

November, 2013 PILOTS Topic Alert

Aguirre, R. T. P. and V. Pillai (2013). "Community traumatic events and the temporal distribution of suicide and calls to the suicide and crisis hotline: is there an impact?" *Traumatology* 19(3): 233-242.

Survivors of community traumatic events (CTEs) are thought to be at an increased risk for suicide. Current studies of the impact of CTEs on suicide have (a) produced varied results and (b) not accounted for co-occurrences or series of CTEs. The purpose of this study was to determine if a relationship exists between the temporal distribution of CTEs and the temporal distribution of suicide and calls to the crisis hotline in a Louisiana parish, taking into account co-occurrences and series of CTEs. The sample consisted of 11 years of data on suicidal deaths and 5 years of data on calls to the crisis hotline. Poisson regression was used to assess whether suicide patterns and hotline call volume were affected by CTEs. The distributions of suicide and calls to the crisis hotline were not affected by the presence of single, co-occurring, or series of CTEs. Though suicide prevention efforts are often increased after CTEs, this study indicates suicide prevention efforts should be ongoing and have a community-wide focus. Given the varied results across studies of CTE impact on suicide distributions, further research should focus on co-occurrence and series of CTEs rather than the historical trend of focusing on a single CTE. Also, psychological autopsies of people who died by suicide in the wake of a CTE should be conducted using phenomenology as the guiding qualitative paradigm. [Author Abstract] **KEY WORDS:** suicide; community traumatic events; temporal distribution; natural disasters; human-made disasters

Barron, I. G. and K. J. Topping (2013). "Survivor experience of a child sexual abuse prevention program: a pilot study." *Journal of Interpersonal Violence* 28(14): 2797-2812.

Addressing gaps in the research, the current study assesses the impact of a community-based child sexual abuse prevention program on known survivor knowledge/skills, disclosures, and subjective experience. Methodologically, novel measures of program fidelity and implementation cost are applied. A pre- posttest wait-list control design was utilized with intervention (n = 10) and comparison groups (n = 10). Measures included a standardized knowledge/skill questionnaire, coding of disclosures, subjective experience questionnaires, in-depth interviews, video analysis of program adherence, and a measure of cost. Analysis involved nonparametric tests and thematic analysis of interview and video data. Cost was calculated for the group and per survivor. Survivors achieved significant gains in knowledge/skills, made further disclosures, and were positive about their program experience. No gains were identified in the control group. Costs were small. Future studies need to explore survivor experience of programs delivered in classrooms. [Author Abstract] **KEY WORDS:** prevention; program evaluation; fidelity; child sexual abuse; survivors

Bradley, B., T. A. Davis, et al. (2013). "Family environment and adult resilience: contributions of positive parenting and the oxytocin receptor gene." *European Journal of Psychotraumatology* 4.

BACKGROUND: Abundant research shows that childhood adversity increases the risk for adult psychopathology while research on influences of positive family environment on risk for psychopathology is limited. Similarly, a growing body of research examines genetic and gene by environment predictors of psychopathology, yet such research on predictors of resilience is sparse. **OBJECTIVES:** We examined the role of positive factors in childhood family environment (CFE) and the OXTR rs53576 genotype in predicting levels of adult resilient coping and positive affect. We also examined whether the relationship between positive factors in the CFEs and adult resilient coping and positive affect varied across OXTR rs53576 genotype. **METHODS:** We gathered self-report data on childhood environment, trauma history, and adult resilience and positive affect in a sample of 971 African American adults. **RESULTS:** We found that positive CFE was positively associated with higher levels of resilient coping and positive affect in adulthood after controlling for childhood maltreatment, other trauma, and symptoms of PTSD. We did not find a direct effect of OXTR 53576 on a combined resilient coping/positive-affect-dependent variable, but we did find an interaction of OXTR rs53576 with family environment. **CONCLUSIONS:** Our data suggest that even in the face of adversity, positive aspects of the family environment may contribute to resilience. These results highlight the importance of considering protective developmental experiences and the interaction of such experiences with genetic variants in risk and resilience research. [Author Abstract] **KEY WORDS:** childhood maltreatment; abuse; family environment; resilience; positive affect; Connor-Davidson Resilience Scale (CD-RISC); oxytocin; OXTR; rs53576

Bross, D. C. (2013). "Editorial." *Child Abuse and Neglect* 37(9): 611-612.

What follows is a summary of the articles included in this issue, which is focused on child sexual abuse. [Adapted from Text, p. 611]

Butler, A. C. (2013). "Child sexual assault: risk factors for girls." *Child Abuse and Neglect* 37(9): 643-652.

To identify prospectively measured risk factors of sexual assault (SA) among girls age 17 and younger. The data come from the Panel Study of Income Dynamics and are derived from interviews with 1,087 girls, their primary caregivers, and household heads. The data were collected from the girls' first year of life through their early twenties. Factors measured during childhood were used to predict whether the girls experienced a subsequent first sexual assault before the age of 18. Prospectively measured risk factors associated with subsequent child SA included the absence of one or both parents, maternal education less than college, family income below 400% of the federal poverty threshold, low caregiver warmth, child internalizing and externalizing behaviors, impulsivity, low achievement scores, and having been classified by their school as needing special education. Girls with behavioral health problems and learning challenges are at heightened risk for sexual assault. Research on behavioral health consequences of SA should control for preexisting SA risk factors to more accurately estimate the impact of child SA on subsequent behavioral health. [Author Abstract] **KEY WORDS:** child sexual assault; risk factors; child rape; prospective study

Carlson, E. B., D. W. Garvert, et al. (2013). "Traumatic stressor exposure and post-traumatic symptoms in homeless veterans." *Military Medicine* 178(9): 970-973.

Objectives: To better understand potential risk factors for post-traumatic stress disorder (PTSD) and homelessness in veterans, we studied trauma exposure and responses in archival data on 115 homeless veterans. **Methods:** Rates of exposure to military and a variety of civilian high magnitude stressor (HMS) and persistent post-traumatic distress (PPD) events and symptoms of post-traumatic stress were assessed. The relationships between frequency of different trauma types and symptoms of post-traumatic stress were examined. **Results:** Exposure to both HMS and PPD events were extremely high in this sample, with particularly high exposure to adult (82%) and childhood (62%) interpersonal violence HMS events and HMS events during military service (53%). Exposure to both military and civilian PPD events was associated with significantly higher levels of PTSD symptoms than exposure to no PPD events or only civilian PPD events, and almost all HMS event types were significantly correlated with both PTSD and dissociation symptoms. **Conclusions:** Post-traumatic symptoms and military and civilian traumatic stressors of all types should be assessed in homeless veterans because they may be contributing to poor social and occupational functioning. [Author Abstract]

Cavanaugh, C. E. (2013). "Brief report: The influence of posttraumatic stress on unprotected sex among sexually active adolescent girls and boys involved in the child welfare system of the United States." *Journal of Adolescence* 36(5): 835-837.

