

Journal Highlights

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Each year since 1998, the editors of APSAC's *Child Maltreatment* journal have selected an article of the year. These articles offer a glimpse of important research findings and best practices through the years, and their abstracts are reprinted here with permission of Sage Publications, Inc.

Interventions for Sexually Abused Children

This study evaluated treatment outcome for 49 recently sexually abused children aged 7–14, who were randomly assigned to receive either sexual abuse-specific cognitive behavioral therapy (SAS-CBT) or nondirective supportive therapy (NST). Respondents and their nonoffending parent were provided with 12 individual treatment sessions, which were closely monitored for adherence to the assigned treatment modality. Participants and parents completed several standardized assessment instruments pre- and post-treatment. Results indicated that there was a significant group-by-time interaction on the Children's Depression Inventory and the Child Behavior Checklist Social Competence Scale, with the SAS-CBT group improving more than the NST group on both of these instruments. Clinical findings also suggested that SAS-CBT was more effective than NST in treating sexually inappropriate behaviors. Implications for clinical practice and future research are discussed.

Cohen, J. A., & Mannarino, A. P. (1998). Interventions for sexually abused children: Initial treatment outcome findings. *Child Maltreatment, 3*(1), 17–26.

Prevalence, Case Characteristics, and Long-Term Psychological Correlates of Child Rape Among Women

Using telephone interview methods, a national probability sample of adult women was screened for a history of completed rape in childhood, and characteristics of child rape incidents were assessed. All respondents were evaluated for a history of major depressive episode, posttraumatic stress disorder (PTSD), and substance use problems. Implications of the results for prevention, intervention, and future research are discussed.

Saunders, B. E., Kilpatrick, D. G., Hanson, R. F., Resnick, H. S., & Walker, M. E. (1999). Prevalence, case characteristics, and long-term psychological correlates of child rape among women: A national survey. *Child Maltreatment, 4*(3), 187–200.

Reactive Attachment Disorder

In recent years, there has been an increase in the number of children diagnosed with Reactive Attachment Disorder (RAD). There is considerable disagreement about what this entity actually entails and, in particular, what types of assessments and interventions to use with these children and families. Children with a history of maltreatment (i.e., physical, sexual, emotional abuse, and/or severe neglect) are particularly likely to receive this diagnosis, because the behavior problems often seen in these children are presumed to stem from the maladaptive relationships they have had with abusive caregivers. However, many children are receiving this diagnosis because of behavior problems that clearly extend beyond the DSM-IV criteria for RAD. Perhaps the most concerning consequence of the RAD diagnosis is the emergence of novel treatments that lack a sound theoretical basis or empirical support and may potentially be traumatizing and dangerous to the child. Thus, the purpose of this article is to review and synthesize what is known about RAD and attachment disorders and to discuss implications for treatment.

Hanson, R. F., & Spratt, E. G. (2000). Reactive attachment disorder: What we know about the disorder and implications for treatment. *Child Maltreatment, 5*(2), 137–145.

Child Sexual Behavior Inventory

A normative sample of 1,114 children was contrasted with a sample of 620 sexually abused children and 577 psychiatric outpatients on the Child Sexual Behavior Inventory (CSBI), a 38-item behavior checklist assessing sexual behavior in children 2–12 years old. The CSBI total score and each individual item differed significantly among the three groups after controlling for age, sex, maternal education, and family income. Sexually abused children exhibited a greater frequency of sexual behaviors than either the normative or psychiatric outpatient samples. Test-retest reliability and interitem correlation were satisfactory. Sexual behavior problems were related to other generic behavior problems. This contributed to the reduced discrimination between psychiatric outpatients and sexually abused children when compared with the normative/sexually abused discrimination.

Friedrich, W. N., Fisher, J. L., Dittner, C. A., Acton, R., Berliner, L., Butler, J., Damon, L., Davies, W. H., Gray, A., & Wright, J. (2001). Child Sexual Behavior Inventory: Normative, psychiatric, and sexual abuse comparisons. *Child Maltreatment, 6*(1), 37–49.

Trying to Understand Why Horrible Things Happen

This study concerns the nature of specific attributions for sexual abuse and their relation to psychological distress over time. Participants (80 children and 57 adolescents) were seen within 8 weeks of discovery of the abuse and 1 year later. They described why they believed the abuse happened, rated the extent to which internal and external attributions for the abuse event applied to them, and completed measures of general attribution style for everyday events, shame for the abuse, and symptoms of depression, PTSD, and self-esteem. Parents and teachers rated behavior problems. Abuse-specific internal attributions were consistently related to higher levels of psychopathology and were particularly important for predicting PTSD symptoms and parent and teacher reports of internalizing behavior problems, even after controlling for age, gender, abuse events, and general attributional style. Shame also was an important predictor of symptom level and mediated the relation between abuse-specific internal attributions and PTSD symptoms.

