

Journal Highlights Ernestine C. Briggs, PhD Tracee Washington, PhD

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, 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

Deficits in Verbal Declarative Memory and Sexual Abuse-Related PTSD

Previous studies have found deficits in verbal declarative memory functioning in people with posttraumatic stress disorder (PTSD), but most of these studies included only male combat veterans as participants. The current study included women with and without sexual abuse histories and PTSD diagnoses (N=43). All participants underwent neuropsychological testing with subtests of the Wechsler Memory Scale-Revised to assess verbal and visual memory and subtests of the Wechsler Adult Intelligence Scale to assess IQ. Other measures were also included to assess PTSD and other psychiatric symptoms. Results indicated that abused women with PTSD had deficits in verbal declarative memory compared with abused women without PTSD and nonabused women without PTSD. There were no significant differences in IQ. These results suggest that early abuse with PTSD is associated with deficits in verbal declarative memory, and that these effects are not related to the nonspecific effects of childhood abuse.

Bremner, J. D., Vermetten, E., Afzal, N., & Vythilingam, M. (2004). Deficits in verbal declarative memory function in women with childhood sexual abuse-related posttraumatic stress disorder. *Journal of Nervous and Mental Diseases*, 192(10), 643-649.

Protecting Children From Online Sexual Predators

Although there are many beneficial aspects of the Internet, one of its more malevolent aspects is its potential use for online sexual predation. The Internet allows sexual predators access to numerous children in a fairly anonymous environment. This article reviews sexual predators' characteristics and their strategies. The authors review technological, psychoeducational, and legal considerations and present ways to protect children. The authors also describe relevant laws about online solicitation and how they relate to practicing psychologists.

Dombrowski, S. C., LeMansey, J. W., Ahia, C. E., & Dickson, S. A. (2004). Protecting children from online sexual predators: Technological, psychoeducational, and legal considerations. *Professional Psychology: Research and Practice*, 35(1), 65-73.

PHYSICAL ABUSE

Two Subgroups of Physically Abusive Parents Observed

This study included subgroups of physically abusive parents and a comparison group of nonabusive parents (N=149). Parents in the physically abusive group either had a substantiated report of physical abuse themselves (n=71) or a partner with a substantiated report of physical abuse (n=12). Cluster analysis of observed parenting and self-reported discipline was used to categorize the abusive parents into subgroups. Parents in the first cluster were warm, positive, sensitive, and appeared engaged with their children during parent-child interactions, while parents in the second cluster were relatively negative, disengaged, intrusive, and insensitive. The two clusters also differed in terms of emotional health, parenting stress, perceptions of their children, and problem-solving abilities. Parents in the first cluster were similar to nonabusive parents on parenting and related constructs, while parents in the second cluster were significantly different from nonabusive parents on all of the clustering variables. The results highlight several differences among abusive parents in parenting practices and functioning.

Haskett, M. E., Scott, S. S., & Ward, C. S. (2004). Subgroups of physically abusive parents based on cluster analysis of parenting behavior and affect. *American Journal of Orthopsychiatry*, 74(4), 436-447.

Study Examined Responses of Physically Abusive Mothers

This study utilized a sequential analysis to examine mother-child dyads following episodes of compliance and noncompliance (N=30). Half of the sample consisted of physically abusive mothers (n=15), while the other half of the sample consisted of nonabusive, low-risk mothers (n=15). The children in the study ranged from 2 to 6 years of age. The results indicated that when children were noncompliant, physically abusive mothers were more likely to respond negatively and give another command than nonabusive mothers. When children were compliant, abusive and nonabusive mothers were equally likely to praise their children's behavior, but abusive mothers were less likely to demonstrate other forms of positive behavior, such as positive touch. The authors discuss the clinical implications of these findings in the context of working with physically abusive parents.

Borrego, J., Timmer, S. G., Urquiza, A. J., & Follette, W. C. (2004). Physically abusive mothers' responses following episodes of child noncompliance and compliance. *Journal of Consulting and Clinical Psychology*, 72(5), 897-903.



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Does PCIT Prevent Further Reports of Physical Abuse?

