

Journal Highlights Ernestine C. Briggs, 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

Can We Improve Decision Making in Forensic Child Sexual Abuse Evaluations?

Mental health professionals are often asked to provide data to assist legal decision makers in responding to allegations of child sexual abuse. Mental health professionals collect and compile data through the use of forensic interviews, psychological testing, and case record reviews, as well as by summarizing relevant findings from social science research. However, there is significant controversy related to the use of mental health professionals to help make decisions whether or not to substantiate unconfirmed allegations of sexual abuse. The available evidence indicates that, on the whole, these substantiation decisions currently lack adequate psychometric reliability and validity. An analysis of the empirical research indicates that at least 24% of these decisions reflect either false positives or false negatives. A more hopeful finding, however, is that reanalysis of existing research indicates that it may be possible to develop reliable, objective procedures to improve the consistency and quality of decision making in this domain. The authors propose a preliminary, empirically-grounded procedure for making substantiation decisions.

Herman, S. (2005). Improving decision making in forensic child sexual abuse evaluations. *Law & Human Behavior, 29*(1), 87-120.

PHYSICAL ABUSE

Identifying Factors and Responding to Families With Maltreated Infants

This study used a multistate data set of child protective services reports to examine factors seen in investigations of first incidents of infant maltreatment, and to determine which of these factors might predict future physical abuse. The Detailed Case Data Component of the National Child Abuse and Neglect Data System (NCANDS-DCDC) was reviewed to assess repeat reports of maltreatment on a cohort of children under the age of 3, who had first been maltreated during infancy. In NCANDS-DCDC data covering 1995-1999, there were 24,900 confirmed first-time reports of physical abuse among infants in eight states, an incidence rate of 2.4 confirmed reports per 1,000 infants. A second confirmed report of maltreatment occurred for 21.1% of these physically abused infants, but most repeat episodes of maltreatment were designated as neglect. Emotional disturbance of caretakers, violence between caretakers, and prior physical abuse were all associated with increased risk of later physical abuse. The authors suggest that prevention strategies should address emotional disturbance of caretakers and violence within families of maltreated infants.

Palusci, V. J., Smith, E. G., & Paneth, N. (2005). Predicting and responding to physical abuse in young children using NCANDS. *Children & Youth Services Review, 27*(6), 667-682.

Cumulative Risks and Child Behavior Outcomes

Cumulative risk research has established the deleterious effects of co-occurring risk factors on child behavior outcomes. However, questions remain whether a threshold model or a linear risk model better describes the impact of cumulative risk on behavior outcomes. The current study examined the impact of cumulative risk factors (i.e., child maltreatment, interparental violence, family disruption, low socioeconomic status, and high parental stress) in early and middle childhood on child behavior outcomes in adolescence (N=171). The findings support the cumulative risk hypothesis that the number of risks in early childhood predicts behavior problems in adolescence. Evidence was found for a linear, but not a threshold, model of cumulative risk: the more risks present, the worse the child outcome. The authors conclude that there is a need for comprehensive prevention and early intervention efforts with high-risk children and that every risk factor we can reduce matters.

Appleyard, K., Egeland, B., van Dulmen, M., & Sroufe, L. A. (2005). When more is not better: The role of cumulative risk in child behavior outcomes. *Journal of Child Psychology & Psychiatry, 46*(3) 235-245.

Impact of Exposure to Marital Violence

The goal of this study was to examine the psychological and physiological functioning of children who had been exposed to marital violence. The researchers compared a group of children who had been exposed to marital violence with a clinical comparison group of children who had not been exposed to marital violence. The researchers found higher levels of symptoms of trauma among children who had been exposed to marital violence. They also found differences between the two groups of children regarding sympathetic nervous system functioning and hypothalamic-pituitary-adrenal (HPA) axis functioning. Children who had been exposed to marital violence had increased heart rates and higher levels of salivary cortisol. These findings suggest that children who have been exposed to marital violence experience physiological reactions to trauma in addition to psychological trauma symptoms.

Saltzman, K. M., Holden, G. W., & Holahan, C. J. (2005). The psychobiology of children exposed to marital violence. *Journal of Clinical Child and Adolescent Psychology, 34*(1), 129-139.



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Child Abuse and the Clinical Course of Bipolar Disorder

The investigators examined the relationship between childhood abuse and traumatic events in childhood, and bipolar disorder in adulthood. This relationship was examined by evaluating the prevalence of childhood abuse among a sample of in-patients (N=100) who had been admitted to a specialty center for bipolar disorder. The investigators found that severe emotional abuse was significantly related to lifetime substance use, as well as to rapid mood cycling within the previous year. Logistic regression analysis found that the lifetime number of suicide attempts was significantly related to severe childhood sexual abuse. Approximately half of the study participants reportedly had experienced severe abuse in childhood. Multiple forms of abuse were related to both a graded increase in risk of suicide attempts and rapid mood cycling. The authors concluded that severe childhood trauma could lead to further psychopathology in adulthood.

