

October, 2013 Pilots Topic Alert

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

Biederman, J., J. Wozniak, et al. (2013). "Can pediatric bipolar-I disorder be diagnosed in the context of posttraumatic stress disorder?: a familial risk analysis." *Psychiatry Research* 208(3): 215-224.

Despite ongoing concerns that traumatized children with severe symptoms of emotional dysregulation may be inappropriately receiving a diagnosis of pediatric bipolar-I (BP-I) disorder, this issue has not been adequately examined in the literature. Because both pediatric BP-I disorder and PTSD are familial disorders, if children with both BP-I and PTSD were to be truly affected with BP-I disorder, their relatives would be at high risk for BP-I disorder. To this end, we compared patterns of familial aggregation of BP-I disorder in BP-I children with and without PTSD with age and sex matched controls. Participants were 236 youths with BP-I disorder and 136 controls of both sexes along with their siblings. Participants completed a large battery of measures designed to assess psychiatric disorders, psychosocial, educational, and cognitive parameters. Familial risk analysis revealed that relatives of BP-I probands with and without PTSD had similar elevated rates of BP-I disorder that significantly differed from those of relatives of controls. Pediatric BP-I disorder is similarly highly familial in probands with and without PTSD indicating that their co-occurrence is not due to diagnostic error. [Author Abstract] **KEY WORDS:** comorbidity; clinical correlates; family risk analysis

Boel-Studt, S. and L. M. Renner (2013). "Individual and familial risk and protective correlates of physical and psychological peer victimization." *Child Abuse and Neglect*.

The purpose of this study was to explore the association between youth characteristics, parenting behavior, and family violence and risk of physical and/or psychological peer victimization using a sample of 856 adolescents aged 10-17. Additionally, we examined whether the relation between parenting behaviors and victimization was moderated by age and gender. Data for this study were drawn from the first wave of the Developmental Victimization Survey. The results revealed unique associations between youth and familial correlates and odds for experiencing physical, psychological, and both types of victimization. Gender was found to be a statistically significant moderator of the relation between parental monitoring and odds of experiencing both physical and psychological peer victimization. Implications for bully prevention and intervention are discussed. [Author Abstract] KEY WORDS: bullying; peer violence; victimization; adolescence

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

Han, S. C., M. W. Gallagher, et al. (2013). "Childhood sexual abuse, alcohol use, and PTSD symptoms as predictors of adult sexual assault among lesbians and gay men." *Journal of Interpersonal Violence* 28(12): 2505-2520.

Prior research has indicated that childhood sexual abuse (CSA), alcohol use, and PTSD symptoms are important risk factors for adult sexual assault (ASA). A notable limitation of this prior work, however, is that it has almost exclusively focused on heterosexual women. The present study sought to remedy this by examining the extent to which CSA, alcohol use, and PTSD symptoms related to ASA among lesbians (n = 122) and gay men (n = 117). Using structural equation modeling, we found that alcohol use was the best predictor of ASA among lesbians whereas CSA was the best predictor of ASA among gay men. These results suggest that certain risk factors may be differentially related to ASA among groups with different sexual orientations. Such findings deepen our current understanding of ASA and offer important directions for reducing the risk of ASA for lesbian and gay individuals. [Author Abstract] KEY WORDS: sexual minorities; PTSD; alcohol; sexual assault; childhood sexual abuse (CSA)

Kwak, M., B. J. Zebrack, et al. (2013). "Prevalence and predictors of post-traumatic stress symptoms in adolescent and young adult cancer survivors: a 1-year follow-up study." *Psycho-Oncology* 22(8): 1798-1806.

OBJECTIVES: Post-traumatic stress symptoms (PTSS) have been identified as a meaningful indicator of distress in cancer survivors. Distinct from young adult survivors of childhood cancer, young people diagnosed with cancer as adolescents and young adults (AYAs) face unique psychosocial issues; however, there is little published research of PTSS in the AYA population. This study examines prevalence and predictors of PTSS among AYAs with cancer. **METHODS:** As part of a longitudinal study of AYAs with cancer, 151 patients aged 15-39 years completed mailed surveys at 6 and 12 months post-diagnosis. Severity of PTSS was estimated at 6 and 12 months post-diagnosis. Multiple regression analyses were conducted to investigate the predictive effects of socio-demographic and clinical characteristics on changes in PTSS over time. **RESULTS:** At 6 and 12 months, respectively, 39% and 44% of participants reported moderate to severe levels of PTSS; 29% had PTSS levels suggestive of PTSD. No significant differences in severity of PTSS between 6 and 12 months were observed. Regression analyses suggested that a greater number of side effects were associated with higher levels of PTSS at 6 months. Currently receiving treatment, having surgical treatment, diagnosis of a cancer type with a 90-100% survival rate, remaining unemployed/not in school, and greater PTSS at 6 months were associated with higher levels of PTSS at 12 months. **CONCLUSIONS:** Post-traumatic stress symptoms were observed as early as 6 months following diagnosis and remained stable at 12-month follow-up. The development of early interventions for reducing distress among AYA patients in treatment is recommended. [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

Mersky, J. P., J. Topitzes, et al. (2013). "Impacts of adverse childhood experiences on health, mental health, and substance use in early adulthood: a cohort study of an urban, minority sample in the U.S." *Child Abuse and Neglect*.

