

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, 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

Gender Differences in Post-Abuse Reactions

This study examined the understudied issue of gender differences in disclosure, social reactions, post-abuse coping, and PTSD of adult survivors of child sexual abuse (CSA). Data were collected from a sample of 733 college students completing a confidential survey about their demographic characteristics, sexual abuse experiences, disclosure characteristics, post-abuse coping, and social reactions from others. Female students reported greater prevalence and severity of CSA, more distress and self-blame immediately post-assault, and greater reliance on coping strategies of withdrawal and trying to forget than male students. Women were more likely to have disclosed their abuse to others, to have received positive reactions, and to report greater PTSD symptom severity but were no more likely to receive negative reactions upon disclosure than men. Women delaying disclosure had greater PTSD symptom severity, whereas men's symptoms did not vary by timing of disclosure. Additional analyses and implications are discussed.

Ullman, S.E., & Filipas, H. H. (2005). Gender differences in social reactions to abuse disclosures, post-abuse coping, and PTSD of child sexual abuse survivors. *Child Abuse & Neglect*, 29(7), 767-782.

Is There a Link Between Abuse and Fibromyalgia Syndrome?

According to the trauma hypothesis, women with fibromyalgia syndrome (FMS) are more likely to report a history of sexual and/or physical abuse than women without FMS. This study tested the trauma hypothesis and the related prediction that women with FMS are more likely to have posttraumatic stress disorder (PTSD) than women without FMS in a community sample. Sample included women with FMS (N=52) and without FMS (N=53). Sexual and physical abuse were assessed retrospectively using a standardized telephone interview. Except for rape, sexual and physical abuse were reported equally often by women in the FMS and control groups. Women who reported rape were 3.1 times more likely to have FMS than women who did not report rape. There was no evidence of increased childhood abuse in the FMS group. Women with FMS were more likely to have posttraumatic stress symptoms (intrusive thoughts and arousal) and a PTSD diagnosis. With the exception of rape, no self-reported sexual or physical abuse event was associated with FMS in this community sample. However, PTSD was more prevalent in the FMS group. The authors concluded that chronic stress in the form of posttraumatic stress disorder but not major depressive disorder may mediate the relationship between rape and FMS.

Ciccone, D. S., Elliott, D. K., Chandler, H. K., Nayak, S., & Raphael, K. G. (2005). Sexual and physical abuse in women with fibromyalgia syndrome: A test of the trauma hypothesis. *Clinical Journal of Pain*, 21(5), 378-386.

PHYSICAL ABUSE

Multimodal Perceptions of Emotion Among Abused Children

This study examined children's ability to decode and make sense of simultaneously presented emotional signals. Specifically, it looked at the impact of two types of affective learning experiences, familiarity with the emotion poser and salience of a particular emotion on children's perception of multimodal emotion cues. School aged-children (N=63) were presented with conflicting facial and vocal emotions. Researchers tested the effects of familiarity by varying whether emotions were presented by familiar adults or strangers. The salience of particular emotional expressions was tested by contrasting the performance of physically abused and nonabused children. Children exhibited a preference for auditory expressions produced by their mothers. Additionally, abused children were more likely to rely on auditory cues when their own abusive mother was expressing anger.

Shackman, J. E., & Pollak, S. D. (2005). Experiential influences on multimodal perception of emotion. *Child Development*, 76(5), 1116-1127.

Assessment of Suspected Abuse in a General Hospital Emergency Department

The goal of this study was to evaluate the emergency department's assessment and follow-up of possible child abuse in children with fractures. A retrospective audit was conducted of children up to 3 years of age who presented with a fracture to a general hospital emergency department over a 2-year period. In the 98 cases reviewed, there was no documentation of complete physical examination in 57% of cases, whether the injury was witnessed in 54%, or time of injury in 18%. Seventy-five per cent of children with known prior injuries did not have their past history documented. In 80% of all cases, there was no indication that the emergency department doctor had considered the possibility of child abuse. Moreover, emergency doctors did not recognize 25% of the cases with inconsistent histories. The results also suggest poor follow-up of patients in whom abuse was suspected: 46% of children less than 2 years had neither a skeletal survey nor a bone scan. Patients referred to a pediatrician by the emergency department were significantly more likely to have a skeletal survey performed and to have the diagnosis of child abuse confirmed. The authors concluded that emergency department staff do not generally document or assess for all of the indicators of child abuse, and they do not document consideration of the diagnosis in the majority of cases. The need for additional training and resources of emergency department staff, as well as strategies to improve investigation and follow-up of suspected abuse cases, was also discussed.

Ziegler, D. S., Sammut, J., & Piper, A. C. (2005). Assessment and follow-up of suspected child abuse in preschool children with fractures seen in a general hospital emergency department. *Journal of Paediatrics and Child Health*, 41(5-6), 251-255.



cont'd on page 20

Abused Children Demonstrate Differential Regulatory Responses to Hostility

This study examined the effects of early emotional experiences on regulation of attention in response to interpersonal hostility in a sample of physically abused and nonabused 4-year-olds. Researchers measured abused children's reactions to a realistic interpersonal emotional situation through multiple methods, including autonomic nervous system changes and overt behavioral performance. Physically abused and nonphysically abused children did not differ in terms of their baseline levels of arousal. However, marked differences in physically abused children's regulatory responses to background anger emerged. The authors concluded that the emergence of anger leads to increases in anticipatory monitoring of the environment among children with histories of abuse.

