

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, Ph.D., National Crime Victims Research & Treatment Center, Medical University of South Carolina, Charleston, SC 29425 (FAX 803 792-2945) e-mail: hansonrf@musc.edu.

Study Finds Evidence of PTSD in One-Third of Abused Children

The purpose of this study was to compare the prevalence of Post Traumatic Stress Disorder and other diagnoses in three groups of abused [sexual only (N = 127), physical only (N = 43), and BOTH (N = 34)] children (aged 7-13). The victims and caregivers were separately administered the Diagnostic Interview for Children and Adolescents Revised Version (DICA). Additionally, caregivers and classroom teachers completed the Child Behavior Checklist (CBCL). Both victims and caregivers endorsed high rates of disorders, with caregivers generally giving higher rates than children, and boys having more externalizing diagnoses than girls. Children in the BOTH group had more diagnoses overall. Concordance between victims and caregivers was modest. PTSD was significantly comorbid with most affective disorders. The authors conclude that children who have been both physically/sexually abused appeared to be at highest risk of psychiatric disturbance. PTSD, though common (circa one-third of victims), was generally comorbid with other affective disorders.

Ackerman, P.T., Newton, J.E., McPherson, W.B., Jones J.G., Dykman, R.A. (1998). Prevalence of post traumatic stress disorder and other psychiatric diagnoses in three groups of abused children (sexual, physical, and both). *Child Abuse & Neglect*, 22(8):759-74.

Severity and Chronicity of Child Abuse Affects Peer Relationships

A prospective longitudinal design was employed to assess risks associated with maltreatment in a representative community sample of 107 maltreated children and an equal number of non-maltreated comparison children. Heightened difficulties in peer relationships and self-esteem were associated with greater severity and chronicity of maltreatment. Type of maltreatment was also related to specific aspects of children's adjustment. Thus, the best predictions of specific aspects of children's adjustment were provided by considering timing, type, and severity of maltreatment.

Bolger, K.E., Patterson, C.J., Kupersmidt, J.B. (1998). Peer relationships and self-esteem among children who have been maltreated. *Child Development*, 69(4):1171-97.

Seventeen Year Study Identifies Risk Factors for Abuse

This study identified demographic, family, parent, and child factors prospectively associated with risk for child abuse and neglect among families in the community. Surveys assessing demographic variables, family relationships, parental behavior, and characteristics of parents and children were administered to 644 families in upstate New York on four occasions between 1975 and 1992. Data on child abuse and neglect were obtained from New York State records and retrospective self-report instruments administered when youths were ≥ 18 yrs old. Logistic regression analyses indicated that different patterns of risk factors predicted the occurrence of physical abuse, sexual abuse, and neglect, although maternal youth and maternal sociopathy predicted the occurrence of all three forms of child maltreatment. In addition, the prevalence of child abuse or neglect increased from 3% when no risk factors were present to 24% when at least four risk factors were present.

Brown, J., Cohen, P., Johnson, J. G., & Salzinger, S. (1998). A longitudinal analysis of risk factors for child maltreatment: Findings of a 17-year prospective study of officially recorded and self-reported child abuse and neglect. *Child Abuse & Neglect*, 22(11), 1065-1078.

Epidemiology of Child Abuse: A Review of Studies

During the last two decades, epidemiological studies have made important contributions to understanding the problem of sexual abuse of children. This article describes some of the major findings from these epidemiological studies, raises important questions that need to be addressed by future epidemiological studies, and reviews some of the barriers to conducting these studies.

Leventhal, J.M. (1998) Epidemiology of sexual abuse of children: Old problems, new directions. *Child Abuse & Neglect*, 22(6), 481-491.

Study Finds Standard of Proof Does Not Affect CPS Decision Making

This article examined whether standards of proof affect decision making in child protection investigations. Some states use a lower standard of proof of "some credible evidence" (or similar terms) to substantiate cases after investigation. Other state legislatures prescribe a higher standard of "preponderance" of the evidence. It is suggested that a lower rate of substantiation should follow from a higher standard of proof. The Child Maltreatment 1994 report was used to obtain data from each state on child maltreatment reporting, the outcomes of administrative investigation, and characteristics of victims and perpetrators. The percent of substantiation and unsubstantiation for each state was calculated. There was no significant difference in the percent of substantiated and unsubstantiated cases in the two groups (preponderance and lesser standard of proof) of states.

Levine, M. (1998). Do standards of proof affect decision making in child protection investigations? *Law & Human Behavior*, 22(3), 341-347.

Neuropsychological functioning: Comparison of mothers at high- and low-risk for child physical abuse

This study investigated the performance of 20 high- and 20 low-risk mothers for child physical abuse on cognitive measures in a cry (crying infant) and no-cry condition. The degree to which observed risk group differences in cognitive abilities were due to group differences in depression and/or anxiety was explored. All mothers completed a battery of neuropsychological measures as well as measures of depression, and anxiety. Although initial analyses indicated expected risk group differences on most of the neuropsychological measures, controlling for group differences in IQ revealed risk group differences only on measures of conceptual ability, cognitive flexibility, and problem-solving skills. In a third set of analyses that controlled for group differences in IQ, depression, and anxiety, no risk group differences on any of the neuropsychological measures were found. Findings indicate that clinically observed cognitive deficits in high-risk and abusive mothers may be associated with lower levels of intellectual

continued on next page

ability and with higher levels of depression and anxiety

Nayak, M.B., Milner, J.S. (1998). Neuropsychological functioning: Comparison of mothers at high- and low-risk for child physical abuse. *Child Abuse & Neglect*, 22(7), 687-703.

