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Sexual Abuse

Dimensions jurors use when deciding a child victim's credibility and verdict

In this study, 573 participants read a simulated trial (robbery or sexual-assault case, in which the defendant was either a stranger or an acquaintance) in which the alleged victim was either a 6- or a 13-year-old girl. The supporting evidence was held constant across cases to allow for experimental assessment of the hypotheses. The defendant was more likely to be found guilty in the sexual-assault cases than in the robbery cases. The child was perceived to be more credible and honest and to have a better memory in the sexual-assault cases compared to the robbery cases. Perceptions of memory and honesty predicted verdict and punishment. The child's age did not impact credibility or verdict. Finally, more women, compared to men, perceived the child as credible. Type of case was a potent factor in jurors' determination of guilt and the child's credibility. Contrary to expectations, neither the victim's age nor the interaction between this and the type of case influenced verdict or credibility measures.

McCauley, M. R., & Parker, J. F. (2001). When will a child be believed? The impact of the victim's age and juror's gender on children's credibility and verdict in a sexual-abuse case. *Child Abuse & Neglect, 25*(4), 523-539.

The role of dissociation as a critical mediator of psychiatric symptoms

This study investigated the role of dissociation as a mediator of mental health outcomes in children and adolescents (N=114) with a history of sexual abuse. Interviews, provider ratings, and chart reviews were used to assess the relationship of childhood abuse history, dissociative responses, and psychopathology. Sexual abuse history was associated with dissociation, whereas a history of physical abuse was not. Both sexual abuse and dissociation were independently associated with several indicators of mental health disturbance, including risk-taking behavior (suicidality, self-mutilation, and sexual aggression). Severity of sexual abuse was not associated with dissociation or psychopathology. Analysis of covariance indi-

cated that dissociation had an important mediating role between sexual abuse and psychiatric disturbance. These results were replicated across several assessment sources and varied perspectives.

Kisiel, C. L., & Lyons, J. S. (2001). Dissociation as a mediator of psychopathology among sexually abused children and adolescents. *American Journal of Psychiatry, 158*(7), 1034-1039.

Diagnostic utility of sexual behavior problems as an indicator of sexual abuse

The authors hypothesized that sexual behavior problems are multiply determined and consequently are variably related to sexual abuse in a clinical sample. A sample of 247 children (aged 2-12 yrs) evaluated for sexual abuse at a multidisciplinary forensic child abuse evaluation clinic was included. Results from the Child Behavior Checklist (CBCL) and the Child Sexual Behavior Inventory (CSBI) were analyzed and compared to the results of a structured abuse assessment performed independent of these scores. The forensic team assessment found evidence of sexual abuse in 25% of cases, and no evidence in 61%. Children in this sample exhibited an elevated level of both sexual and nonsexual behavior problems. However, considerable variability was noted in sexual behavior problem scores. Nonsexually abused children were just as likely to have high CSBI scores as sexually abused children. The authors conclude that community professionals should use caution in relying on sexual behavior problems as a diagnostic indicator of abuse.

Drach, K. M., Wientzen, J., & Ricci, L. R. (2001). The diagnostic utility of sexual behavior problems in diagnosing sexual abuse in a forensic child abuse evaluation clinic. *Child Abuse & Neglect, 25*(4), 489-503.

Child sexual abuse prevention program evaluated

A total of 133 1st and 3rd graders completed a knowledge questionnaire and a video vignette measure designed to evaluate preventive skill toward abusive and potentially abusive situations. A follow-up measure (2 months) was administered to verify whether knowledge and skills were maintained. Results indicated that children participating in the prevention program showed

greater preventive knowledge and skills relative to children not participating. Follow-up data showed that knowledge gains were maintained while the preventive skill gains may attenuate. In terms of unanticipated side effects, results revealed that almost half of the parents noted positive reactions following children's participation in the ESPACE program.

Hebert, M., Lavoie, F., Piche, C., & Poitras, M. (2001). Proximate effects of a child sexual abuse prevention program in elementary school children. *Child Abuse & Neglect*, 25(4), 505-522.

Physical abuse

Maltreatment and emotion regulation mediated by maternal socialization practices

The socialization of children's emotion regulation in 25 physically maltreating and 25 nonmaltreating mother-child dyads was investigated in this study. Children and their mothers were interviewed individually about their (1) management of emotional expression, (2) strategies for coping with emotional arousal, and (3) anticipated consequences following emotional displays. Compared to controls, maltreated children expected less maternal support in response to their emotional displays, reported being less likely to display emotions to their mothers, and generated fewer effective coping strategies for anger. Maltreating mothers indicated less understanding of children's emotional displays and fewer effective strategies for helping children to cope with emotionally arousing situations than nonmaltreating others.

