

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

Validity of Indicators of PTSD Using the CBCL

Expert ratings and confirmatory factor analyses were used to derive a posttraumatic stress disorder (PTSD), dissociation, and a combined PTSD/dissociation scale from the Child Behavior Checklist (CBCL). Both the sexual abuse and psychiatric sample differed significantly from the normative sample on all scales, but not from each other. Despite correlations of the dissociation and PTSD/dissociation combined scale with features of trauma and child self-report of PTSD and dissociation, the absence of differences between the clinical groups on the derived scales suggests that the scales measure generic, as opposed to trauma-related, distress.

Sim, L., Friedrich, W. N., Davies, W. H., Trentham, B., Lengua, L., & Pithers, W. (2005). The Child Behavior Checklist as an indicator of posttraumatic stress disorder and dissociation in normative, psychiatric, and sexually abused children. *Journal of Traumatic Stress, 18*(6), 97-105.

Lifetime Burden of Sexual Abuse and Health-Risk Behaviors

A multidimensional approach was used in this study to examine the severity of abuse as a predictor of posttraumatic stress, depression, sexual symptoms, and risky sexual behaviors in a multiethnic sample of 147 HIV-positive women. Results from multivariate models indicated that experiencing both intrafamilial and extrafamilial CSA, adult sexual abuse (ASA), and Latina ethnicity predicted PTSD symptoms. CSA and adult revictimization contributed independently to risk for PTSD and sexual trauma symptoms, but not for risky sexual behaviors. The authors discussed the need for interventions for HIV-positive women that address the abuse experienced and its sequelae.

Myers, H. F., Wyatt, G. E., Loeb, T. B., Carmona, J. V., Warda, U., Longshore, D., Rivkin, I., Chin, D., & Liu, H. (2006). Severity of child sexual abuse, posttraumatic stress, and risky sexual behaviors among HIV-positive women. *AIDS & Behavior, 10*(2), 191-199.

Study Explores Cumulative Effects of Repeated Sexual Victimization

The present study examined the psychological sequelae of child sexual abuse (CSA) and the factors that contributed to revictimization in the form of adult sexual assault (ASA) using a survey of 577 female college students. Results indicated

that individuals who reported both CSA and ASA had more PTSD symptoms, were more likely to use drugs or alcohol to cope, acted out sexually, withdrew from people, and sought therapy services. In addition, the revictimized group reported more self-blame at the time of the abuse and currently. The number of maladaptive coping strategies predicted revictimization. The authors concluded with the implications of these findings.

Filipas, H. H., & Ullman, S. E. (2006). Child sexual abuse, coping responses, self-blame, posttraumatic stress disorder, and adult sexual revictimization. *Journal of Interpersonal Violence, 21*(5), 652-672.

PHYSICAL ABUSE

New Directions for the Assessment of PTSD in Young Burn Victims

The purpose of this study was to assess the role of trauma severity on subsequent symptoms of posttraumatic stress disorder (PTSD) and physiological reactivity in a total of 70 children, ranging from 12 to 48 months of age, who were acutely burned. Significant relationships were found between severity of childhood trauma and the total number of PTSD symptoms and physiological reactivity. This study supports the hypothesis that severity of trauma experienced by young children influences psychological and physiological stress indicators after burn injuries. These findings provide new directions for the assessment and prevention of PTSD in this age group.

Drake, J. E., Stoddard, Jr, F. J., Murphy, J. M., Ronfeldt, H., Snidman, N., Kagan, J., Saxe, G., & Sheridan, R. (2006). Trauma severity influences acute stress in young burned children. *Journal of Burn Care Research, 27*(2), 174-182.



High Rates of Violence Exposure for Substance-Dependent Pregnant Women and Their Children

This study examined the prevalence of exposure to violence among 715 substance-abusing pregnant women attending a multidisciplinary perinatal substance abuse treatment program. Their rates of lifetime abuse ranged from 72.7% for physical abuse to 71.3% for emotional abuse to 44.5% for sexual abuse. Their rates of abuse remained fairly high during their current pregnancy. Nearly one third of the women reported having physical fights with their current partner, and 25% of these women reported that children were present during those physical fights. Many of the women perceived a need for counseling regarding exposure to violence for themselves (30%) and their children (15%). This study underscored the value of routine screening for violence exposure in this at-risk population as well as the need to train therapists in specific strategies for helping such women address the psychosocial sequelae associated with abuse.