New Tool for Measuring Psychological and Physical Maltreatment and Neglect

This article describes the development of a new version of the Conflict Tactics Scale (CTS) called the Parent-Child Conflict Tactics Scale (CTSPC). The scale is intended to measure psychological and physical maltreatment and neglect of children by parents, as well as nonviolent modes of discipline. The scale was administered through a telephone survey with the children's parents (mean age 36.8 yrs). The scale provides (1) improved Psychological Aggression and Physical Assault scales, (2) a new Nonviolent Discipline scale, a supplementary scale for Neglect, and supplemental questions on discipline methods and sexual abuse, (3) reliability ranges from low to moderate, and (4) evidence of discriminant and construct validity.

Straus, M., Hamby, S.L., Finkelhor, D., Moore, D.W., Runyan, D. (1998). Identification of child maltreatment with the Parent-Child Conflict Tactics Scales: Development and psychometric data for a national sample of American parents. *Child Abuse & Neglect*, 22(4), 249-270.

Abuse, Accidents or Disease? Causes of Subdural Hematoma

The purpose of this article was to determine the relative frequency of child abuse, accidents and disease as a cause of subdural hematomas in children under 2 years of age, and to determine the main clinical features at presentation that may help to distinguish these groups of patients. A retrospective review was undertaken of the medical records of all children under 2 yrs of age admitted to a children's hospital with the diagnosis of subdural hematoma within a 10-yr period (January 1987 to December 1996). A total of 38 children were identified with subdural hematomas during the study period. The most common cause was nonaccidental injury in 55% of cases; accidents in 39% and nontraumatic causes (6%) made up the remainder. The victims in the nonaccidental injury cases were significantly younger than the accidentally injured children. The most important clinical features were the significantly higher incidence of retinal hemorrhages and associated long bone and rib fractures in the abuse group. Delay in presentation for medical evaluation was also more commonly seen in the abused children.

Tzioumi, D. & Oates, R. K. (1998). Subdural hematomas in children under 2 years: Accidental or inflicted? A 10-year experience. *Child Abuse & Neglect*, 22(11), 1105-1112.

Are Maltreated Children More Prone to Dating Violence?

This study sought to understand how experiences of maltreatment occurring prior to 12 years of age affect adolescent peer and dating relationships. A school-based sample of 15-year-olds was divided into maltreated (n = 132) and non-maltreated (n = 227) subgroups based on self-reported maltreatment. These two groups were then compared on two theoretically determined dimensions of adjustment (i.e., interpersonal sensitivity/hostility; personal resources) and self- and teacher-report measures of peer and dating relationships. Findings supported the hypothesis that maltreated youths significantly differed from nonmaltreated youths in terms of adjustment problems as well as conflict with dating partners and close friends. Maltreated youths reported significantly more verbal and physical abuse both toward and by their dating partners, and were seen by teachers as engaging in more acts of aggression and harassment toward others.

Wolfe, D.A., Wekerle, C., Reitzel-Jaffe, D., & Lefebvre, L. (1998). Factors associated with abusive relationships among maltreated and nonmaltreated youth. *Development & Psychopathology*, 10(1):61-85.

APSAC Advisor Call for Submissions

The *APSAC Advisor* is inviting submission of manuscripts for possible publication in an upcoming issue. The purpose of the *Advisor* is to serve as a forum for succinct, practice-oriented articles and features that keep interdisciplinary professionals informed of the latest developments in the field of child maltreatment. *Advisor* readers are the more than 4,500 social workers, physicians, attorneys, psychologists, law enforcement officers, researchers, judges, educators, administrators, psychiatrists, counselors, and other professionals who are members or supporters of APSAC.

Appropriate material: *Advisor* editors are interested in articles that focus on particular aspects of practice, detail a common problem or current issue faced by practitioners, review available research from a practice perspective, or, for the Perspectives column, present an opinion on a controversial issue in the field. Articles should be practical and accessible, but also research-based and drawing on the latest empirical studies on a particular topic.

Length: *Advisor* articles should range from four to twelve double-spaced pages in length in manuscript form. Perspectives articles should be 1500-1700 words.

Peer review: All articles submitted for publication in the *APSAC Advisor* undergo peer review, first by the Associate Editor, and then by other professionals with expertise in the article's subject matter.

Submission: All articles should be submitted typed, double-spaced, on white paper, with an accompanying diskette in Microsoft Word or ASCII, or as an attachment via email. Please send manuscripts to: Maureen Kelly, *The APSAC Advisor*, APSAC, 407 S. Dearborn, Suite 1300, Chicago, IL 60605 Phone: 312-554-0166; fax: 312-554-0919 email: APSACpubs@aol.com. For complete Author Guidelines visit our web page at www.apsac.org or call Maureen Kelly.