This study was a randomized trial designed to test the efficacy and sufficiency of parent-child interaction therapy (PCIT) with physically abusive parents to determine if it can prevent further reports of physical abuse. The sample consisted of physically abusive parents (N=110) who were randomly assigned to one of three intervention conditions: (1)PCIT, (2)PCIT plus individualized enhanced services, or (3)a standard parenting group in the community. All of the parents had multiple child welfare reports, severe parent-to-child violence, low household income, and significant levels of depression, substance abuse, and antisocial behavior. A median follow-up conducted 850 days after treatment found that 19% of parents assigned to PCIT had another report of physical abuse compared with 49% of parents assigned to the parenting group. Additional services did not enhance the efficacy of PCIT. The relative superiority of PCIT was mediated by a greater reduction in negative parent-child interactions, which is consistent with the PCIT change model.

Chaffin, M., Silovsky, J. F., Funderburk, B., Valle, L. A., Brestan, E. V., Balachova, T., Jackson, S., Lensgraf, J., & Bonner, B. L. (2004). Parent-child interaction therapy with physically abusive parents: Efficacy for reducing future abuse reports. *Journal of Consulting and Clinical Psychology*, 72(3), 500-510.



Can Preventing Maltreatment Prevent Antisocial Behavior?

The authors posited two hypotheses to explain the finding that child physical maltreatment predicts later antisocial behavior. One hypothesis is that physical maltreatment causes antisocial behavior, and the second hypothesis is that genetic factors transmitted from parents to children influence the chances that parents will be physically abusive and that children will then engage in antisocial behavior. The sample consisted of twins and their parents (N=1,116) from

the Environment-Risk cohort. The twins were 5 and 7 years of age at the time of the assessments. Mothers provided reports about child physical abuse, and both mothers and teachers provided reports about the children's antisocial behavior. The results indicated that child physical abuse plays a causal role in the development of antisocial behaviors and that the prevention of child maltreatment can prevent antisocial behaviors.

Jaffee, S. R., Caspi, A., Moffitt, T. E., & Taylor, A. (2004). Physical maltreatment victim to antisocial child: Evidence of an environmentally mediated process. *Journal of Abnormal Psychology*, 113(1), 44-55.

OTHER ISSUES IN CHILD MALTREATMENT

Social Work Misconduct May Lead to Liability

The authors analyze a recent court ruling in the U.S. Court of Appeals case, *Currier v. Doran* (2001). The court ruled that state-employed social workers can be held liable for harmful acts of others when those social workers "created the danger" that allowed the harm. In this case, a child was removed from his mother's custody by the state and placed and maintained with his father, in spite of significant risk in his father's care, both at the time of placement and ongoing. The father subsequently abused the child. The social worker's assertions of qualified immunity were not upheld. In their discussion of the implications of the case, the authors explain that (1) although the concept of qualified immunity remains intact, "social workers who blatantly fail to heed warning signs of abuse or potential abuse will not be protected from liability" (p. 611), (2) being underfunded or overworked will not shield social workers from charges of professional malpractice, and (3) civil and criminal lawsuits may succeed when a child suffers maltreatment *after* the agency worker knew or should have known that the child was improperly placed in a dangerous situation. The case also had implications for child welfare supervisors. The social worker's supervisor was held liable for "deliberate indifference" to the plaintiff's constitutional rights by failing to assure that her subordinates were properly trained.

Pollack, D., & Marsh, J. (2004, October). Social work misconduct may lead to liability. *Social Work*, 49(4), 610-612.

Psychological Effects of Domestic Violence on Children and Their Mothers

The goal of this study was to examine the effects of domestic violence, child abuse, and related areas of functioning on mothers who are the victims of domestic violence and their children. The sample consisted of mothers and children who were referred for independent structured interviews and psychological assessment by social service agencies (N=50). The assessments evaluated posttraumatic symptoms, including posttraumatic re-experiencing, avoidance, physiological arousal, associated symptoms, and parenting skills. The results found a complex pattern of high levels of abuse and associated trauma disorders in both children and their mothers. However, the presence of disorders was not correlated between children and their mothers. Mothers experiencing symptoms were less likely to seek treatment for their children.

Chemtob, C. M., & Carlson, J. G. (2004). Psychological effects of domestic violence on children and their mothers. *International Journal of Stress Management*, 11(3), 209-226.

Study Examined Methodological Issues Associated With Measuring Maltreatment

This study compared prospective parent self-reports with retrospective adolescent reports of early childhood physical abuse. The authors explored the correspondence, predictive equivalence, and outcomes associated with conflicting reports of abuse. Correspondence between the parents' and adolescents' reports was moderate. Both parent and adolescent reports were significant predictors of key adolescent outcomes. These results indicate that both parents' self-reports and adolescents' recall of abuse are valid measures of child maltreatment. This study underscores the methodological challenges of measuring child maltreatment.