Garno, J. L., Goldberg, J. R., Ramirez, P. M., & Ritzler, B. A. (2005). Impact of childhood abuse on the clinical course of bipolar disorder. *British Journal of Psychiatry*, 186(2), 121-125.



Effects of Trauma Across the Lifespan

The investigators explored the relationships among exposure to childhood abuse and other traumatic events, adolescent conduct problems and substance abuse, and adult psychological distress and criminal behaviors in a sample of substance-abusing women offenders (N=440). The results indicated direct relationships between childhood traumatic events and both greater adolescent conduct problems and substance abuse. Conduct problems predicted adult criminal behaviors; substance abuse in adolescence predicted higher levels of adult psychological distress. The investigators found direct relationships between different types of traumatic events and current psychological distress, as well as direct relationships between traumatic events and specific criminal behaviors. Ethnic differences were found within the sample, suggesting potentially different pathways to criminal behavior. The investigators concluded that their findings provided support for the need to provide trauma-related services to substance-abusing women offenders.

Grella, C. E., Stein, J. A., & Greenwell, L. (2005). Associations among childhood trauma, adolescent problem behaviors, and adverse adult outcomes in substance-abusing women offenders. *Psychology of Addictive Behaviors*, 19(1), 43-53.

OTHER ISSUES IN CHILD MALTREATMENT

Is PTSD a Culture-Bound Phenomenon?

The researchers compared adolescents (N=2,157) from the United States (n=1,212) and Russia (n=945). Data were collected using surveys administered to randomly-selected adolescents living in urban areas. The research compared adolescents from the two countries who reported posttraumatic symptoms. In both groups, posttraumatic symptoms, such as reexperiencing an event, avoidance, and arousal, and internalizing psychopathology increased as the levels of posttraumatic stress increased. As posttraumatic stress increased, expectations about the future also tended to decrease for both groups of adolescents. The two groups were not significantly different, nor were there differences in significant interaction effects for symptom levels. The authors concluded that posttraumatic symptoms, the relationship between posttraumatic symptoms and other mental health problems, and the psychological consequences of trauma are not culture-bound but, instead, are similar cross-culturally.

Ruchkin, V., Schwab-Stone, M., Jones, S., Cicchetti, D. V., Kuposov, R., & Vermeiren, R. (2005). Is posttraumatic stress in youth a culture-bound phenomenon? A comparison of symptom trends in selected U.S. and Russian communities. *American Journal of Psychiatry*, 162, 538-544.

Biological Aspects of PTSD in Children

The investigators expanded on previous research findings that children with chronic posttraumatic stress disorder (PTSD) had altered levels of catecholamines and cortisol compared with traumatized children who did not meet the diagnostic criteria for PTSD. These findings were expanded by examining urinary hormone levels in children immediately upon admission to a Level I trauma center, before acute PTSD symptoms were recorded. The goal was to study the relationship between catecholamines and cortisol levels and the development of PTSD symptoms. PTSD symptoms were assessed 6 weeks later. The investigators found that initial urinary cortisol levels were significantly correlated with subsequent PTSD symptoms. After removing the variance associated with demographic variables and depressive symptoms, urinary cortisol and epinephrine levels continued to predict a significant percentage of the variance in 6-week PTSD symptoms. Individual examination of boys and girls suggested that significance was primarily driven by the strength of the relationships between hormone levels and acute PTSD symptoms in boys.

Delahanty, D. L., Nugent, N. R., Christopher, N. C., Walsh, M. (2005). Initial urinary epinephrine and cortisol levels predict acute PTSD symptoms in child trauma victims. *Psychoneuroendocrinology*, 30(2), 121-128.



CONFERENCE CALENDAR

June 1-3, 2005

**2005 Juvenile Justice National Symposium:
Joining Forces for Better Outcomes, Miami, FL**
call: Dodd White 202-639-4959
or e-mail: dwhite@cwla.org
or visit: www.cwla.org

June 15-18, 2005

**APSAC 13th Annual Colloquium
New Orleans, LA**
call Jim Campbell 608-772-0872
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July 18-20, 2005

**National Institute of Justice's 12th Annual Conference
Washington, DC**
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August 25-28, 2005

**NACC 28th National Children's Law Conference
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call 303-864-5322 or fax: 303-864-5351
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August 29-31, 2005

**Comprehensive Forensic Interviewer Training
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September 18-21, 2005

**10th International Conference on Family
Violence, San Diego, CA**
call 858-623-2777 ext. 427 or fax 858-646-0761
or e-mail: fvconf@alliant.edu or visit: www.fvsai.org

September 19-23, 2005

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October 10-14, 2005

**APSAC's Forensic Interviewer Clinic
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October 16-18, 2005

**Bridging Culture in a Changing World
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October 24-28, 2005

**Our Kids Training in the Evaluation and
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Nashville, TN**
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October 26-28, 2005

**7th Annual Conference on the Power of Mission
Centered Grantsmanship, Scottsdale, AZ**
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November 2 -5, 2005

**ATSA's 24th Annual Research and Treatment
Conference, New Orleans,, LA**
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April 24-28, 2006

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Seattle, WA**
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