While posttraumatic stress (PTS) has been positively associated with risky sexual behavior (RSB) among adult women, there is a paucity of research examining PTS in relation to RSB among adolescent girls and boys. This study aimed to replicate findings among adult women with sexually active adolescents (179 females and 106 males) involved in a national study of children in the United States child welfare system [the National Survey on Child and Adolescent Well-Being]. After controlling for age and the complex study design, sexually active adolescent girls with clinically significant PTS symptoms were more than seven times more likely than those without such symptoms to report unprotected intercourse. In contrast, sexually active adolescent boys with clinically significant PTS symptoms were less likely than those without such symptoms to report unprotected intercourse. Research is needed to (1) understand the mechanisms linking PTS and RSB, (2) further explore gender differences reported here, and (3) inform RSB interventions in this high-risk population. [Author Abstract] **KEY WORDS:** posttraumatic stress; sexual risk taking; adolescents; gender differences; child welfare system

Clawson, A. H., N. Jurbergs, et al. (2013). "Concordance of parent proxy report and child self-report of posttraumatic stress in children with cancer and healthy children: influence of parental posttraumatic stress." *Psycho-Oncology* 22(11): 2593-2600.

OBJECTIVE: This study examined the relationships between parental posttraumatic stress symptoms (PTSS), child PTSS, and parent-child concordance for child PTSS. **METHOD:** Participants were children with cancer (n = 199), and healthy children (n = 108) and their parents. Children self-

reported on PTSS and parents completed measures of child and parent PTSS. RESULTS: In the cancer group, child and parent reports of child PTSS were significantly correlated with no mean differences between reporters. In contrast, correlations were non-significant in the control group, and parents reported significantly lower levels of child PTSS than children. Increased parental PTSS was associated with better concordance in the cancer group but not in the control group. In fact, in the cancer group, parent-child concordance was strongest at the highest level of parental PTSS. CONCLUSIONS: Parents of children with cancer were found to be accurate reporters of their children's distress, even with high levels of reported personal distress. In contrast, parents of healthy children appear primarily influenced by personal distress when reporting child PTSS. Although multiple informant assessments are always desirable, it appears that utilization of a single informant may be reasonable in the cancer setting when access to informants is limited. [Author Abstract] KEY WORDS: assessment; cancer; child; parent-child concordance; posttraumatic stress

Duval, M., P. McDuff, et al. (2013). "Nightmare frequency, nightmare distress, and psychopathology in female victims of childhood maltreatment." *Journal of Nervous and Mental Disease* 201(9): 767-772.

This study investigated the relationships between a history of childhood maltreatment, the frequency of disturbing dreams, their associated distress, and the presence of psychopathology in 352 female undergraduate volunteers. Participants completed questionnaires assessing dream recall, bad dream and nightmare frequency, nightmare distress, psychological well-being, and history of childhood trauma. Four groups were investigated based on the type and severity of childhood maltreatments experienced. Women reporting more severe forms of maltreatment reported higher frequencies of disturbing dreams, higher levels of nightmare distress, and greater psychopathology. Results showed that nightmare distress explains frequency of disturbed dreaming beyond the effect of psychopathology and childhood trauma. The results highlight the importance of assessing waking distress associated with disturbing dreams independently from their actual incidence. [Author Abstract] KEY WORDS: child abuse; childhood neglect; dreaming; nightmares; anxiety

Ehlers, A., N. Grey, et al. (2013). "Implementation of cognitive therapy for PTSD in routine clinical care: effectiveness and moderators of outcome in a consecutive sample." *Behaviour Research and Therapy* 51(11): 742-752.

OBJECTIVE: Trauma-focused psychological treatments are recommended as first-line treatments for PTSD, but clinicians may be concerned that the good outcomes observed in randomized controlled trials (RCTs) may not generalize to the wide range of traumas and presentations seen in clinical practice. This study investigated whether Cognitive Therapy for PTSD (CT-PTSD) can be effectively implemented into a UK National Health Service Outpatient Clinic serving a defined ethnically mixed urban catchment area. METHOD: A consecutive sample of 330 patients with PTSD (age 17-83) following a wide range of traumas were treated by 34 therapists, who received training and supervision in CT-PTSD. Pre and post treatment data (PTSD symptoms, anxiety, depression) were collected for all patients, including dropouts. Hierarchical linear modeling investigated candidate moderators of outcome and therapist effects. RESULTS: CT-PTSD was well

tolerated and led to very large improvement in PTSD symptoms, depression, and anxiety. The majority of patients showed reliable improvement/clinically significant change: intent-to-treat: 78.8%/57.3%; completer: 84.5%/65.1%. Dropouts and unreliable attenders had worse outcome. Statistically reliable symptom exacerbation with treatment was observed in only 1.2% of patients. Treatment gains were maintained during follow-up (M = 280 days, n = 220). Few of the selection criteria used in some RCTs, demographic, diagnostic, and trauma characteristics moderated treatment outcome, and only social problems and needing treatment for multiple traumas showed unique moderation effects. There were no random effects of therapist on symptom improvement, but therapists who were inexperienced in CT-PTSD had more dropouts than those with greater experience. CONCLUSIONS: The results support the effectiveness of CT-PTSD and suggest that trauma-focused cognitive behavior therapy can be successfully implemented in routine clinical services treating patients with a wide range of traumas. [Author Abstract] KEY WORDS: PTSD; cognitive behavior therapy; cognitive therapy; predictors of outcome; dissemination; implementation; treatment effectiveness

Fergusson, D. M., G. F. H. McLeod, et al. (2013). "Childhood sexual abuse and adult developmental outcomes: findings from a 30-year longitudinal study in New Zealand." *Child Abuse and Neglect* 37(9): 664-674.

OBJECTIVES: Childhood sexual abuse (CSA) has been associated with many adverse medical, psychological, behavioral, and socioeconomic outcomes in adulthood. This study aims to examine the linkages between CSA and a wide range of developmental outcomes over a protracted time period to age 30. METHODS: Data from over 900 members of the New Zealand birth cohort the Christchurch Health and Development Study were examined. CSA prior to age 16 was assessed at ages 18 and 21 years, in addition to: mental health, psychological wellbeing, sexual risk-taking behaviors, physical health, and socioeconomic outcomes to age 30. RESULTS: After statistical adjustment for confounding by 10 covariates spanning socio-demographic, family functioning, and child factors, extent of exposure to CSA was associated with increased rates of (B, SE, p): major depression (0.426, 0.094, < .001); anxiety disorder (0.364, 0.089, < .001); suicidal ideation (0.395, 0.089, < .001); suicide attempt (1.863, 0.403, < .001); alcohol dependence (0.374, 0.118, < .002); and illicit drug dependence (0.425, 0.113, < .001). In addition, at age 30 CSA was associated with higher rates of PTSD symptoms (0.120, 0.051, .017); decreased self-esteem (-0.371, 0.181, .041); and decreased life satisfaction (-0.510, 0.189, .007). Childhood sexual abuse was also associated with decreased age of onset of sexual activity (-0.381, 0.091, < .001), increased number of sexual partners (0.175, 0.035, < .001); increased medical contacts for physical health problems (0.105, 0.023, < .001); and welfare dependence (0.310, 0.099, .002). Effect sizes (Cohen's d) for the significant outcomes from all domains ranged from .14 to .53, while the attributable risks for the mental health outcomes ranged from 5.7% to 16.6%. CONCLUSIONS: CSA is a traumatic childhood life event in which the negative consequences increase with increasing severity of abuse. CSA adversely influences a number of adult developmental outcomes that span: mental disorders, psychological wellbeing, sexual risk-taking, physical health, and socioeconomic wellbeing. While the individual effect sizes for CSA typically range from small to moderate, it is clear that accumulative

adverse effects on adult developmental outcomes are substantial. [Author Abstract] KEY WORDS: child sexual abuse; longitudinal; psychological problems; sexual risk-taking; physical health; socioeconomic

Finkelhor, D., J. Vanderminden, et al. (2013). "Upset among youth in response to questions about exposure to violence, sexual assault and family maltreatment." *Child Abuse and Neglect*.