Feiring, C., Taska, L., & Chen, K. (2002). Trying to understand why horrible things happen: Attribution, shame, and symptom development following sexual abuse. *Child Maltreatment, 7*(1), 25–39.

A Multilevel Study of Neighborhoods and Parent-to-Child Physical Aggression

The majority of children in the United States experience parent-to-child physical aggression (PCPA), a disciplinary strategy out of favor with many experts. Several decades of research have documented a link between community characteristics and severe child maltreatment. No one has taken a multilevel approach to study whether neighborhoods affect the amount of corporal punishment and/or physical abuse used by individual families. Data for this article come from the Project on Human Development in Chicago Neighborhoods and were analyzed using hierarchical linear modeling. An interval scale of PCPA was developed. Values obtained show that several neighborhood characteristics were associated with PCPA. Immigrant concentration remained significant after controlling for family composition. A cross-level interaction was found between neighborhood social networks and Hispanic race/ethnicity. The article's conclusion is that neighborhood characteristics may influence the amount of PCPA used by families. Neighborhood intervention strategies hold promise.

Molnar, B. E., Buka, S. L., Brennan, R. T., Holton, J. K., & Earls, F. (2003). A multilevel study of neighborhoods and parent-to-child physical aggression: Results from the project on human development in Chicago neighborhoods. *Child Maltreatment, 8*(2), 84–97.

How Does Trauma Beget Trauma?

This study examined the associations between perceived risks and benefits of drug use, unsafe sexual behavior, alcohol consumption, and aggressive-illegal behavior and reports of expected involvement in those behaviors in a sample of 340 college women with and without histories of interpersonal victimization (i.e., child sexual abuse, child physical abuse, adult sexual assault, and aggravated assault). Trauma victims reported greater perceived benefits

and lower perceived risks associated with risky sexual behavior, illicit drug use, and heavy drinking, but not aggressive-illegal behavior than nonvictims. Victims also reported greater expected involvement in risky sex behavior, drug use, and heavy drinking. Regression analyses revealed that the relationship between victim status and expected involvement in risky behaviors was mediated by cognitions about risks and benefits of risky behavior, controlling for trauma-related symptoms. Implications of the findings for the understanding of repeat victimization are discussed.

Smith, D. W., Davis, J. L., & Fricker-Elhai, A. E. (2004). How does trauma beget trauma? Cognitions about risk in women with abuse histories. *Child Maltreatment, 9*(3), 292–303.

The Victimization of Children and Youth

This study examined a large spectrum of violence, crime, and victimization experiences in a nationally representative sample of children and youth ages 2–17 years. More than one half (530 per 1,000) of the children and youth had experienced a physical assault in the study year, more than 1 in 4 (273 per 1,000) a property offense, more than 1 in 8 (136 per 1,000) a form of child maltreatment, 1 in 12 (82 per 1,000) a sexual victimization, and more than 1 in 3 (357 per 1,000) had been a witness to violence or experienced another form of indirect victimization. Only a minority (29%) had no direct or indirect victimization. The mean number of victimizations for a child or youth with any victimization was 3.0, and a child or youth with one victimization had a 69% chance of experiencing another during a single year.

Finkelhor, D., Ormrod, R., Turner, H., & Hamby, S. L. (2005). The victimization of children and youth: A comprehensive, national survey. *Child Maltreatment, 10*(1), 5–25.

Report of the APSAC Task Force on Attachment Therapy, Reactive Attachment Disorder, and Attachment Problems

Although the term *attachment disorder* is ambiguous, attachment therapies are increasingly used with children who are maltreated, particularly those in foster care or adoptive homes. Some children described as having attachment disorders show extreme disturbances. The needs of these children and their caretakers are real. How to meet their needs is less clear. A number of attachment-based treatment and parenting approaches purport to help children described as attachment disordered. Attachment therapy is a young and diverse field, and the benefits and risks of many treatments remain scientifically undetermined. Controversies have arisen about potentially harmful attachment therapy techniques used by a subset of attachment therapists. In this report, the Task Force reviews the controversy and makes recommendations for assessment, treatment, and practices.

