

# JOURNAL HIGHLIGHTS

Edited by

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*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 843 792-2945) e-mail: hansonrf@musc.edu*

## SEXUAL ABUSE

### History of Child Sexual Abuse Affects Coping of Adult Rape Victims

One-hundred-nineteen undergraduate females participated in a study examining the roles of child sexual assault, attributions, and coping on adjustment to rape. Participants completed anonymous questionnaires that assessed for child sexual abuse history, adult victimization history, attributions of blame for the adult assault, coping strategies for the adult rape, and trauma symptoms. Rape victims with a history of child sexual abuse were found to have higher levels of trauma symptoms, made greater use of nervous and cognitive coping strategies, and were more likely to make attributions of blame towards themselves or society. Current symptoms were related to types of coping and attributions of blame, with history of child sexual abuse having an indirect relationship to these variables. The results suggest the importance of attributional and coping variables, as well as child sexual abuse history, as mediators of post-rape adjustment.

**Arata, C.M. (1999). Coping with rape: The roles of prior sexual abuse and attributions of blame. *Journal of Interpersonal Violence*, 14(1), 62-78.**

### Update to AAP Guidelines for Evaluating Child Sexual Abuse

This statement serves to update guidelines for the evaluation of child sexual abuse first published in 1991. The role of the physician is outlined with respect to obtaining a history, physical examination, and appropriate laboratory data and in determining the need to report sexual abuse.

**Guidelines for the evaluation of sexual abuse of children: subject review. American Academy of Pediatrics Committee on Child Abuse and Neglect. *Pediatrics*, 103(1):186-91.**

### Effect of Child Sexual Abuse on Adult Attachment Style

This article investigated the nature of the relationship between child sexual abuse, adult attachment style, and psychological adjustment, as measured by the Trauma Symptom Inventory. Participants were 307 female university students, including 85 women with a history of child sexual abuse. Results indicated that a history of child sexual abuse predicted both psychological adjustment and adult attachment style, and that adult attachment style predicted psychological adjustment. In addition, a mediational model in which attachment mediates between child sexual abuse and later psychological adjustment was supported. Results are discussed in terms of implications for conducting therapy with child sexual abuse survivors.

**Roche, D.N., Runtz, M.G., Hunter, M.A. (1999). Adult attachment: A mediator between child sexual abuse and later psychological adjustment. *Journal of Interpersonal Violence*, 14(2), 184-207.**

### Incidence and Characteristics of Child Sexual Abuse in African-American and European Women

This paper examined the prevalence of child sexual abuse of African-American and European-American women living in Los Angeles and compared the circumstances of these incidents to data collected a decade ago. Incidents of contact abuse were obtained from women aged 18-36 years in 1994 and compared to women with those demographic characteristics from a comparable 1984 data set. The prevalence of abuse, characteristics of the victim, assault, alleged perpetrator, disclosure, and long-term effects by ethnic group affiliation were assessed. Of the total sample, 34% reported at least one incident of sexual abuse prior to age 18. Results show that European-American women had a higher prevalence of abuse, reported being abused more in public environments, and reported more incidents of attempted or completed rape than did African-Americans. While comparisons made with the 1984 data set revealed no significant difference in prevalence rates over the 10-yr period, changes in circumstances (e.g., location of abuse, severity of incidents, and length of time in which abuse occurred) were noted. How these differences can help better tailor prevention messages to different communities is discussed.

**Wyatt, G.E., Loeb, T.B., Solis, B., Carmona, J.V. & Romero, G. (1999). The prevalence and circumstances of child sexual abuse: Changes across a decade. *Child Abuse & Neglect*, 23(1), 45-60.**

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## **PHYSICAL ABUSE**

### **Parental Attitudes and Discipline Practices Link to Physical Abuse**

This paper examined factors that place parents at risk of abusing their children by predicting parents' use of discipline practices and attitudes that may bias parents towards abusive behaviors. A telephone interview was administered by the Gallup Organization to a nationally representative sample of 1,000 parents (aged 18-72 years). Using a set of theoretically relevant risk factors, multiple regression was used to predict variations in parental attitudes and parental discipline practices. Results confirm the importance of examining elements of parental attitudes, history, personality characteristics, child age, religion, and ideology in predicting abuse proneness.