To assess whether youth are upset by being asked questions about sensitive kinds of abuse, victimization, family maltreatment, and sexual victimization in the course of standard epidemiological surveys. A national sample of youth aged 10-17 were interviewed on the telephone by experienced interviewers as part of the National Survey of Children Exposed to Violence. At the end they were asked whether answering questions had upset them. Of the youth interviewed, 4.5% reported being at all upset and 0.8% reported being pretty or a lot upset. However, only a minority of those upset, 0.3% of the total sample, said they would not participate again had they known about the content. But even in this group, the regret about participation was mostly due to the length of the survey, not the types of questions being asked. Thus, asking about exposure to abuse and sensitive kinds of victimization in standard interview surveys is associated with low levels of respondent upset due to the nature of the questions. [Author Abstract] KEY WORDS: abuse; interviews; surveys; content; epidemiology

Ford, J. D., D. J. Grasso, et al. (2013). "Poly-victimization among juvenile justice-involved youths." *Child Abuse and Neglect*.

OBJECTIVES: This study replicates and extends the research literature on poly-victimization with a vulnerable and under-served population, juvenile justice-involved youths. METHODS: N = 1959, 10-16 year old youths (76% male; 74% youth of color) consecutively newly admitted to juvenile detention facilities completed psychometric measures of trauma history, posttraumatic stress, affect regulation, alcohol/drug use, suicide risk, and somatic complaints. RESULTS: Using latent class analysis derived from 19 types of adversity, three unique classes best fit the data. A poly-victim class (49% female, 51% youth of color) accounted for 5% of the sample and reported a mean of 11.4 (SD = 1.1) types. A relatively moderate adversity class (31% female, 70% youth of color) accounted for 36% of the sample and reported a mean of 8.9 (SD = 0.3) types of adversity and 2.65 (SD = 1.1) types of traumatic adversity. A low adversity class (59% of the sample; 17% female, 78% youth of color) reported a mean of 7.4 (SD = 0.4) adversity types but only 0.3 (SD = 0.45) types of traumatic adversity. The relatively moderate adversity class was comparable to poly-victims in endorsing extensive non-victimization traumatic adversity (e.g., accidental and loss trauma), but poly-victims were distinct from both moderate and low adversity class members in the likelihood of reporting all but one type of traumatic victimization, multiple types of traumatic victimization, and severe emotional and behavioral problems. Girls were at particularly high risk of poly-victimization, and African American and White youths also were at risk for poly-victimization. CONCLUSIONS: Although youth involved in the juvenile justice system typically have experienced substantial victimization, a poly-victimized sub-group, especially (but not exclusively) girls, warrants particular scientific, clinical, and rehabilitative attention in order to address the most severe behavioral and

mental health problems and risks faced by this vulnerable population. [Author Abstract] KEY WORDS: victimization; traumatic stress; adolescence; juvenile justice; mental health

Francke, I. D. A., T. W. Viola, et al. (2013). "Childhood neglect and increased withdrawal and depressive severity in crack cocaine users during early abstinence." *Child Abuse and Neglect* 37(10): 883-889.

Studies have shown that environmental factors, such as exposure to childhood maltreatment, might shift the course of addiction. Little is known, however, about whether childhood physical neglect (PN) influences the severity of withdrawal and depressive symptoms during the detoxification period. This is a 3 weeks follow-up study. The participants were divided into 2 groups: those with a history of PN (PN+) (n = 32) and those without a history of PN (PN-) (n = 48). Clinical variables were assessed with the SCID-I, BDI-II, Childhood Trauma Questionnaire, Addiction Severity Index, and Cocaine Selective Severity Assessment. Depressive symptom assessments were repeated at three time points. Withdrawal symptom assessments were repeated at five different points following detoxification. A repeated measures analysis of covariance indicated that the PN+ group exhibited a significantly lower reduction in the severity of withdrawal symptoms compared to the PN- group ($p < 0.05$). Post hoc analyses showed that after 12 days of treatment, the severity of withdrawal symptoms in the PN+ group did not decrease in the same level as was observed in the PN- group. Moreover, a strong correlation was found between the severity of depression and the intensity of the abstinence symptoms during treatment. Patients who reported more depressive symptoms also exhibited more severe withdrawal symptoms. The ASI-6 indicated higher severity problems related to alcohol and psychiatric disorders in the PN+ groups. Our data support the role of childhood PN in the contingencies of the detoxification process of crack cocaine-dependent women. [Author Abstract] KEY WORDS: child neglect; crack cocaine; substance-related disorders; withdrawal; depression; stress; psychological

Friedman, M. J. (2013). "Finalizing PTSD in DSM-5: getting here from there and where to go next." *Journal of Traumatic Stress* 26(5): 548-556.

The process that resulted in the diagnostic criteria for PTSD in the DSM-5 was empirically based and rigorous. There was a high threshold for any changes in any DSM-IV diagnostic criterion. The process is described in this article. The rationale is presented that led to the creation of the new chapter, "Trauma- and Stressor-Related Disorders", within the DSM-5 metastructure. Specific issues discussed about the DSM-5 PTSD criteria themselves include a broad versus narrow PTSD construct, the decisions regarding Criterion A, the evidence supporting other PTSD symptom clusters and specifiers, the addition of the dissociative and preschool subtypes, research on the new criteria from both Internet surveys and the DSM-5 field trials, the addition of PTSD subtypes, the noninclusion of complex PTSD, and comparisons between DSM-5 versus the World Health Association's forthcoming International Classification of Diseases (ICD-11) criteria for PTSD. The PTSD construct continues to evolve. In DSM-5, it has moved beyond a narrow fear-based anxiety disorder to include dysphoric/anhedonic and externalizing PTSD phenotypes. The dissociative subtype may open the way to a fresh approach to complex PTSD. The preschool subtype incorporates important

developmental factors affecting the expression of PTSD in young children. Finally, the very different approaches taken by DSM-5 and ICD-11 should have a profound effect on future research and practice. [Author Abstract]

Godinet, M. T., F. Li, et al. (2013). "Early childhood maltreatment and trajectories of behavioral problems: exploring gender and racial differences." *Child Abuse and Neglect*.