Velez, M. L., Montoya, I. D., Jansson, L. M., Walters, V., Svikis, D., Jones, H. E., Chilcoat, H., & Campbell, J. (2006). Exposure to violence among substance-dependent pregnant women and their children. *Journal of Substance Abuse Treatment, 30*(1), 31-38.



Pathways to Complicated Grief in Later Life

The purpose of this study was to examine the etiologic relevance of childhood separation anxiety to the onset of complicated grief (CG) relative to major depressive disorder, posttraumatic stress disorder, and generalized anxiety disorder in bereaved individuals. Participants included 283 recently bereaved community-dwelling residents. Childhood separation anxiety was significantly associated with CG (OR = 3.2; 95% CI, 1.2-8.9), adjusting for sex, level of education, kinship relationship to the deceased, prior history of psychiatric disorder, and history of childhood abuse. Childhood separation anxiety was not significantly associated with major depressive disorder, posttraumatic stress disorder, or generalized anxiety disorder.

Vanderwerker, L. C., Jacobs, S. C., Parkes, C. M., & Prigerson, H. G. (2006). An exploration of associations between separation anxiety in childhood and complicated grief in later life. *Journal of Nervous and Mental Disease, 194*(2), 121-123.

OTHER ISSUES IN CHILD MALTREATMENT

Reporting Decisions: Does the Mandate Make a Difference?

Mandated (N = 57) and nonmandated (N = 94) reporters were questioned as to their perceptions of the seriousness of 20 vignettes related to child emotional abuse, as well as their willingness to report the actions contained in the vignettes to child protective services. Results from separate regression equations for mandated and nonmandated reporters indicated two different models in predicting reporting tendencies. Mandated reporters were most affected by the seriousness of the situation and their willingness to engage in prosocial behavior, whereas nonmandated reporters were most motivated by judgments of the seriousness of the abusive situation and their faith in child protective services.

Carleton, R. A. (2006). Does the mandate make a difference? Reporting decisions in emotional abuse. *Child Abuse Review, 15*(1), 19-37.

Ten Years After the Genocide: PTSD in Rwandan Adolescents

A decade after the 1994 Rwandan genocide, the authors interviewed a total of 68 Rwandan orphans about their war experiences and posttraumatic stress disorder (PTSD) symptoms. The two samples comprised youth living either in a child-headed household (CHH) or in an orphanage. All had been exposed to extreme levels of violence and 41% had witnessed the murder of their own mother or father. Of the sample, 44% had PTSD. PTSD vulnerability was greater for youth who at the time of the study lived in CHH than those living in an orphanage; it was also higher in children that were older (i.e., aged 8-13) rather than younger (aged 3-7) during the outbreak of the genocide.

Schaal, S., & Elbert, T. (2006). Ten years after the genocide: Trauma confrontation and posttraumatic stress in Rwandan adolescents. *Journal of Traumatic Stress, 19*(1), 95-105.

Does Severity of PTSD Symptoms Alter Handedness Preference?

This study examined the relationship between PTSD and laterality with respect to handedness in a sample of traumatized children (N=59). Increased mixed laterality was found in all children exhibiting symptoms of PTSD when compared with healthy controls, and children who met DSM-IV diagnostic criteria for PTSD had more mixed laterality than the subthreshold traumatized group (F = 7.71; df = 2,96; p = 0.001). Mixed laterality was positively associated with PTSD symptoms in traumatized children, suggesting that neurological abnormalities may be related to degree of PTSD symptom expression.

Saltzman, K. M., Weems, C. F., Reiss, A. L., & Carrion, V. G. (2006). Mixed lateral preference in posttraumatic stress disorder. *Journal of Nervous and Mental Disease, 194*(2), 142-144.