**Jackson, S., Thompson, R.A., Christiansen, E.H., Colman, R.A., Wyatt, J., Buckendahl, C.W., Wilcox, B.L., & Peterson, R. (1999).** Predicting abuse-prone parental attitudes and discipline practices in a nationally representative sample. *Child Abuse & Neglect, 23(1)*, 15-29.

### **Abusive Head Trauma Often Missed: A Review of 173 Cases**

This study involved a retrospective chart review of cases of abusive head trauma (AHT) in children younger than 3 years evaluated at a children's hospital during a 6-year period. At the time of injury, children were evaluated by the hospital's interdisciplinary Child Advocacy and Protection Team (CAP Team). During the retrospective review, charts were examined to determine what factors were associated with a missed versus a recognized diagnosis. The study sample included 173 abused children with head injuries. Of the 173 subjects with AHT, 54 cases (31.2%) were classified as missed. For these 54 cases, the mean number of physician visits before the trauma was recognized was 2.8 (range 2-9 visits). Compared to children whose diagnosis was recognized on the first visit, misdiagnosed cases were much younger, more often white, and more often living with both parents. The more severely symptomatic children were more likely to be recognized as having AHT at first visit to the physician. Using a multivariate logistic model, 4 independent variables predicted the correct diagnosis of AHT at the 1st visit: abnormal respiratory status, seizures present, facial and/or scalp injury, and parents not living together. Suggestions for facilitating the correct diagnosis of AHT are included.

**Jenny, C., Hymel, K.P., Ritzen, A., Reinert, S.E., & Hay, T.C. (1999).** Analysis of missed cases of abusive head trauma. *JAMA: Journal of the American Medical Association, 281(7)*, 621-626.

## **OTHER ISSUES IN CHILD MALTREATMENT**

### **Addressing the Traumatic Memory Controversy**

Perhaps no other topic in recent history has generated such emotion as the ongoing traumatic memory debate involving alleged reports of physical and sexual abuse. The literature on this topic is replete with reliance on anecdotal statements, unwarranted and grossly overstated generalizations, emotionally laden conclusions, attacks and counter-attacks. This state of affairs has resulted in polarization between cognitive memory researchers and clinical researchers who are attempting to resolve the debate through scientific inquiry. The purpose of this article is to highlight the key issues at the center of this debate in an attempt to move the debate forward. It is argued that resolution of this debate can only be achieved by conducting appropriately designed clinical research with a population of traumatically abused subjects.

**Levis, D.J. (1999).** The traumatic memory debate: A failure in scientific communication and cooperation. *Applied & Preventive Psychology, 8(1)*, 71-76.

### **Child Maltreatment Linked to Higher Likelihood of Adult Sexual Victimization**

A sample of 30 female college students who reported unwanted sexual experiences judged to constitute date rape was compared with 133 controls who reported no rape. Compared to controls, the date-rape group had significantly higher scores on a measure of overall childhood stress and maltreatment and scored significantly higher on the principal subscale of that measure, which assesses negative home environment/neglect. Date rape participants were also more likely to have experienced sexual abuse in childhood; however the relationship between date rape and other negative childhood experiences remained significant after sexual abuse was partialled out. Thus, forms of maltreatment that are not specifically sexual are also associated with an increased likelihood of sexual victimization later in life. Maltreatment was significantly associated with dissociation, depression, and other psychological symptoms of trauma. Findings are consistent with a model in which the psychological consequences of trauma increase the likelihood of later traumatic experiences.

**Sanders, B., Moore, D.L. (1999).** Childhood maltreatment and date rape. *Journal of Interpersonal Violence, 14(2)*, 115-124.