Chaffin, M., Hanson, R., Saunders, B., Nichols, T., Barnett, D., Zeanah, C., Berliner, L., Egeland, B., Newman, E., Lyon, T., Letourneau, E., & Miller-Perrin, C. (2006). Report of the APSAC Task Force on attachment therapy, reactive attachment disorder, and attachment problems. *Child Maltreatment, 11*(1), 76–89.

Early Physical Abuse and Later Violent Delinquency

In this prospective longitudinal study of 574 children followed from age 5 to age 21, the authors examine the links between early physical abuse and violent delinquency and other socially relevant outcomes during late adolescence or early adulthood and the extent to which the child's race and gender moderate these links. Analyses of covariance indicated that individuals who had been physically abused in the first 5 years of life were at greater risk for being arrested as juveniles for violent, nonviolent, and status offenses. Moreover, physically abused youth were less likely to have graduated from high school and more likely to have been fired in the past year, to have been a teen parent, and to have been pregnant or impregnated someone in the past year while not married. These effects were more pronounced for African American than for European American youth and somewhat more pronounced for females than for males.

Lansford, J. E., Miller-Johnson, S., Berlin, L. J., Dodge, K. A., Bates, J. E., Pettit, & G. S. (2007). Early physical abuse and later violent delinquency: A prospective longitudinal study. *Child Maltreatment, 12*(3), 233–245.

Effects of Foster Parent Training Intervention on Placement Changes of Children in Foster Care

Placement disruptions undermine efforts of child welfare agencies to promote safety, permanency, and child well-being. Child behavior problems significantly contribute to placement changes. The aims of this investigation were to examine the impact of a foster parent training and support intervention (KEEP) on placement changes and to determine whether the intervention mitigates placement disruption risks associated with children's placement histories. The sample included 700 families with children between ages 5 and 12 years, from a variety of ethnic backgrounds. Families were randomly assigned to the intervention or control condition. The number of prior placements was predictive of negative exits from current foster placements. The intervention increased chances of a positive exit (e.g., parent-child reunification) and mitigated the risk-enhancing effect of a history of multiple placements. Incorporating intervention approaches based on a parent management training model into child welfare services may improve placement outcomes for children in foster care.

Price, J. M., Chamberlain, P., Landsverk, J., Reid, J. B., Leve, L. D., & Laurent, H. (2008). Effects of foster parent training intervention on placement changes of children in foster care. *Child Maltreatment, 13*(1), 64–75.

A Motivational Intervention Can Improve Retention in PCIT for Low-Motivation Child Welfare Clients

A motivational orientation intervention designed to improve parenting program retention was field tested versus standard orientation across two parenting programs, Parent-Child Interaction Therapy (PCIT) and a standard didactic parent training group. Both interventions were implemented within a frontline child welfare parenting center by center staff.

Participants had an average of six prior child welfare referrals, primarily for neglect. A double-randomized design was used to test main and interaction effects. The motivational intervention improved retention only when combined with PCIT (cumulative survival = 85% vs. around 61% for the three other design cells). Benefits were robust across demographic characteristics and participation barriers but were concentrated among participants whose initial level of motivation was low to moderate. There were negative effects for participants with relatively high initial motivation. The findings suggest that using a motivational intervention combined with PCIT can improve retention when used selectively with relatively low to moderately motivated child welfare clients.

Chaffin, M., Valle, L. A., Funderburk, B. W., Gurwitsch, R. H., Silovsky, J. F., Bard, D., McCoy, C., & Kees, M. R. (2009). A motivational intervention can improve retention in PCIT for low-motivation child welfare clients. *Child Maltreatment, 14*(4), 356–368.

Long-Term Consequences of Child Abuse and Neglect on Adult Economic Well-Being

Child abuse and neglect represent major threats to child health and well-being; however, little is known about consequences for adult economic outcomes. Using a prospective cohort design, court substantiated cases of childhood physical and sexual abuse and neglect during 1967–1971 were matched with nonabused and nonneglected children and followed into adulthood (mean age 41). Outcome measures of economic status and productivity were assessed in 2003–2004 (N = 807). Results indicate that adults with documented histories of childhood abuse and/or neglect have lower levels of education, employment, and earnings and fewer assets as adults compared with matched control children. There is a 14% gap between individuals with histories of abuse/neglect and controls in the probability of employment in middle age, controlling for background characteristics. Maltreatment appears to affect men and women differently, with larger effects for women than men. These new findings demonstrate that abused and neglected children experience large and enduring economic consequences.

Currie, J., & Widom, C. S. (2010). Long-term consequences of child abuse and neglect on adult economic well-being. *Child Maltreatment, 15*(2), 111–120.

About the Author

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