

## COMMENTARY

# Best Violence Research of 2012: Selections From an Invited Panel of Researchers

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Following on a similar effort last year, five senior researchers have each selected two articles that they believe represent the best violence research published in 2012 and, like members of the panel that selected 2011 articles, once again provide comments about how they each approached this large task. In tandem with the results of last year's panel, the result provides some insight into how senior scholars stay abreast of key findings in the field of violence. The 10 selected articles, published in eight different outlets, include several national surveillance efforts, including one economic analysis; several that focus on ethnically and culturally diverse communities; and two on prevention and two on the challenges of clinical interviewing. They provide a snapshot of the issues, challenges, and achievements of the field today.

*Keywords:* intimate partner violence, child abuse, physical health, mental health, low income, discrimination

When considering the topic of violence, we could look back at 2012 and say that it was in some ways both the “best and worst of times.” The worst of times: in 2012, there were many thousand incidents of violence. Some were gruesome, dramatic, and public, such as terrorist attacks and school shootings. Others acts were quiet and committed behind closed doors, often known only to the victim and perpetrator. These acts were no less gruesome, but they remained below the

level of consciousness of the general public. A question that violence researchers are frequently asked is whether violence is increasing or are we just hearing about it more? It's a fair question. And the answer is likely “yes” to both. We've always had violence with us, but increased knowledge of and openness about violence also means that we are also hearing about it more. Take, for example, incidence of child death because of child maltreatment. ChildHelp notes that five children in the United States die every day from abuse and neglect. They reported rates of child death from 1998 to the present, and the rate appears to increase every year. So from one standpoint, it appears as if the level of violence is increasing. However, the increased rates could also reflect better reporting systems and more knowledgeable health care providers and law enforcement officers, who are correctly classifying child deaths as because of maltreatment.

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It was the best of times. With the disturbing incidence of violence in the past year, how can there possibly be good news? Fortunately, there is: the dramatic increase in both knowledge and awareness of violence in a wide variety of settings, including health care, education, and criminal justice. Much of that increase reflects the greater number and quality of research studies. A search of the term “violence” on PubMed, the search engine from the U.S. National Library of Medicine, yields more than 73,000 references. “Child abuse” yields more than 33,000, and “domestic violence” yields more than 34,000. Even a specialized term, such as “adverse childhood experiences,” yields 607 references. Moreover, many research studies in the violence field are not listed on PubMed, so the number of articles published in this field actually exceeds the numbers referenced on PubMed.

Given the sheer volume of studies, it was difficult to select only a few for inclusion here. However, several experts in the violence field were asked to identify two articles that they thought had particular merit. This is a follow-up

to an effort that began last year with an invited panel who selected the best violence research of 2011 (Hamby, 2012; White, Perilla, Anderson, Rosenbaum, & Espelage, 2012). Below is a brief summary of each of the articles that our panel identified as significant and that were published in 2012. See Table 1 for the complete list. You will note that they reflect a wide range of topic, methodology, and sample. But each reflects the increase in quality research findings in the violence field.

**Delphine Collin-Vézina**  
**Canada Research Chair in Child Welfare,**  
**McGill University**

I eagerly agreed to join the panel of researchers to select the “best published violence research of 2012,” because I saw this initiative as holding much promise in identifying the best scholarship that we as researchers produce each year. I have commonly heard practitioners and decision-makers express their challenge in trying to keep up with the rapidly growing literature on violence and found this venue favorable to offer guidance in distinguishing outstanding publications. However, I soon realized the chal-

**Table 1**  
*Articles Chosen as Best of 2012 Violence Research by the Psychology of Violence Panel*  
*(in Alphabetical Order)*