Shipman, K. L., & Zeman, J. (2001). Socialization of children's emotion regulation in mother-child dyads: A developmental psychopathology perspective. *Development & Psychopathology*, 13(2), 317-336.

Childhood physical abuse linked with morbid course of substance abuse in adulthood

This study assessed the course and severity of Substance Related Disorder (SRD) in relation to childhood physical abuse (CPA) using retrospective data on CPA and current indices of substance use, abuse, and related morbidity. A total of 642 patients, of whom 195 (30.4%) experi-

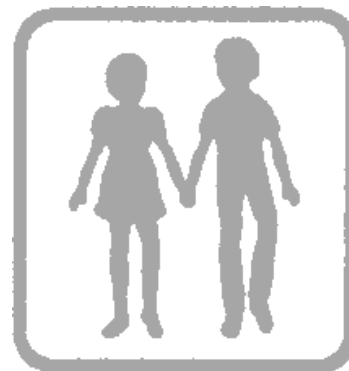
enced CPA, were assessed and the following information was obtained: demographic data, family history of substance abuse, problems related to substance abuse, and treatment of substance abuse. The study found that patients with CPA were more likely to be women, have lower SES, and have more extended family members with substance abuse. Patients with CPA reported more severe substance abuse and more treatment. Physical abuse during childhood resulted in a more morbid course of substance abuse later in adulthood.

Westermeyer, J., Wahmanholm, K., & Thuras, P. (2001). Effects of childhood physical abuse on course and severity of substance abuse. *American Journal on Addictions*, 10(2), 101-110.

Abusive home environment associated with poor developmental outcomes

This study examined concurrent and longitudinal data for 182, 4th grade boys across a variety of developmental outcomes over a 10-year span. The authors hypothesized that in the context of unskilled discipline, the abusive home environment variables would be predictive of a variety of adjustment outcomes as children moved into adolescence and early adulthood. Assessments of the boys, their siblings, and their parents included direct observations, interviews, and questionnaires. Path analyses revealed that the consequences of each abusive home environment construct were, with little exception, consistent with the hypotheses.

Bank, L. & Burraston, B. (2001). Abusive home environments as predictors of poor adjustment during adolescence and early adulthood. *Journal of Community Psychology*, 29(3),



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The importance of neighbors for child abuse prevention and reporting

This article summarized the results of a random telephone survey of a large, midwestern city that examined the extent to which respondents suspected their neighbors of physical child abuse. Data were also collected on how respondents learned of such physical abuse, what their response to it was, and whether they noticed a difference in the frequency of the abuse after they did or did not respond. Relatively few knew of their neighbors' physical abuse, and those who did learned of the abuse by either seeing or hearing it occur. Most reported the abuse, many did nothing, but some intervened in the situation. Parents of minor children reacted differently than adults without children.

Paquin, G., Schafer, J., & Carle, A. C. (2001). Neighbors' knowledge and reaction to suspected child abuse in an urban setting. *Journal of Sociology & Social Welfare*, 28(1), 105-118.

Other Issues

Indirect and direct correlates of exposure to community violence

The psychological and behavioral correlates of community violence exposure in psychiatrically hospitalized adolescents (aged 12-18 yrs) were investigated. Inpatients (N=89) were administered a battery of self-report instruments. Half of the patients reported exposure to multiple incidents of violence in their community (52%) and home (53%); 61% were victims of physical assault, and 39% were victims of sexual assault. Patients who had witnessed community violence reported significantly more posttraumatic stress disorder symptoms, drug use, and violence potential than patients without a history of witnessing community violence. Patients exposed to community violence were also more likely to be the victim of childhood maltreatment, as well as a perpetrator of violence. In conclusion, traumatization via exposure to community violence may serve as one important determinant in the development of mixed internalizing and externalizing psychopathology in adolescent inpatients, thus necessitating accurate assessment and treatment planning.

Fehon, D. C., Grilo, C. M., & Lipschitz, D. S. (2001). Correlates of community violence exposure in hospitalized adolescents. *Comprehensive Psychiatry*, 42(4), 283-290.

