

Journal Highlights
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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 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, Ph.D., 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

Ten Years of Research on CSA Reviewed

This 10-year review provides information on prevalence, risk factors, outcomes, treatment, and prevention of child sexual abuse (CSA) and examines psychopathology attributable to CSA. Results indicate that CSA constitutes approximately 10% of officially substantiated child maltreatment cases, numbering approximately 88,000 in 2000. Adjusted prevalence rates are 16.8% and 7.9% for adult women and men, respectively. Risk factors include gender, age, disabilities, and parental dysfunction. A range of symptoms and disorders has been associated with CSA, but depression in adults and sexualized behaviors in children are the best-documented outcomes. To date, cognitive-behavioral therapy (CBT) of the child and a nonoffending parent is the most effective treatment. Prevention efforts have focused on child education to increase awareness and home visitation to decrease risk factors. It is concluded that CSA is a significant risk factor for psychopathology, especially depression and substance abuse. Research indicates that CBT is effective for some symptoms, but longitudinal follow-up and large-scale “effectiveness” studies are needed.

Putnam, F. W. (2003). Ten-year research update review: Child sexual abuse. *Journal of the American Academy of Child & Adolescent Psychiatry*, 42(3), 269-278.

Is Complex PTSD a More Accurate Diagnosis for Women With a History of CSA?

This study examined whether women with a history of early-onset sexual abuse (N=38) or those with late-onset sexual abuse (N=27) were more likely to meet diagnostic criteria for both borderline personality disorder and complex posttraumatic stress disorder (PTSD). The diagnoses of both borderline personality disorder and complex PTSD were significantly higher in women reporting early-onset abuse than in those with late-onset abuse. The trauma variables sexual abuse and paternal incest were significant predictors of both diagnoses. The authors conclude that in contrast to those with comorbid diagnoses, some women with a history of childhood sexual abuse may be extricated from the diagnosis of borderline personality disorder and subsumed under that of complex PTSD.

McLean, L. M., & Gallop, R. (2003). Implications of childhood sexual abuse for adult borderline personality disorder and complex posttraumatic stress disorder. *American Journal of Psychiatry*, 160(2), 369-371.

Can Family Factors Differentiate Sexually Abused and Nonabused Adolescents?

This study examined whether family factors would differentiate sexually abused and nonabused adolescent psychiatric inpatients. Psychiatric inpatients (N= 57; 11-17 years old) who either had experienced sexual abuse or had no history of sexual victimization completed a diagnostic interview and were assessed on a variety of family indices. Results indicate that after controlling for level of depression, sexually abused adolescents could be differentiated from their nonabused counterparts on the basis of family variables. Sexually abused adolescents reported their families as more authoritarian and more enmeshed. They also perceived more negative messages from their nonoffending father figures about the world. Also, exploratory gender analyses reveal that sexually abused females reported greater levels of depression than sexually abused males.

Reinemann, D. H. S., Stark, K. D., & Swearer, S. M. (2003). Family factors that differentiate sexually abused and nonabused adolescent psychiatric inpatients. *Journal of Interpersonal Violence*, 18(5), 471-489.

Hippocampal Structure and Function Differences Found in Women With CSA and PTSD

The purpose of this study was to measure both hippocampal structure and function in women with and without early childhood sexual abuse and the diagnosis of posttraumatic stress disorder (PTSD). Thirty-three women participated in this study, including women with early childhood sexual abuse and PTSD (N=10), women with abuse without PTSD (N=12), and women without abuse or PTSD (N=11). Hippocampal volume was measured with magnetic resonance imaging in all subjects, and hippocampal function during the performance of hippocampal-based verbal declarative memory tasks was measured by using positron emission tomography in abused women with and without PTSD. A failure of hippocampal activation and 16% smaller volume of the hippocampus were seen in women with abuse and PTSD compared with women with abuse without PTSD. Women with abuse and PTSD had a 19% smaller hippocampal volume relative to women without abuse or PTSD. These results are consistent with deficits in hippocampal function and structure in abuse-related PTSD.

Bremner, J. D., Vythilingam, M., Vermetten, E., Southwick, S. M., McGlashan, T., Nazeer, A., Khan, S., Vaccarino, L. V., Soufer, R., Garg, P. K., Ng, C. K., Staib, L. H., Duncan, J. S., & Charney, D. S. (2003). MRI and PET study of deficits in hippocampal structure and function in women with childhood sexual abuse and post-traumatic stress disorder. *American Journal of Psychiatry*, 160(5), 924-932.