The current study aimed to examine the trajectory of child behavior problems over time as a function of early maltreatment. We anticipated that early alleged maltreatment would have a substantial impact on both internalizing and externalizing behaviors. The impact of gender and racial differences in the trajectories were also examined. Using the LONGSCAN archived data, a total of 484 children were selected for the study from varying sites. Two groups were formed: children with early allegations of maltreatment from birth to age 4, and children without any report. Children included did not have further allegations of maltreatment from ages 4 to 12. Additionally, they must have completed a behavioral assessment using the Child Behavior Checklist at the age 4 baseline interview. Multilevel modeling using the SAS PROC MIXED procedure was used to examine the effects of early allegations of maltreatment on the trajectories of both internalizing and externalizing problems. Although race was not significant, gender was found to differ in trajectory of behavioral problems among children with early allegations of maltreatment. For boys, the impact of early maltreatment was strongest at the most proximal assessment of behavioral outcomes and then decreased gradually over the course of subsequent periods. For girls, although no significant impact was observed at each measurement point, the impact of early maltreatment increased and became pronounced over time. Findings support the importance of early intervention/prevention to decrease the likelihood of presenting behavioral problems in later childhood years with consideration to gender. [Author Abstract] KEY WORDS: child abuse; behavior problems; internalizing behaviors; externalizing behaviors; behavioral trajectories

Grasso, D. J., B. E. Saunders, et al. (2013). "Patterns of multiple victimization among maltreated children in Navy families." *Journal of Traumatic Stress* 26(5): 597-604.

The current study examined the cumulative risk associated with children's exposure to multiple types of parent-inflicted victimization. The sample was comprised of 195 children who were 7 to 17 years old (64.1% female and 48.2% non-White) at the time of referral to the United States Navy's Family Advocacy Program due to allegations of sexual abuse, physical abuse, or parental intimate partner violence. We conducted an exploratory latent class analysis to identify distinct subgroups of children based on lifetime victimization. We hypothesized that at least 2 classes or subgroups would be identified, with 1 characterized by greater victimization and poorer outcomes. Results indicated that 3 classes of children best fit the data: (a) high victimization across all 3 categories, (b) high rates of physical abuse and witnessing intimate partner violence, and (c) high rates of physical abuse only. Findings indicated that the high victimization class was at greatest risk for alcohol and substance use, delinquent behavior, and meeting criteria for PTSD and/or depression 1 year later (odds ratio = 4.53). These findings highlight the serious mental health needs

of a small but significantly high-risk portion of multiply victimized children entering the child welfare system. [Author Abstract]

Hansel, T. C., J. D. Osofsky, et al. (2013). "The effect of long-term relocation on child and adolescent survivors of Hurricane Katrina." *Journal of Traumatic Stress* 26(5): 613-620.

The current study is designed to increase knowledge of the effects of relocation and its association with longer-term psychological symptoms following disaster. Following clinical observations and in discussions held with school officials expressing concerns about relocated students, it was hypothesized that students who relocated to a different city following Hurricane Katrina in 2005 would have more symptoms of posttraumatic stress compared to students who returned to New Orleans. The effect of Hurricane Katrina relocation was assessed on a sample of child and adolescent survivors in 5th through 12th grades (N = 795). Students with Orleans Parish zip codes prior to Hurricane Katrina were categorized into relocation groupings: (a) relocated to Baton Rouge, (b) returned to prior zip code, and (c) moved to a different zip code within Orleans Parish. Overall results revealed more trauma symptoms for relocated students. Results also revealed that younger relocated students had fewer symptoms compared to older students. The opposite was found for students who returned to their same zip code, with older students having fewer symptoms. This study supports the need for school-based services not only in disaster areas, but also in schools where survivors tend to migrate. [Author Abstract]

Karam, É. G., M. J. Friedman, et al. (2013). "Cumulative traumas and risk thresholds: 12-month PTSD in the World Mental Health (WMH) surveys." *Depression and Anxiety*.

BACKGROUND: Clinical research suggests that PTSD patients exposed to multiple traumatic events (TEs) rather than a single TE have increased morbidity and dysfunction. Although epidemiological surveys in the United States and Europe also document high rates of multiple TE exposure, no population-based cross-national data have examined this issue. **METHODS:** Data were analyzed from 20 population surveys in the World Health Organization World Mental Health Survey Initiative (n = 51,295 aged 18+). The Composite International Diagnostic Interview (3.0) assessed 12-month PTSD and other common DSM-IV disorders. Respondents with 12-month PTSD were assessed for single versus multiple TEs implicated in their symptoms. Associations were examined with age of onset (AOO), functional impairment, comorbidity, and PTSD symptom counts. **RESULTS:** 19.8% of respondents with 12-month PTSD reported that their symptoms were associated with multiple TEs. Cases who associated their PTSD with four or more TEs had greater functional impairment, an earlier AOO, longer duration, higher comorbidity with mood and anxiety disorders, elevated hyperarousal symptoms, higher proportional exposures to partner physical abuse and other types of physical assault, and lower proportional exposure to unexpected death of a loved one than cases with fewer associated TEs. **CONCLUSIONS:** A risk threshold was observed in this large-scale cross-national database wherein cases who associated their PTSD with four or more TEs presented a more "complex" clinical picture with substantially greater functional impairment and greater morbidity than other cases of PTSD. PTSD cases associated with four or more TEs may merit specific

and targeted intervention strategies. [Author Abstract] KEY WORDS: PTSD; functional impairment; comorbidity; World Mental Health Surveys; epidemiology

Keeshin, B. R., J. R. Strawn, et al. (2013). "Hospitalized youth and child abuse: a systematic examination of psychiatric morbidity and clinical severity." *Child Abuse and Neglect*.

Many children and adolescents who require psychiatric hospitalization have been physically or sexually abused, yet the association between reported histories of abuse and the complexity and severity of mental illness among psychiatrically hospitalized youth is poorly described with regard to current inpatient psychiatric practice. We sought to determine the association between histories of abuse and psychiatric complexity and severity in psychiatrically hospitalized youth including comorbidity patterns, psychotropic medication use, reason for admission, and length of hospitalization. A systematic chart review was performed on 1433 consecutive psychiatric hospitalizations of children and adolescents that occurred over a 10-month period. Children with a history of abuse were more likely to be diagnosed with multiple DSM-IV-TR disorders than non-traumatized children. A history of sexual abuse was associated with more medication use than in their non-traumatized peers and a higher likelihood of treatment with antipsychotic medications, both at admission and discharge. Physical and sexual abuse were independently associated with increased length of stays, with exposure to both physical and sexual abuse associated with a 2-day increase in duration of hospitalization compared to non-traumatized patients. The findings from this study draw attention to the adverse impact of abuse on psychiatric morbidity and complexity and suggest the need for trauma-informed treatment in psychiatric hospital settings. [Author Abstract] KEY WORDS: inpatient hospitalization; comorbidity; length of stay; sexual abuse; physical abuse

Kohrt, B. A. (2013). "Social ecology interventions for post-traumatic stress disorder: what can we learn from child soldiers? [editorial]." *British Journal of Psychiatry* 203: 165-167.

Research with child soldiers is crucial to improving mental health services after war. This research also can illuminate innovative approaches to treating PTSD among adult soldiers, veterans, and other trauma survivors in high-income countries. A key contribution is the role of social ecology for trauma-healing interventions. [Author Abstract]

Letourneau, N., C. Y. Morris, et al. (2013). "Social support needs identified by mothers affected by intimate partner violence." *Journal of Interpersonal Violence* 28(14): 2873-2893.