Brain functioning, physical abuse, and perpetration of severe violence

This study used functional magnetic resonance imaging (fMRI) to address two important gaps in our knowledge of brain functioning and violence. Four groups of participants recruited from the community (controls, severe physical child abuse only, serious violence only, and severely abused/seriously violent offenders) underwent fMRI while performing a visual/verbal working memory task. Violent offenders who had suffered severe child abuse showed reduced right hemisphere functioning, particularly in the right temporal cortex. Abused individuals who refrained from serious violence showed relatively lower left, but higher right, activation of the superior temporal gyrus. Abused individuals, irrespective of violence status, showed reduced cortical activation during the working memory task, especially in the left hemisphere. Brain deficits were independent of IQ, history of head injury, task performance, cognitive strategy, and mental activity during the control task.

Raine, A., Park, S., Lencz, T., Bihrlle, S., LaCasse, L., Widom, C. S., Louai-Al-Dayeh, & Singh, M. (2001). Reduced right hemisphere activation in severely abused violent offenders during a working memory task: An fMRI study. *Aggressive Behavior*, 27(2), 111-129.

Differential pattern of risk for child abuse recurrences

The purpose of this study was to investigate differences between substantiated cases that were, versus were not, opened and to examine differences in characteristics and patterns of child abuse recurrences between these two groups. Methods involved collecting data at an index report for a random sample of substantiated cases of physical abuse or neglect in an urban jurisdiction and following them prospectively over five years. Families (N=747) were compared with respect to sociodemographic characteristics, type of maltreatment, maternal substance abuse, age of mother at index, and prior substantiated reports. Results show that families with a previous substantiated report were 22% less likely to be opened

for service than families without prior substantiated reports, and cases substantiated for neglect were 20% less likely to be opened for service than physical abuse cases.

DePanfilis, D., & Zuravin, S. J. (2001). Assessing risk to determine the need for services. *Children & Youth Services Review, 23*(1), 3-20.

Guidelines for overcoming barriers to evaluating abuse histories

Psychologists are frequently faced with issues of whether, when, and how to ask clients if they have been abused. Despite the demonstrated relationship between child abuse and adult psychopathology, researchers report that many clinicians still do not routinely inquire about abuse. A questionnaire completed by 63 psychologists and 51 psychiatrists in New Zealand revealed that factors related to reluctance to ask about abuse included the following: more pressing issues, fear of disturbing clients, a diagnosis of schizophrenia, biological etiology beliefs, and fear of inducing "false memories." Significant differences were found between psychologists and psychiatrists on some of these factors. Practice guidelines for enhancing the frequency and efficacy of abuse inquiry are presented.

Young, M., Read, J., Barker-Collo, S., & Harrison, R. (2001). Evaluating and overcoming barriers to taking abuse histories. *Professional Psychology: Research & Practice, 32*(4), 407-414.

Help!

This contribution investigated the content and legal relevance of clinical evaluations of parents conducted in child abuse and neglect cases. The sample consisted of 190 mental health evaluation reports that had been completed on parents involved in a large, urban juvenile court system. As a result, 170 objective and qualitative characteristics were coded to assess for criteria recommended in the forensic literature. The authors found numerous substantive failures to meet those criteria for forensic relevance. Evaluations of parents typically were completed in a single session, rarely included a home visit, used few if any sources of information other than the parent, often cited no previous written reports, rarely used behavioral methods, stated purposes in general rather than specific terms, emphasized

weaknesses over strengths in reporting results, and often neglected to describe the parent's caregiving qualities or the child's relationship with the parent. Some relevant differences were evident across assessment groups, pointing to examples of more thorough, parenting-specific evaluation practices. Recommendations to improve current practices in forensic parenting assessment are provided.

Budd, K. S., Pointdexter, L. M., Felix, E. D., & Naik-Polan, A. T. (2001). Clinical assessment of parents in child protection cases: An empirical analysis. *Law & Human Behavior, 25*(1), 93-108.

Timing of intervention for preventing abuse among adolescent mothers

This report examined the effects of a prenatal intervention for preventing child abuse and neglect. Here, 204 low-education adolescent mothers (aged 13-21 yrs at birth of 1st child) enrolled in an 18- to -27 month home-visitation intervention program before or after the birth of their first child. Ss were classified as low-risk, high-risk intervention graduates, or high-risk drop-outs. Results show that acceptance of high-risk mothers into the program prior to the infant's birth exerted a significant effect in preventing later child abuse and neglect. Child abuse and neglect rates and subsequent parity rates were not different between high-risk intervention graduates and low-risk Ss. Child abuse and neglect rates for both these groups differed significantly from rates of those dropping out of the intervention. Program costs were significantly lower than county foster care costs for children placed because of child abuse.

Honig, A. S., & Morin, C. (2001). When should programs for teen parents and babies begin? Longitudinal evaluation of a teen parents and babies program. *Journal of Primary Prevention, 21*(4), 447-454.

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:

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