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- Adams, A. E., Tolman, R. M., Bybee, D., Sullivan, C. M., & Kennedy, A. C. (2012). The impact of intimate partner violence on low-income women's economic well-being: The mediating role of job stability. *Violence Against Women, 18*(12), 1345–1367.
- Briggs, E. C., Greeson, J. K. P., Layne, C. M., Fairbank, J. A., Knoverek, A. M., & Pynoos, R. S. (2012). Trauma exposure, psychosocial functioning, and treatment needs of youth in residential care: Preliminary findings from the NCTSN core data set. *Journal of Child and Adolescent Trauma, 5*, 1–15. doi:10.1080/19361521.2012.646413
- Cuevas, C., Sabina, C., & Miloski, R. (2012) Interpersonal violence among a national sample of Latino women. *Violence Against Women, 18*(4), 377–401.
- Fang, X., Brown, D. S., Florence, C. S., & Mercy, J. M. (2012). The economic burden of child maltreatment in the United States and implications for prevention. *Child Abuse & Neglect, 36*, 156–165. doi:10.1016/j.chiabu.2011.10.006
- Katz, C., & Hershkowitz, I. Repeated interviews with children who are the alleged victims of sexual abuse. *Research on Social Work Practice*. doi:10.1177/1049731512467511
- Lyon, T., Scurich, N., Choi, K., Handmaker, S., & Blank, R. (2012). “How did you feel?": Increasing child sexual abuse witnesses' production of evaluative information. *Law and Human Behavior, 36*(5), 448–457.
- Miller, E., Tancredi, D. J., McCauley, H. L., Decker, M. R., Virata, M. C. D., Anderson, H. A., Stetkevich, N., Brown, E. W., Moideen, F., & Silverman, J. G. (2012). “Coaching Boys into Men”: A cluster-randomized controlled trial of a dating violence prevention program. *Journal of Adolescent Health, 51*, 431–438. doi:10.1016/j.jadohealth.2012.01.018
- Rich-Edwards, J. W., Mason, S., Rexrode, K., Spiegelman, D., Hibert, E., Kawachi, I., ... Wright, R. J. (2012). Physical and sexual abuse in childhood as predictors of early-onset cardiovascular disease events in women. *Circulation, 126*(8), 920–927.
- Seng, J. S., Lopez, W. D., Sperlich, M. A., Hamama, L., & Reed Meldrum, C. D. (2012). Marginalized identities, discrimination burden, and mental health: Empirical exploration of an interpersonal-level approach to modeling intersectionality. *Social Science & Medicine, 75*(12), 2437–2445.
- Yoshihama, M., Ramakrishnan, A., Hammock, A. C., & Khaliq, M. (2012). Intimate partner violence prevention in an Asian immigrant community: Integrating theories, data, and community. *Violence Against Women, 18*, 763–783. doi:10.1177/1077801212455163
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lence of the task and wondered if I was able—or even qualified enough—to select two articles published by my peers as “the best of 2012.” In a quest to overcome my uncertainty and feelings of hesitation, I decided to bind myself to two selection criteria, in addition to those put forth by the journal editor. First, as the Canada Research Chair in Child Welfare, I thought it made sense for me to focus my selection on articles specifically related to child maltreatment, as opposed to other forms of violence or adult experiences of violence. Yet, I was mindful of selecting articles with a potential to create interest for anyone working in the vast field of violence, as opposed to those geared primarily toward specialists in child maltreatment. Second, being a clinical psychologist by training and a faculty member in a school of social work, I was looking for articles that could be of interest to direct-care practitioners, as well as to policymakers and, as such, was hoping to find articles that had clear practice and policy implications.

Searching for these articles was undoubtedly simplified by my ongoing participation in a journal review activity. Headed by the Centre for Research on Children and Families at McGill University (Montreal, Canada), this monthly “Journal Watch” event reviews research articles taken from a wide variety of child welfare-related journals. The team involves students and faculty members from two schools of social work. Each month, participants are assigned 2 to 3 articles that they present to the group. In total, 30 to 40 articles are reviewed each month. I reviewed all Journal Watch articles published in 2012, and two stood out as exemplary articles that were in keeping with the two additional criteria I had identified.

**Briggs, E. C., Greeson, J. K. P., Layne, C. M., Fairbank, J. A., Knoverek, A. M., & Pynoos, R. S. (2012).** Trauma exposure, psychosocial functioning, and treatment needs of youth in residential care: Preliminary findings from the NCTSN core data set. *Journal of Child and Adolescent Trauma*, *5*, 1–15. doi:10.1080/19361521.2012.646413