In order to offer optimal supports and services for mothers affected by intimate partner violence (IPV), an understanding of these mothers' perceptions of support needs, resources, barriers to support, and preferences for support intervention is warranted. Moreover, the growing recognition of the effects of IPV on maternal-infant relationships and of the importance of these early relationships to long-term child health outcomes suggests interventions are needed to support optimal maternal-infant relationships in these families. Thus, 64 mothers exposed to IPV when their infants were below 12 months of age participated in a retrospective qualitative study to identify mothers' support needs, resources, barriers to support, and preferences for specific support interventions to promote optimal mother-infant relationships. Participants identified both personal

needs (including needs for leaving or staying with the violent partner), along with intertwined needs to care for, and help, their infants cope with the experience of violence. Mothers reported that integrated services that include information and practical support from professionals with emotional and affirmation support from peers would promote positive, nurturing mother-infant relationships and healthy child development. [Author Abstract] KEY WORDS: intimate partner violence; mother-child relationship; social support; caregiving

Lueger-Schuster, B., V. Kantor, et al. (2013). "Institutional abuse of children in the Austrian Catholic Church: types of abuse and impact on adult survivors' current mental health." *Child Abuse and Neglect*.

The aim of this study was to explore the nature and dimensions of institutional child abuse (IA) by the Austrian Catholic Church and to investigate the current mental health of adult survivors. Data were collected in two steps. First, documents of 448 adult survivors of IA (M = 55.1 years, 75.7% men) who had disclosed their abuse history to a victim protection commission were collected. Different types of abuse, perpetrator characteristics, and family related risk factors were investigated. Second, a sample of 185 adult survivors completed the PTSD Checklist (PCL-C) and the Brief Symptom Inventory (BSI). Participants reported an enormous diversity of acts of violent physical, sexual, and emotional abuse that had occurred in their childhood. The majority of adult survivors (83.3%) experienced emotional abuse. Rates of sexual (68.8%) and physical abuse (68.3%) were almost equally high. The prevalence of PTSD was 48.6% and 84.9% showed clinically relevant symptoms in at least one 1 of 10 symptom dimensions (9 BSI subscales and PTSD). No specific pre-IA influence was found to influence the development of PTSD in later life (e.g. poverty, domestic violence). However, survivors with PTSD reported a significantly higher total number of family related risk factors ($d = 0.33$). We conclude that childhood IA includes a wide spectrum of violent acts, and has a massive negative impact on the current mental health of adult survivors. We address the long-term effects of these traumatic experiences in addition to trauma re-activation in adulthood as both bear great challenges for professionals working with survivors. [Author Abstract] KEY WORDS: institutional abuse; childhood abuse; clerical abuse; PTSD; mental health

Mazaheri, M. M., R. D. Rae-Seebach, et al. (2013). "The impact of Prader-Willi syndrome on the family's quality of life and caregiving, and the unaffected siblings' psychosocial adjustment." *Journal of Intellectual Disability Research* 57(9): 861-873.

BACKGROUND: Prader-Willi syndrome (PWS), a complex multisystem genetic disorder, is characterised by developmental abnormalities leading to somatic and psychological symptoms. Symptoms of PWS include infantile hypotonia and failure-to-thrive, followed by life-long hyperphagia, developmental delays, and moderate-to-severe behavioural problems and several physical problems that impact health. This study examined the effects of caring for a child diagnosed with PWS on the mothers and unaffected siblings. We assessed overall family functioning, the mothers' psychological health, the psychosocial and behavioural functioning of siblings, and the quality of life of siblings. METHODS: Participants included 12 mothers and 13 siblings of a child with genetically confirmed PWS. Self-report measures administered to the mothers evaluated overall family functioning (PedsQL

- Family Impact Module), the mothers' psychological health (Brief Symptom Inventory), and the mothers' perception of the sibling's quality of life (PedsQL - Parent Proxy). Self-report measures administered to the siblings evaluated their perceived quality of life (PedsQL) and symptoms of PTSD (UCLA PTSD Index). RESULTS: Families/mothers/siblings with children with PWS showed poorer perceived quality of life compared with general inpatient and outpatient samples of children with complex health conditions. Families/mothers/siblings with children with PWS reported difficulties in family functioning, communication problems, and an increased number of conflicts. They appeared to be experiencing significant behavioural distress symptoms, with higher than average levels of depression and feelings of isolation, anger, and worry. 92% of the siblings indicated moderate-to-severe symptoms of PTSD. Compared with normative populations, siblings demonstrated poorer quality of life, with mothers perceiving more significant deficits in the sibling. CONCLUSION: This study reaffirms that PWS affects the entire family system. Mothers and siblings would benefit from psychosocial support due to the multiple challenges of living with and caring for a child/young adult with PWS. [Author Abstract] KEY WORDS: family impact; parent distress; Prader-Willi syndrome; psychosocial functioning; quality of life; sibling effects

Mc Elroy, S. and D. Hevey (2013). "Relationship between adverse early experiences, stressors, psychosocial resources and wellbeing." *Child Abuse and Neglect*.

The study examined a diathesis stress model of the relationship between adverse child experiences (ACEs), stressors, and psychosocial resources to explore their relationship with wellbeing. A cross sectional study was conducted across two mental health and addiction treatment centers. 176 individuals were interviewed using a demographics form, SCID-DSM-IV, Child Trauma Questionnaire, NEO-Five Factor Inventory, Trait Emotional Intelligence Questionnaire, the Coping Inventory for Stressful Situations (CISS), Recent Life Events Questionnaire, and perceived social support from family, friends, and religion. Multiple regressions and correlations were used to analyze the data. All early experiences, except physical abuse and death of a parent in childhood, were significantly correlated with increased number of stressors and lower wellbeing scores. This is possibly because of sample specific issues. Number of stressors partially mediated the relationship between ACEs and wellbeing. Increased number of ACEs was related to higher neuroticism and emotion-focused coping and lower conscientiousness, agreeableness, trait emotional intelligence, and task coping scores. These resources were significantly related to increased stressors and lower wellbeing. Distraction and emotion coping significantly moderated the relationship between number of stressors and wellbeing. These findings support the diathesis stress model and indicate that there are significant relationships between ACEs, psychosocial resources, stressors, and wellbeing. Recommendations to improve wellbeing are discussed. [Author Abstract] KEY WORDS: adverse child experiences; abuse; wellbeing; stress; psychosocial resources

McLean, C. P., S. B. Rosenbach, et al. (2013). "Social and academic functioning in adolescents with child sexual abuse-related PTSD." *Child Abuse and Neglect* 37(9): 675-678.