Research has shown that adverse childhood experiences (ACEs) increase the risk of poor health-related outcomes in later life. Less is known about the consequences of ACEs in early adulthood or among diverse samples. Therefore, we investigated the impacts of differential exposure to ACEs on an urban, minority sample of young adults. Health, mental health, and substance use outcomes were examined alone and in aggregate. Potential moderating effects of sex were also explored. Data were derived from the Chicago Longitudinal Study, a panel investigation of individuals who were born in 1979 or 1980. Main-effect analyses were conducted with multivariate logistic and OLS regression. Sex differences were explored with stratified analysis, followed by tests of interaction effects with the full sample. Results confirmed that there was a robust association between ACEs and poor outcomes in early adulthood. Greater levels of adversity were associated with poorer self-rated health and life satisfaction, as well as more frequent depressive symptoms, anxiety, tobacco use, alcohol use, and marijuana use. Cumulative adversity also was associated with cumulative effects across domains. For instance, compared to individuals without an ACE, individuals exposed to multiple ACEs were more likely to have three or more poor outcomes (OR range = 2.75-10.15) and four or more poor outcomes (OR range = 3.93-15.18). No significant differences between males and females were detected. Given that the consequences of ACEs in early adulthood may lead to later morbidity and mortality, increased investment in programs and policies that prevent ACEs and ameliorate their impacts is warranted. [Author Abstract] KEY WORDS: adverse childhood experiences; health; mental health; substance use

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

Moore, E., C. Gaskin, et al. (2013). "Childhood maltreatment and post-traumatic stress disorder among incarcerated young offenders." *Child Abuse and Neglect*.

Young offenders have a high prevalence of mental illness and a large proportion report experiencing a number of traumatic events during childhood, but there is little research exploring this association. This study describes the prevalence of, and association between, child maltreatment and PTSD among young offenders. The study uses data collected as part of the 2009 NSW Young People in Custody Health Survey which was conducted in nine juvenile detention centers. This paper reports on findings from the baseline questionnaires and 18-months of re-offending data. The analysis included 291 participants who were assessed for PTSD and child maltreatment. The sample was 88% male, 48% Aboriginal, with an average age of 17 years (range 13-21 years). One in five (20%) participants were diagnosed with PTSD, with females significantly more likely to have PTSD than males (40% vs. 17%, $p < 0.05$). Over half (60%) of young offenders reported any child abuse or neglect, with females nearly ten times more likely to report three or more kinds of severe child maltreatment than males. The main correlate for a diagnosis of PTSD was having three or more kinds of severe child maltreatment (OR = 6.73, 95% CI: 1.06-42.92). This study provides evidence for the need to comprehensively assess child abuse and neglect among young offenders in order to provide appropriate treatment in custody and post-release. [Author Abstract] KEY WORDS: offender; adolescents; child abuse; PTSD; custody

Muzik, M., M. Ads, et al. (2013). "Perspectives on trauma-informed care from mothers with a history of childhood maltreatment: a qualitative study." *Child Abuse and Neglect*.

Women who experienced abuse or neglect as children are more likely to have health problems during pregnancy and postpartum, but can be reluctant to seek help due to a lack of trauma-informed services. As part of a larger mixed method study, this component aimed to obtain qualitative data from trauma-exposed new mothers about their health care preferences during the perinatal period with the ultimate goal to design personalized, supportive interventions. 52 trauma-exposed mothers completed a semi-structured interview at seven months postpartum about health care preferences including ideas for programs that promote wellness, thoughts about the influences of being a new mother, and possible names for a program serving trauma-exposed mothers. Interviews were transcribed and coded using N-Vivo. Participants described ambivalence about seeking help but also a sincere desire for healing, coupled with hope for the future. This tension was apparent in the discussions highlighting the importance of access to experienced, nonjudgmental, and knowledgeable health and social care staff and volunteers, the wish for both formal, integrated physical and mental health services, and for informal opportunities to meet other trauma-exposed mothers in a non-stigmatizing, child-friendly setting. Finally, positive relationship-building, respect, and safety were identified as key elements of services critical to counteract trauma-related shame and mistrust in others. Services for trauma-exposed mothers should acknowledge the normal ambivalence surrounding seeking help, but promote hope-affirming practices in a family-centered, safe, non-clinical setting that involves children, builds social support, and provides peer interaction. Program names should reflect optimism and healing rather than trauma. [Author Abstract] KEY WORDS: childhood maltreatment; parenting; PTSD; postpartum period; health care services; social support

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

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

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