

JOURNAL HIGHLIGHTS

By Ernestine C. Briggs, PhD

Journal Highlights informs readers of current research on various aspects of child maltreatment. APSAC members are invited to contribute by sending a copy of current articles (preferably published within the past 6 months) along with a two- or three-sentence review to Ernestine C. Briggs, PhD, Duke University Medical Center, Trauma Evaluation, Research and Treatment Program, Center for Child and Family Health—North Carolina, 3518 Westgate Drive, Suite 100, Durham, NC 27707 (Fax: 919-419-9353).

SEXUAL ABUSE

Clinical Utility of Sexual Education in Treatment of Children and Adolescents

This study examined the coverage of sexual education in treatment. Researchers surveyed agencies from across the United States that specialize in treating child and adolescent victims of sexual abuse. There was a statistically significant difference in the coverage of sexual education based on clients' age, but not based on gender or treatment modality (i.e., individual or group therapy). Parents are often included in treatment; however, the amount of parental involvement varies. Published materials, such as children's books and videos, are frequently used. Results suggest that covering sexual education in treatment helps decrease some of the negative effects of sexual abuse.

Rubenzahl, S. A., & Gilbert, B. O. (2002). Providing sexual education to victims of child sexual abuse: What is a clinician to do? *Journal of Child Sexual Abuse, 11*(1), 1-21.

Childhood Victimization and Empathy as Predictors of Sexual Deviance

This study presented and tested a model of sexual deviance using data from 188 incarcerated male sexual offenders. Number and type of victims, disclosures of childhood experiences of abuse, and early exposure to pornography were recorded from criminal history, a sexual history questionnaire, and polygraph examinations. Empathy was assessed using victim- and abuse-specific measures. Structural equation modeling was used to test a model that included the direct effects of childhood victimization on number and type of victims, as well as the mediated effects through lack of empathy. Offenders who endorsed a history of child sexual abuse and early exposure to pornography displayed less empathy for children in abusive situations, and they reported more child victims. Offenders with a history of physical abuse displayed less empathy for women in abusive situations, and they reported more adult victims.

Simons, D., Wurtele, S. K., & Heil, P. (2002). Childhood victimization and lack of empathy as predictors of sexual offending against women and children. *Journal of Interpersonal Violence, 17*(12), 1291-1307.

Childhood Victimization Linked With Health Problems in a Nationally Representative Sample of Women

The purpose of this investigation was to test the associations between physical and sexual victimization in childhood with seven measures of health problems in adulthood. Data were gathered from 8,000 women (mean age 44.19 yrs) interviewed in the National Violence Against Women Survey. Results indicated that both physical and sexual victimization in childhood were significantly associated with poor perceptions of general health, sustaining a serious injury, acquiring a mental health condition, using drugs, and using alcohol daily in adulthood. Women who experienced both physical and sexual victimization as children were at increased risk of health problems in adulthood compared with women who experienced only one type of victimization. These associations could not be attributed to victim demographics or to revictimization in adulthood. Results suggest that intervening with child abuse victims at an early stage may reduce children's likelihood of developing long-term health problems.

Thompson, M. P., Arias, I., Basile, K. C., & Desai, S. (2002). The association between childhood physical and sexual victimization and health problems in adulthood in a nationally representative sample of women. *Journal of Interpersonal Violence, 17*(10), 1115-1129.

PHYSICAL ABUSE

Family Violence Associated With Increased Odds of Risky Sexual Behavior Among Adolescents

This study analyzed the relationship between family violence and risky sexual activity for female adolescents (aged 14-17 yrs). Two forms of family violence were examined: experience (receiving physical abuse from a parent or parent-figure) and exposure (witnessing interparental physical violence). Either form of violence was hypothesized to predict greater odds of engaging in risky sexual behavior. Results show that experiencing violence from a parent greatly increased the likelihood of risky sex, even when controlling for the experience of forced sex, age, mother's age at first birth, race, socioeconomic status, and religiosity. Female adolescents who had experienced forced sex, those who were older, non-Hispanic blacks, those living in a family with low educational attainment, and those for whom religion was not or only somewhat personally important were more likely to report risky sex. These effects were not modified by whether the respondents lived in single- or two-parent families. An interaction between the two forms of physical violence suggests either form is sufficient to increase significantly the odds of risky sex.

Elliott, G. C., Avery, R., Fishman, E., & Hoshiko, B. (2002). The encounter with family violence and risky sexual activity among young adolescent females. *Violence & Victims, 17*(5), 569-592.

The Decision-Making Process of Social Work Professionals and Nonprofessionals

This study compared the decision-making process of social work professionals, social work trainees, and nonprofessionals and assessed how they are each influenced by information on physical abuse to a child. Three samples of 100 subjects (Ss) each were used to assess the following: certified social workers, social work trainees, and students in the B.A. program in the School of Business Administration. Minimal referral information was provided on a case of alleged child abuse or maltreatment. Ss were asked to make initial judgments and recommendations on the case. Then additional information or cues about the case were presented. There were significant differences among the three groups in their assessment of risk and recommendations for removal. There were also certain differences in the ways they selected information. Nonprofessionals tended to assess higher risk, recommend removal, and become influenced by information on physical abuse more than the other two groups.

Benbenishty, R., Segev, D., Surkis, T., & Elias, T. (2002). Information-search and decision-making by professionals and nonprofessionals in cases of alleged child-abuse and maltreatment. *Journal of Social Service Research, 28*(3), 1-18.