Although child sexual abuse (CSA) has been associated with a host of psychological problems, one of the most frequently linked disorders is PTSD. PTSD is characterized by intrusive

reexperiencing symptoms, avoidance behaviors, and elevated arousal and is associated with widespread functional impairments and low quality of life. Although less is known about the effects of PTSD on functioning during adolescence than in adulthood, there is some evidence that PTSD has a deleterious effect on adolescent social and academic functioning. For example, in a community sample of adolescent girls, those with PTSD were significantly more likely to report having failed a class or grade, been suspended from school, or been arrested. Similarly, in a study of adolescents who survived a sinking ship found that PTSD symptoms were associated with impairments in friendships and social functioning. However, no studies to date have examined the effects of PTSD symptom severity on functioning specifically among adolescent survivors of CSA. Examining psychosocial impairments among adolescents with CSA-related PTSD is important in order to identify the consequences of PTSD at this developmental stage as well as to inform intervention strategies designed specifically for adolescents. This study examines the effects of CSA-related PTSD on social and academic functioning in adolescents. We hypothesize that: (1) increased symptom severity of PTSD will be associated with decreased social functioning and (2) increased symptom severity of PTSD will be associated with decreased academic functioning. In addition, this study explores the relationship between the PTSD symptom clusters and functioning areas as well as the relationships between trauma characteristics and functioning. [Author Abstract] KEY WORDS: adolescents; child sexual abuse; PTSD; social functioning; academic functioning

Miranda, J. K., N. De la Osa, et al. (2013). "Multiple mediators of the relationships among maternal childhood abuse, intimate partner violence, and offspring psychopathology." *Journal of Interpersonal Violence* 28(14): 2941-2965.

The aim of the study was to examine whether maternal depression, mothers' and fathers' parenting, child physical punishment, and negative life events (NLE) mediate the effect of maternal childhood abuse (CA), intimate partner violence (IPV), and cumulative violence (both CA and IPV) on Spanish children's and adolescents' psychopathology. Furthermore, multiple mediator models examine whether IPV mediates the effect of CA on the contextual and family factors mentioned above. 318 Spanish outpatients aged 7 to 18 and their parents were assessed using a structured interview and other instruments for measuring the study variables. Structural equation models (SEMs) showed multiple pathways explaining psychopathological problems among offspring of mothers who suffered CA, IPV, and both of these violent experiences. In particular, mothers' depression mediated the link between maternal CA, IPV, cumulative violence, and children's externalizing, and total behavior problems. Child NLE was an important pathway between maternal CA and total behavior problems, as well as between cumulative violence and both externalizing and total problems. IPV contributed to explaining the link between maternal CA and contextual and family factors, such as child physical punishment and NLE, which were in turn, associated with children's behavior problems. Findings show the complex interconnections between different types of violence and their harmful effects on the mental health of women and their offspring, as well as the need to extend our knowledge on this subject. [Author Abstract] KEY WORDS: maternal childhood abuse; intimate partner violence; child and adolescent psychopathology; mediator

Neigh, G. N., L. A. Ritschel, et al. (2013). "Translational reciprocity: bridging the gap between preclinical studies and clinical treatment of stress effects on the adolescent brain." *Neuroscience* 249: 139-153.

The genetic, biological, and environmental backgrounds of an organism fundamentally influence the balance between risk and resilience to stress. Sex, age, and environment transact with responses to trauma in ways that can mitigate or exacerbate the likelihood that PTSD will develop. Translational approaches to modeling affective disorders in animals will ultimately provide novel treatments and a better understanding of the neurobiological underpinnings behind these debilitating disorders. The extant literature on trauma/stress has focused predominately on limbic and cortical structures that innervate the hypothalamic-pituitary-adrenal axis and influence glucocorticoid-mediated negative feedback. It is through these neuroendocrine pathways that a self-perpetuating fear memory can propagate the long-term effects of early life trauma. Recent work incorporating translational approaches has provided novel pathways that can be influenced by early life stress, such as the glucocorticoid receptor chaperones, including FKBP51. Animal models of stress have differing effects on behavior and endocrine pathways; however, complete models replicating clinical characteristics of risk and resilience have not been rigorously studied. This review discusses a four-factor model that considers the importance of studying both risk and resilience in understanding the developmental response to trauma/stress. Consideration of the multifactorial nature of clinical populations in the design of preclinical models and the application of preclinical findings to clinical treatment approaches comprise the core of translational reciprocity, which is discussed in the context of the four-factor model. [Author Abstract] KEY WORDS: stress; trauma; PTSD; adolescent; preclinical; animal model

Price, M., C. K. Higa-McMillan, et al. (2013). "Trauma experience in children and adolescents: an assessment of the effects of trauma type and role of interpersonal proximity." *Journal of Anxiety Disorders* 27(7): 652-660.

The psychiatric sequelae associated with childhood experience(s) of trauma is complex and distinguishable from that of adult trauma exposure. Categories of impairment associated with experiences of early trauma include internalizing and externalizing emotional and behavioral problems, posttraumatic stress symptomatology, and dissociation. The present study assessed the relationship between the type of trauma experience (i.e., non-interpersonal or interpersonal) and the manifestation of a wide range of psychiatric symptomatology using prospective longitudinal data from a community sample of ethnically diverse children and adolescents (N = 1676; ages 4-18). The study also examined the relationship between different types of trauma experiences (e.g., direct, vicarious, interpersonal) and levels of various symptom domains (e.g., anxiety, posttraumatic stress, conduct problems). A number of factors relevant to the relationship between early trauma experience and subsequent impairment including temperament, socioeconomic status, sex, and age were included in the analyses. Results indicated that interpersonal traumas involving significant interpersonal proximity were associated with externalizing problems (i.e., oppositional defiant and conduct problems). Direct trauma experiences and emotionality were positively associated with almost all symptom domains. Implications for the relationship between trauma and developmental

psychopathology are discussed. [Author Abstract] KEY WORDS: trauma; children; adolescents; externalizing; internalizing; interpersonal trauma

Roberts, Y. H., C. A. Campbell, et al. (2013). "The role of parenting stress in young children's mental health functioning after exposure to family violence." *Journal of Traumatic Stress* 26(5): 605-612.

This study evaluates the associations of young children's exposure to family violence events, parenting stress, and children's mental health functioning. Caregivers provided data for 188 children ages 3 to 5 years attending Head Start programming. Caregivers reported 75% of children had experienced at least 1 type of trauma event, and 27% of children had experienced a family violence event. Child mental health functioning was significantly associated with family violence exposure after controlling for children's age, gender, household income, and other trauma exposure (beta = .14, $p = .033$). Stress in the parenting role partially mediated the relationship between family violence exposure and young children's mental health functioning (beta = .12, $p = .015$, 95% confidence interval [0.02, 0.21]). Interventions for young children exposed to family violence should address the needs of the child, as well as the caregiver while also building healthy parent-child relationships to facilitate positive outcomes in children faced with trauma. [Author Abstract]

Soler, L., T. Kirchner, et al. (2013). "Impact of poly-victimization on mental health: the mediator and/or moderator role of self-esteem." *Journal of Interpersonal Violence* 28(14): 2695-2712.

The current study examines the relationship between the total kinds of victimization (TKV) experienced, self-esteem, and internalizing symptoms (IS) and externalizing symptoms (ES). It also explores the mediator and/or moderator role of two self-esteem facets: self-liking (SL) and self-competence (SC). The sample comprised 736 adolescents recruited from eight secondary schools in Catalonia, Spain. The Rosenberg Self-Esteem Scale, the Youth Self Report, and the Juvenile Victimization Questionnaire were used to assess self-esteem facets (SL and SC), psychological distress (IS and ES), and the TKV suffered. This article has several innovative features. On one hand, it considers that self-esteem is comprised of two different but related factors: SL and SC. On the other hand, it is the first study to provide evidence for the mediator/moderator role of SL and SC between victimization and psychological symptoms, taking account of the TKV experienced. Results suggest that SL is more relevant to mental health than SC. A low sense of being a worthy social being (SL) is more closely related to both victimization and poor mental health than a low sense of personal efficacy (SC). Moreover, SL seems to partially mediate the relationship between TKV and both IS and ES, whereas SC only acts as a partial mediator for the TKV-IS relationship in girls. At the same time, SL acts as a partial moderator of the TKV-IS relationship in boys. These findings support the importance of self-esteem in buffering the impact of victimization on mental health and may indicate that proper prevention and treatment policies should focus on adolescents' sense of being a good person, according to their own criteria of worth. [Author Abstract] KEY WORDS: child abuse; mental health and violence; youth violence

Sotskova, A. and E. M. Woodin (2013). "Posttraumatic stress, partner violence victimization, and harmful drinking: risk factors for relationship discord in new parents." *Journal of Interpersonal Violence* 28(17): 3319-3341.

