M. (1997). Teaching of controversial and empirically validated treatments in APA-accredited clinical and counseling psychology programs. *Psychotherapy*, 34(1) 44-57.

Predicting Internalizing and Externalizing Problems Among Sexually Abused Girls

This study examined which of several apparent risk variables were predictors of internalizing and externalizing problems in a sample of 11-18 year old girls referred for therapy after disclosing sexual abuse. The effects of abuse characteristics, support from nonoffending parents, victims' coping strategies, and victims' cognitive appraisals on symptomatology were assessed. As hypothesized, results indicated that internalizing and externalizing problems were associated with different sets of predictor variables.

Spaccarelli, S., & Fuchs, C. (1997). Variability in symptom expression among sexually abused girls: Developing multivariate models. *Journal of Clinical Child Psychology* 26(1) 24-35.

Physical Abuse and Neglect

Guidelines for Evaluating Possible Physical/Sexual Abuse

These practice parameters describe the forensic evaluation of children and adolescents who may have been physically or sexually abused. The recommendations are drawn from guidelines that have been published by various professional organizations and authors and are based on available scientific research and the current state of clinical practice. These parameters consider the clinical presentation of abused children, normative sexual behavior of children, interview techniques, the possibility of false statements, the assessment of credibility, and important forensic issues. These parameters were approved by the Council of the American Academy of Child and Adolescent Psychiatry in September 1996.

American Academy of Child & Adolescent Psychiatry (1997). Practice parameters for the forensic evaluation of children and adolescents who may have been physically or sexually abused. *Journal of the American Academy of Child & Adolescent Psychiatry*, 36(3), 423-442.

Increased Risk Factors for Suicide Reported in Abused Adolescents

The rate of suicide attempts and the exposure to risk factors for suicide in a sample of physically abused adolescents was compared with those of a control community sample of nonabused adolescents (aged 12-18 yrs). Assessment measures included semistructured and structured diagnostic interviews. Results show that the proportion of subjects attempting suicide did not differ for the two groups. However, abused subjects showed significantly greater exposure to risk factors for suicide, including family disintegration, and diagnoses of depression, disruptive behavior disorders, and substance abuse and dependence.

Kaplan, S. J., Pelcovitz, D., Salzinger, S., & Mandel, F. (1997). Adolescent physical abuse and suicide attempts. *Journal of the American Academy of Child & Adolescent Psychiatry*, 36, 799-808.

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In this article, the authors explore sociocultural, individual, and therapy-related factors that together may be responsible for the creation of ritual abuse allegations. It is concluded that there are serious problems with embracing false ritual abuse claims, and a call is made for more responsible journalistic coverage of issues relating to child abuse, more research to identify factors that contribute to false allegations, and better therapeutic practices to aid people seeking psychological help.

Bottoms, B.L. & Davis, S. L. (1997). The creation of satanic ritual abuse. *Journal of Social & Clinical Psychology* 16, 112-132.

Children Witnessing Domestic Violence

This study provides data on the prevalence of children's exposure to substantiated cases of adult female assaults in five U.S. cities. Results indicate that children were disproportionately present in households with domestic violence and that young children were disproportionately represented among these children. Moreover, these children were exposed to excessive levels of additional developmental risk factors and were involved in the incidents to varying degrees. These findings underscore the importance of establishing a more rigorous interdisciplinary scientific research agenda to inform assessment and treatment efforts for a very vulnerable group of children (i.e., children aged 0-5 yrs) who witness domestic violence.

Fantuzzo, J., Boruch, R., Beriama, A., Atkins, M. (1997). Domestic violence and children: Prevalence and risk in five major U.S. cities. *Journal of the American Academy of Child & Adolescent Psychiatry* 36, 116-122.

PTSD: Prevalence and Treatment Efficacy Among Various Populations

This article discusses the literature on the prevalence, diagnostic criteria, assessment measures, and treatment of trauma and posttraumatic stress disorder (PTSD). The literature on the treatment outcomes of hypnotherapy and psychodynamic and cognitive-behavioral treatment is reviewed, using a model of an ideal treatment outcome study for PTSD. Issues specific to various trauma populations (such as veterans, sexual assault victims, and childhood abuse victims) and factors that may influence treatment efficacy across types of trauma are also examined.

Foa, E. B., & Meadows, E. A. (1997). Psychosocial treatments for posttraumatic stress disorder: A critical review. *Annual Review of Psychology*, 48, 449-480.

Kim

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Two key issues are readily identified for the therapy: Kim's distorted perception of the relationship with the teacher and the parents' coercive methods for changing her perceptions. The treatment goals are for Kim to see the relationship more realistically and for the parents to learn that their relationship with Kim will be enhanced by a more supportive response. However, since both Kim and her parents appear to strongly believe that their views and actions are justified, a slow and respectful stance is essential.

The therapy with Kim begins with learning how the relationship progressed and what the relationship meant to her. The therapist develops a hypothesis about why Kim was vulnerable to such a relationship and what psychological needs it met. There is a gradual exploration with her of the implications that accrue about the teacher and his intentions. These implications include that he broke the law and violated a professional ethic, that he was and still is married, that there is a substantial developmental disparity which has meaning in terms of his character, his appreciation of her position as his student and a minor, and the nature of any future relationship between them. It is expected that there will be resistance to this understanding and that Kim will suffer a significant loss as insight occurs. A depression is likely to result.

The therapist recognizes that Kim may not be willing or able at this time to fully accomplish this therapeutic task. She may project anger and disappointment on her parents. This is an opportunity to shift therapeutic focus to the family relationships and permit examination of how the parental response reflects either caring gone awry, or underlying conflicts that produced the circumstances under which Kim sought love in all the wrong places. If the latter turns out to be the case, Kim

remains vulnerable to subsequent missteps in future relationships.

The manner of addressing the parent reactions, and especially the threat to withdraw support for her college education, is determined in collaboration with Kim. The key is to keep the therapy focused on the meaning and consequences of the parental actions, instead of the relationship with the teacher. A pitched battle over whether the relationship is the real thing will be fruitless and harden their respective positions. If, in fact, the parents' actions derive from a deep concern for Kim's welfare she may be able to develop appreciation for the genuine, if misguided, nature of their response. The parents may be helped to understand that however disturbing the relationship is for them, parent/child relationships are compromised by coercion. On the other hand, it may be revealed that Kim has had long standing resentment about parental expectations and efforts to control her. In a successful therapy, the parents would come to realize that they had contributed, however inadvertently, to the current circumstances.

Ideally, a rapprochement would occur between Kim and her parents. They would become more respectful and supportive of her feelings about the relationship, without approving of it, would refrain from pressuring her regarding the criminal justice system, and would encourage her continuation in college. Kim might then be freed to move forward in her life and be more open to new experiences and relationships that are age appropriate. The therapist's best course of action, no matter what, will be to serve as a supportive presence for Kim so that she will not feel forced into an alliance with the teacher and will have a continuing outlet for her conflicted feelings.