Abuse and Witnessing Abuse Linked With Negative Outcomes in Adolescence

This study examined the correlates of four types of adverse experiences with a large sample (N=17,465) of adolescents from a Midwestern county. The four types of adverse experience were physical abuse, sexual abuse, witnessing the physical abuse of another person, and harassment by peers at school. The three outcomes of interest were binge drinking, self-reported grade point average (GPA), and feelings of sadness and depression. Among both males and females, physical abuse, sexual abuse, and witnessing physical abuse were associated with binge drinking, feelings of sadness and depression, and lower GPA, whereas harassment by peers was associated with feelings of sadness and depression.

Luster, T., Small, S. A., Lower, R. (2002). The correlates of abuse and witnessing abuse among adolescents. *Journal of Interpersonal Violence, 17*(12), 1323-1340.

Measure of Parental Disciplinary Behavior

This paper outlines a daily self-observation measure of parental disciplinary behavior in the form of a diary. Researchers randomly assigned 119 women with a child between the ages of 18 months and 4 years to either an assessment-only comparison condition or a 16-week program to teach parenting skills. This self-monitoring instrument offered data on the

overall feelings and disciplinary behaviors used daily following each session on parenting group interventions. Results show a gradual decrease in physical punishment and a gradual increase in planned ignoring across treatment, as these were introduced as part of an ongoing curriculum. The use of an explicit technique, such as timeout, increased abruptly rather than gradually and effects were seen only after specific instruction. Advantages and future applications of this kind of ongoing self-observation measure of treatment progress are described.

Peterson, L., Tremblay, G., Ewigman, B., & Popkey, C. (2002). The parental daily diary: A sensitive measure of the process of change in a child maltreatment prevention program. *Behavior Modification, 26*(5), 627-647.

OTHER ISSUES IN CHILD MALTREATMENT

Maltreatment-Related PTSD Associated With Adverse Brain Development

In this study, 28 psychotropic-naive children and adolescents with maltreatment-related posttraumatic stress disorder (PTSD) and 66 sociodemographically-similar healthy control subjects underwent comprehensive clinical assessments and anatomical MRI brain scans. Compared with control subjects, subjects with PTSD had smaller intracranial, cerebral, and prefrontal cortex, prefrontal cortical white matter, and right temporal lobe volumes and areas of the corpus callosum and its subregions, and they had larger frontal lobe cerebrospinal fluid volumes than control subjects. These data provide further evidence to suggest that maltreatment-related PTSD is associated with adverse brain development. These data also suggest that male children may be more vulnerable to these effects.

De Bellis, M. D., Keshavan, M. S., Shifflett, H., Iyengar, S., Beers, S. R., Hall, J., & Moritz, G. (2002). Brain structures in pediatric maltreatment-related posttraumatic stress disorder: A sociodemographically matched study. *Biological Psychiatry, 52*(11), 1066-1078.



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Psychometric Properties of a Newly Developed Measure of Parent Support

A newly developed measure of guardian support, the Needs-Based Assessment of Parental (Guardian) Support (NAPS), an empirical evaluation of that measure, and its comparison with another measure of guardian support are presented. The study employed a cross-sectional, nonexperimental survey design using 183 nonoffending guardians (NGs) who accompanied children presenting for a medical-forensic examination for sexual abuse. The NAPS and an existing measure of guardian support were administered during the hospital outpatient visit, and basic information about the child and abuse characteristics were gathered. The authors concluded that the NAPS had robust psychometric properties and was culturally sensitive. Tests of specific hypotheses supported the construct validity of the measure and the conceptualization of guardian support as hierarchical, with four stages of support. The brevity and ease of administration of the NAPS for both the clinician and guardian suggest that it is a viable assessment tool.

Bolen, R. M., Lamb, J. L., & Gradante, J. (2002). The Needs-Based Assessment of Parental (Guardian) Support: A test of its validity and reliability. *Child Abuse & Neglect*, 26(10), 1081-1099.

Longitudinal Study Examines Risk and Protective Factors Among Children in Foster Care

The current study examined protective and vulnerability factors in a longitudinal study of youth placed in foster care. A cohort of 214 ethnically-diverse youth, ages 7 to 12 years old, were recruited for the study if they had been in foster care for at least 5 months. Youth and their caregivers were interviewed and assessed approximately 6 months following their initial placement (Time 1) and again 6 years later (Time 2). Bivariate analyses indicated that several Time 1-control variables (e.g., age, ethnicity, type of maltreatment, behavior problems) and Time 1-psychosocial predictor variables (i.e., dimensions of social support and self-perception) were related to the Time 2-risk behavior outcomes. Regression analyses with all variables accounted for 33% to 46% of the variance, with the psychosocial predictor variables, as a group, significant over and above the control variables. The results suggest that there are some modifiable protective and vulnerability factors present shortly after maltreated youth are placed in foster care that predict their engagement in adolescent risk behaviors 6 years later.

Taussig, H. N. (2002). Risk behaviors in maltreated youth placed in foster care: A longitudinal study of protective and vulnerability factors. *Child Abuse & Neglect*, 26(11), 1179-1199.

Child Abuse and Interparental Violence Associated with Violence in Adulthood

This study explored whether exposure to physical victimization and interparental violence additively or interactively increased risk for adulthood (a) child abuse perpetration, (b) partner abuse perpetration, or (c) partner abuse victimization. These hypotheses were tested in a nationally representative data set comprising 6,002 participants (aged 18 yrs or older). Dually exposed, compared with singly exposed, women had significantly increased risk for adulthood family violence. Frequency of family-of-origin violence predicted adulthood child and partner abuse through both main and interactive effects.

Heyman, R. E., & Slep, A. M. (2002). Do child abuse and interparental violence lead to adulthood family violence? *Journal of Marriage & the Family*, 64(4), 864-870.



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