The first year of parenthood can be a stressful time, especially for high-risk couples. Symptoms of posttraumatic stress (PTS) have been associated with decreased intimacy, communication, and relationship adjustment, yet there is a lack of research on how PTS symptoms might affect couples in early parenthood. Furthermore, there is little evidence regarding the way in which PTS symptoms may affect couples above and beyond known risk factors such as intimate partner violence (IPV) and harmful alcohol use. The current study investigated how PTS symptoms were related to new parents' relationship satisfaction in the context of IPV and harmful drinking. 98 heterosexual couples filled out questionnaires 1 year after the birth of their first child. Hierarchical multiple regression analyses indicated that, for men, PTS symptoms predicted lower relationship satisfaction over and above IPV victimization and harmful drinking. However, for women, psychological IPV victimization was the only significant multivariate predictor. In addition, for men, PTS symptoms interacted with harmful drinking to predict poorer relationship satisfaction. The results suggest that women's relationship satisfaction is particularly linked to psychological IPV victimization during early parenthood, whereas men's relationship satisfaction is particularly associated with their own harmful drinking and PTS symptoms. Implications are discussed. [Author Abstract] KEY WORDS: alcohol and drugs; domestic violence; PTSD; mental health and violence

Subica, A. M. (2013). "Psychiatric and physical sequelae of childhood physical and sexual abuse and forced sexual trauma among individuals with serious mental illness." *Journal of Traumatic Stress* 26(5): 588-596.

Trauma and PTSD frequently co-occur with serious mental illness, yet the unique mental and physical health influences of childhood physical abuse (CPA), childhood sexual abuse (CSA), and forced sexual trauma on individuals with serious mental illness remain unevaluated. The present study of 172 individuals with serious mental illness investigated the adverse effects of CPA, CSA, and forced sexual trauma on severity of PTSD and depression, and overall mental and physical health functioning. Data analysis consisted of chi-square tests, independent t tests, bivariate odds ratios, and linear regressions. Prevalence of CPA (44.8%), CSA (29.1%), and forced sexual trauma (33.1%) were elevated, and nearly one third of participants (31.4%) reported clinical PTSD. Participants exposed to CSA or forced sexual trauma evidenced bivariate ORs ranging from 4.13 to 7.02 for PTSD, 2.44 to 2.50 for major depression, and 2.14 to 2.31 for serious physical illness/disability. Sexual trauma exposure associated with heightened PTSD and depression, and reduced mental and physical health functioning, with CSA uniquely predicting PTSD, depression, and physical health difficulties. CPA less significantly affected these clinical domains. Sexual traumas have profound negative effects on mental and physical health outcomes among individuals with serious mental illness; increased screening and treatment of sexual traumas is needed. [Author Abstract]

Valentine, S. E. and D. W. Pantalone (2013). "Correlates of perceptual and behavioral definitions of abuse in HIV-positive sexual minority men." *Psychological Trauma: Theory, Research, Practice, and Policy* 5(5): 417-425.

Interpersonal violence researchers have begun to focus on the role of perception of abuse experiences in post-abuse adjustment, and have posited that there may be something critical about a mismatch between having experienced abuse and actually labeling an experience as "abuse". Utilizing cross-sectional data collected from outpatient HIV care settings, this study is the first to examine the role of abuse self-definition in HIV-positive gay and bisexual men. The sample (N = 166) was divided into participants who self-defined their experiences as abuse and those who did not. Logistic regression was used to assess the impact of various factors (demographic, mental health, behavioral, and HIV health status) on the likelihood of self-defining child sexual abuse, child physical abuse, and partner abuse. Relationship to the perpetrator and characteristics of child sexual abuse experiences were explored as predictors of self-definition. Self-definition rates varied, with approximately 55% of child abuse victims and 24 to 31% of partner abuse victims labeling it as such. Participants who endorsed child sexual abuse experiences that involved force or coercion, and participants who reported a family member as the perpetrator, were more likely to define their experiences as abuse. These results suggest that screening for abuse history in clinical and research contexts should consistently utilize behaviorally anchored questions to minimize the likelihood of false negative reports. Further research is needed to better understand the process of labeling and the mechanisms underlying the labeling outcome relations. [Author Abstract] KEY WORDS: interpersonal violence; labeling; self-definition; HIV risk behavior; men

Watt, M. E. and D. A. Scrandis (2013). "Traumatic childhood exposures in the lives of male perpetrators of female intimate partner violence." *Journal of Interpersonal Violence* 28(14): 2813-2830.

Despite efforts to use behavior modification interventions for male perpetrators, intimate partner violence (IPV) remains a significant problem in some male-female relationships. Childhood exposure to traumatic violent experiences, especially when untreated, can influence adult behaviors. Little is known about these possible factors in the lives of male perpetrators of IPV and if they influence their violent behavior against female intimate partners. This study's aim was to explore the life perspective of men who have been violent with their female intimate partners using Gadamer's hermeneutic phenomenology. 9 men with a history of female IPV were interviewed twice over a 5-month period. Interview content focused on their experiences in childhood and adult lives. Four themes emerged from the qualitative interviews: (a) childhood and family issues, (b) school and mental health issues, (c) substance abuse, and (d) legal issues. Traumatic violent experiences in childhood, such as physical and sexual abuse, frequently led to school problems, misuse of substances, and arrests for a spectrum of crimes. These results highlight the importance of identifying traumatic violent exposures through a brief two-question screen of all children in primary care. Implications for individualized mental health treatment of male perpetrators and recommendations for further research are addressed. [Author Abstract] KEY WORDS: intimate partner violence; perpetrators; family violence

Watts, S. J. and T. L. McNulty (2013). "Childhood abuse and criminal behavior: testing a general strain theory model." *Journal of Interpersonal Violence* 28(15): 3023-3040.

This article draws on general strain theory (GST) to develop and test a model of the childhood abuse-crime relationship. Using data from the National Longitudinal Study of Adolescent Health (Add Health), we find that early childhood physical and sexual abuse are robust predictors of offending in adolescence, for the full sample and in equations disaggregated by gender. GST is partially supported in that the effects of childhood physical abuse on offending for both females and males are mediated by an index of depression symptoms, whereas the effect of sexual abuse among females appears to be mediated largely by closeness to mother. The effect of childhood sexual abuse among males, however, is more robust than among females and it persists despite controls for low self-control, ties to delinquent peers, school attachment, and closeness to mother. Theoretical implications of the findings are discussed. [Author Abstract] KEY WORDS: childhood abuse; victimization; depression; crime; general strain theory

Weiss, K. J. and J. C. Alexander (2013). "Sex, lies, and statistics: inferences from the child sexual abuse accommodation syndrome." *Journal of the American Academy of Psychiatry and the Law* 41(3): 412-420.