Pollak, S. D., Vardi, S., Bechner, A. M. P., & Curtin, J. J. (2005). Physically abused children's regulation of attention in response to hostility. *Child Development, 76*(5), 968-977.

OTHER ISSUES IN CHILD MALTREATMENT

Pediatric Guidelines for Ameliorating the Effects of Disaster and Terrorism on Children

During and after disasters, pediatricians can assist parents and community leaders by accommodating the unique needs of children and being cognizant of the psychological responses of children to reduce the possibility of long-term psychological morbidity. The effects of disaster on children are mediated by many factors, including personal experience, parental reaction, developmental competency, gender, and the stage of disaster response. Pediatricians can be effective advocates for children and families at multiple levels (e.g., individual, community, national). Pediatricians can also affect national policy in support of families. This report delineates specific children's responses, discusses risk factors for adverse reactions, and gives advice for pediatricians to ameliorate the effects of disaster on children.

Hagan, J. F., Foy, J. M., Coleman, W. L., Goldson, E., et al. (2005). Psychosocial implications of disaster or terrorism on children: A guide for the pediatrician. *Pediatrics, 116*(3), 787-795.

Prospective Study of PTSD Diagnosis and Symptomatology in Preschool Children

This study examined the predictive validity of an alternative to the DSM-IV for diagnosing posttraumatic stress disorder (PTSD) in preschool children and prospectively explored the course of PTSD symptomatology. Sixty-two traumatized children were assessed three times in 2 years with caregiver diagnostic interviews. The results suggested that PTSD diagnosis at visit 1 significantly predicted degree of functional impairment 1 and 2 years later and predicted PTSD diagnosis 2 years later but not 1 year later. The lack of 1-year diagnostic continuity may be explained by children with new traumas. Contrary to expectations, overall PTSD symptoms did not remit over time, regardless of treatment; however, a decrease in re-experiencing symptoms was observed, while avoidance/numbing symptoms increased with time. Thus, significantly more children

were functionally impaired at visits 2 (48.9%) and 3 (74.3%) than were diagnosed with PTSD (23.4% and 22.9%, respectively). The authors concluded that the unremitting course of PTSD symptomatology in preschool children and rates of impairment and diagnosis indicate the need for efficacious treatment.

Scheeringa, M. S., Zeanah, C. H., Myers, L., & Putnam, F. W. (2005). Predictive validity in a prospective follow-up of PTSD in preschool children. *Journal of the American Academy of Child and Adolescent Psychiatry, 44*(9), 899-917.

Is Neighborhood Substance Availability Related to Rates of Child Maltreatment?

This study examined the relationships between availability of alcohol and illicit drugs (as measured by alcohol outlet density and police incidents of drug sales and possessions) and neighborhood rates of child abuse and neglect, controlling for other neighborhood demographic characteristics. Data from substantiated reports of child abuse and neglect in 304 block groups in a northern California city were analyzed using spatial regression techniques. Higher concentration of bars and higher numbers of incidents of drug possession were positively related to rates of child maltreatment in neighborhoods when neighborhood demographic characteristics were controlled. Thus, areas with more bars and drug possession incidents per 1000 population have higher rates of child maltreatment. The authors concluded that factors such as limited resources, neighborhood stress and disorganization, residents prone to dangerous activity, and the use of substances contribute to maltreatment. Thus, neighborhood substance availability may deserve special attention when developing preventive interventions to reduce child abuse and neglect in neighborhood areas.

Freisthler, B., Needell, B., & Gruenewald, P. J. (2005). Is the physical availability of alcohol and illicit drugs related to neighborhood rates of child maltreatment? *Child Abuse & Neglect, 29*(9), 1049-1060.

Pathways to DV Services in Child Maltreatment Cases

Data from the National Survey of Child and Adolescent Well-Being were used to examine the identification of domestic violence (DV) by child welfare workers during investigations of maltreatment and determine how this contributes to the receipt of DV services. The study focused on female caregivers of children remaining in the home following the investigation (n = 3165). While child welfare workers indicated that active DV is present in only 12% of families investigated for maltreatment, 31% of caregivers reported DV victimization in the past year. The concordance rate of reports of DV is low between caregivers and workers, with both reporting active or recent DV in only 8% of families. Substance abuse by the primary caregiver is a strong predictor of underidentification of DV by the child welfare worker (OR=7.6). Overall, about half of the caregivers with active DV identified by the worker received DV services over the 18 months following the investigation. Additional analyses examined whether receipt of child welfare services (CWS) would increase the likelihood that a referral will be made to DV services and whether caregivers would then obtain these services. The authors concluded that both the identification of DV by the worker and having an open CWS case are significant contributors to receipt of DV services.

Kohl, P. L., Barth, R. P., Hazen, A. L., & Landsverk, J. A. (2005). Child welfare as a gateway to domestic violence services. *Children and Youth Services Review, 27*(11), 1203-1221.