Tajima, E. A., Herrenkohl, T. I., Huang, B., & Whitney, S. D. (2004). Measuring child maltreatment: A comparison of prospective parent reports and retrospective adolescent reports. *American Journal of Orthopsychiatry*, 74(4), 424-435.

Infant Mental Health and Juvenile Court: Impetus for Practice and Policy Change

The authors contend that the passage of the Adoption and Safe Families Act (ASFA) in 1997 required the courts to make the safety and well-being of the child their primary concern, rather than focusing on the parents. Since infants are now the largest group of children in the child welfare system, an emphasis on their needs could prevent intergenerational transmission of child maltreatment. The authors present a case example and review some programs currently in place in the Miami-Dade Juvenile court to highlight ways that courts can partner with various agencies to provide treatment.

Lederman, C. S., & Osofsky, J. D. (2004). Infant mental health interventions in juvenile court: Ameliorating the effects of maltreatment and deprivation. *Psychology, Public Policy, and Law*, 10(1), 162-177.

Potential Mediators Between Child Maltreatment and Dating Violence

This study examined the relationship between childhood maltreatment, dating violence, and potential mediators (i.e., trauma-related symptoms, attitudes justifying dating violence, and empathy and self-efficacy in relationships) between maltreatment and dating violence in midadolescence. The sample consisted of high school students from 10 local schools (N=1,317), and the study occurred over a one-year period. Results suggest that child maltreatment is a distal risk factor for adolescent dating violence. Trauma-related symptoms had a significant cross-time effect on predicting dating violence for both girls and boys, making them a significant mediator between child maltreatment and dating violence. Attitudes justifying dating violence, as well as empathy and self-efficacy, were correlated with dating violence but did not predict it. The authors discuss the importance of longitudinal methodology that separates correlates from predictors.

Wolfe, D. A., Wekerle, C., Scott, K., Straatman, A-L., & Grasley, C. (2004). Predicting abuse in adolescent dating relationships over 1 year: The role of child maltreatment and trauma. *Journal of Abnormal Psychology*, 113(3), 406-415.

Emotion Regulation, Therapeutic Alliance, and Successful Outcomes

This study examined the effects of the therapeutic alliance and negative mood regulation on treatment outcome for childhood abuse-related posttraumatic stress disorder (PTSD). The treatment consisted of two phases: Phase one focused on stabilization and preparatory skills building, and phase two focused on imaginal exposure to traumatic memories. The findings suggested that the therapeutic alliance had a significant impact on treatment outcome, and that the relationship between the therapeutic alliance and treatment outcome was mediated by the patient's mood regulation during the second phase of treatment. The authors conclude that the therapeutic alliance and the mediating influence of mood regulation significantly influence the treatment outcome for childhood abuse-related PTSD.

Cloitre, M., Stovall-McClough, K. C., Miranda, R., & Chemtob, C. M. (2004). Therapeutic alliance, negative mood regulation, and treatment outcome in child abuse-related posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology*, 72(3), 411-416.

The Gap Between Need for Services and Access to Services

The goal of this study was to examine the relationship between the need for mental health services and the use of those services for maltreated children who were involved in child welfare investigations. The children in the sample were drawn from the National Survey of Child and Adolescent Well-Being and ranged in age from 2 to 14 years (N=3,803). Approximately half of the children in the sample had clinically significant emotional or behavioral problems. Children who exhibited clinically significant symptoms were more likely to receive services than children who did not exhibit clinically significant symptoms, but only approximately 25% of the children with significant symptoms received specialized mental health treatment services. Young children (ages 2 to 5 years) were more likely to receive services if they were sexually abused than if they experienced neglect. Having a mentally-ill parent increased the likelihood that a child would receive mental health services. Adolescents who remained in the home were less likely to receive treatment. In light of these findings, the authors suggest that children need to be routinely screened and provided access to mental health services early in their contact with the child welfare system.

Burns, B. J., Phillips, S. D., Wagner, H. R., Barth, R. P., Kolko, D. J., Campbell, Y., & Landsverk, J. (2004). Mental health need and access to mental health services by youths involved with child welfare: A national survey. *Journal of the American Academy of Child and Adolescent Psychiatry*, 43(8), 960.