Victims of child sexual abuse often recant their complaints or do not report incidents, making prosecution of offenders difficult. The child with sexual abuse accommodation syndrome (CSAAS) has been used to explain this phenomenon by identifying common behavioral responses. Unlike PTSD but like rape trauma syndrome, CSAAS is not an official diagnostic term and should not be used as evidence of a defendant's guilt or to imply probative value in prosecutions. Courts have grappled with the ideal use of CSAAS in the evaluation of child witness testimony. Expert testimony should be helpful to the jurors without prejudicing them. The New Jersey Supreme Court ruled recently that statistical evidence about CSAAS implying the probability that a child is truthful runs the risk of confusing jury members and biasing them against the defendant. We review the parameters of expert testimony and its admissibility in this area, concluding that statistics about CSAAS should not be used to draw inferences about the victim's credibility or the defendant's guilt. [Author Abstract]

Westmarland, N. and S. Alderson (2013). "The health, mental health, and well-being benefits of rape crisis counseling." *Journal of Interpersonal Violence* 28(17): 3265-3282.

There is very little research on interventions to alleviate the distress experienced following rape. This action research project developed and piloted the "Taking Back Control" tool that measured the impact of rape crisis counseling over time. Five rape crisis centers in the North of England agreed to pilot the tool, which was administered by the client's counselor, either on week 1 or 2, and then repeated every 6 weeks until the end of counseling. 87 clients completed at least two questionnaires. This allowed us to measure change from their first compared with their last data collection point. The most change was made in relation to the statement "I feel empowered and in control of my life", where 61% strongly/disagreed at the first data collection point compared with

31% at the last data collection point. Large shifts were also seen in relation to "I have 'flashbacks' about what happened" and "I have panic attacks". Overall, some degree of positive change was seen for all measures. This research, despite some limitations, begins to develop an evidence base for rape crisis centers to demonstrate their benefits and to assess and develop their own practice. [Author Abstract] KEY WORDS: rape crisis; counseling; health; longitudinal study

Xu, Y., M. Olfson, et al. (2013). "A characterization of adult victims of sexual violence: results from the National Epidemiological Survey for Alcohol and Related Conditions." *Psychiatry* 76(3): 223-240.

Sexual violence can cause acute and persistent negative psychological outcomes among children and adults in a community. Previous studies have frequently reported high prevalence of prior child and adolescent sexual abuse among adult victims of sexual violence. This raises uncertainty over the specific contribution of sexual victimization in adulthood to the adverse psychological outcomes. The present study draws on a large nationally representative sample of adults without history of childhood sexual abuse, and applies diagnostic criteria of DSM-IV, in order to investigate the risk factors and psychiatric comorbidities correlated with sexual victimization in adulthood. In a large representative sample of U.S. adults without history of childhood sexual abuse, 2.5% reported sexual victimization in adulthood. Female gender, living alone, economic disadvantage, and a history of childhood adversities and parental psychopathology were identified as risk factors. Adult sexual victimization increased the risk of developing a variety of psychiatric disorders, especially PTSD (HR = 3.43, 95% CI [2.67, 4.41]) and drug abuse (HR = 3.38, 95% CI [2.49, 4.58]). Conversely, pre-existing psychiatric psychopathology, particularly PTSD (HR = 3.99, 95% CI [2.68, 5.94]) and dysthymia (HR = 2.26, 95% CI [1.42, 3.59]), increased the likelihood of sexual victimization in adulthood. Childhood experience and adulthood sociodemographic characteristics are important in affecting the risk of being sexually victimized in adulthood. Psychiatric disorders can act as both risk factors and outcomes of adult sexual victimization. [Author Abstract]

Yen, C.-F., T.-L. Liu, et al. (2013). "Mediating effects of bullying involvement on the relationship of body mass index with social phobia, depression, suicidality, and self-esteem and sex differences in adolescents in Taiwan." *Child Abuse and Neglect*.

The aims of this study were to examine the mediating effect of bullying involvement on the relationships between body mass index (BMI) and mental health problems, including social phobia, depression, suicidality, and low self-esteem among adolescents in Taiwan. The moderation effect of sex on the mediating role of bullying involvement was also examined. 5,252 students of high schools completed the questionnaires. Victimization and perpetration of passive and active bullying were assessed using the Chinese version of the School Bullying Experience Questionnaire. BMI was calculated from self-reported weight and height measurements. The Social Phobia Inventory, the Mandarin Chinese version of the Center for Epidemiological Studies - Depression Scale, the suicidality-related questionnaire from the epidemiological version of the Kiddie - Schedule for Affective Disorders and Schizophrenia, and the Rosenberg Self-Esteem Scale were applied to assess social phobia, depression, suicidality, and low self-esteem, respectively. The mediating effect of

bullying involvement on the associations between increased BMI and mental health problems was examined by the Sobel test. The moderation effect of sex on the mediating role of bullying involvement was tested by the multiple-group structural equation model. Victimization of passive and active bullying and perpetration of passive bullying, but not perpetration of active bullying, had a mediating effect on the relationships between increased BMI and all four mental health problems. Sex did not have a significant moderation effect on the mediating role of bullying involvement. Bullying involvement should be a target of prevention and intervention in developing a strategy to improve mental health among adolescents with increased BMI. [Author Abstract] KEY WORDS: adolescents; body mass index; bullying; depression; sex; self-esteem; social phobia; suicidality

Young-Wolff, K. C., J. C. Hellmuth, et al. (2013). "Patterns of resource utilization and mental health symptoms among women exposed to multiple types of victimization: a latent class analysis." *Journal of Interpersonal Violence* 28(15): 3059-3083.

Although the value of resources aimed to support women who experience intimate partner violence (IPV) is clear, few studies have investigated how exposure to multiple types of victimization influences women's resource utilization. We applied latent class analysis (LCA) to a sample of 412 women who used IPV in their current relationships to test whether women's resource utilization is associated with different patterns of victimization, including current IPV victimization, past IPV victimization, and childhood victimization. Three classes of women were identified: the Low Cumulative IPV class (n = 121) included women with a low prevalence of past IPV victimization and low severity of current IPV victimization; The High Past/Low Current IPV class (n = 258) included women with a high prevalence of past IPV victimization but low severity of current IPV victimization; and the High Cumulative IPV class (n = 33) included women with a high prevalence of past IPV victimization and severe current IPV victimization. Multiple types of childhood victimization were highly prevalent among women in all three classes. Women in the High Cumulative IPV class used a greater variety of resources, experienced a greater number of posttraumatic stress and depression symptoms, drug problems, and used more severe IPV aggression compared to women in other classes. These findings highlight the heterogeneity of resource utilization among women in relationships characterized by bidirectional IPV and underscore the potential clinical utility of adapting services to meet the specific needs of women with unique profiles of victimization. [Author Abstract] KEY WORDS: intimate partner violence; childhood abuse and neglect; women; trauma; resource utilization; treatment; help-seeking