I selected this article because it used a large database and a sound data analysis strategy to describe the trauma experiences, psychosocial functioning, and treatment outcomes of a highly vulnerable population of youth, those in residential care settings. These youth are garnering

increasing attention as high rates of mental health issues have been widely documented among them (Baker, Kurland, Curtis, Alexander, & Papa-Lentini, 2007; Dale, Baker, Anastasio, & Purcell, 2007; Trout et al., 2008). These mental health issues are increasingly understood as complex symptoms of traumatic life experiences that precipitated the involvement of child welfare services, such as sexual, physical, or psychological abuse or neglect (Cook et al., 2005). Yet, the relation of trauma and psychosocial functioning to these youth's trajectories into the care system had not been previously analyzed. By contrasting 525 youth in residential care to 9,942 child welfare youth in non-residential care settings, the objective of the article was to use a dose-response analytical strategy to assess outcomes posttreatment, while taking into account past traumas and current psychosocial functioning. Results showed that youth entering residential care presented a wealth of behavioral, academic, and psychological problems to a greater extent than other youth involved in child welfare. Furthermore, while these impairments decreased following treatment, they nonetheless remained higher for this particularly at-risk group of youth. Findings also showed that youth in residential settings were more likely to suffer from traumatic events, and that exposure to different traumas was related to higher severity of impairment. Briggs et al.'s results clearly speak to the utmost importance of transforming traditional child welfare services into trauma-informed intervention programs, and to the relevance of a complex/developmental trauma framework to understand youth functioning and level of impairment (D'Andrea, Ford, Stolbach, Spinazzola, & van der Kolk, 2012).

**Fang, X., Brown, D. S., Florence, C. S., & Mercy, J. M. (2012).** The economic burden of child maltreatment in the United States and implications for prevention. *Child Abuse & Neglect*, *36*, 156–165. doi:10.1016/j.chiabu.2011.10.006

I selected this article because of its solid research approach and its focus on prevention and early detection as ways to overcome the burden of child maltreatment. In this era of economic hardship, I found it vital to give tribute to an article that reminds us of the paramount importance of the roles that health and

social services workers, stakeholders, and organizations can play not only in diminishing the suffering of victims, but in scaling down the long-term costs associated with child maltreatment. The objective of the article was to create new estimates of the average lifetime costs per child maltreatment victim. Using an incidence-based costing approach, this study aimed to fill gaps identified in previous estimates. Lifetime cost per victim included costs associated with short- and long-term health care, child welfare, criminal justice, special education, and productivity losses. Drawing from different sources of information, and based on the estimate of new cases of fatal and nonfatal child maltreatment that occurred in 2008 in the United States, Fang and colleagues estimated the economic burden of child maltreatment to be \$124 billion. This is reflected by a lifetime cost of child maltreatment per victim of about \$210,000 per nonfatal victim and of more than \$1.2 million per victim of fatal child maltreatment. These findings provide further evidence that investing today in the diffusion and implementation of evidence-based programs would be beneficial to our societies from a humanitarian perspective as well as an economic standpoint.

**Jeffrey Edleson**

**Dean and Professor, School of Social Welfare, University of California, Berkeley**

**Founding Director, Minnesota Center Against Violence and Abuse (MINCAVA)**

**Associate Editor of *Violence Against Women: An International and Interdisciplinary Journal***

There are so many articles published each year on violence against women that it is difficult to even identify the population of articles from which to sample. I decided to focus on large-scale surveys that provided new breadth of information. I also focused on articles by authors who provided extensive literature reviews and placed their surveys in a larger context and conceptualized the questions in a larger framework. I settled on two studies but, of course, there are many others that could easily have been identified as my choices for this list.

**Cuevas, C., Sabina, C., & Miloski, R. (2012). Interpersonal violence among a national sample of Latino women. *Violence Against Women, 18*, 377–401.**

This study represents several strong advances in surveying community-based populations.

First, it is a national random sample of 2,000 Latino women over the age of 18. Latinas are underrepresented in most research on violence against women and this survey goes a long way to fill a major gap in national datasets. Second, the authors are careful to define and include the multiple forms of victimization women may experience. They provide an excellent review of the literature on these specific forms of victimization and usefully conceptualize these multiple forms as polyvictimization.

Sadly, the women in this national survey indicated that over half of them have experienced some type of victimization in their lifetimes. The most frequent form of victimization was witnessing violence against others and the least frequent, but still significant at over 22%, was sexual violence.

**Adams, A. E., Tolman, R. M., Bybee, D., Sullivan, C. M., & Kennedy, A. C. (2012). The impact of intimate partner violence on low-income women's economic well-being: The mediating role of job stability. *Violence Against Women, 18*, 1345–1367.**

This study, authored by a number of seasoned researchers, examined a stratified random sample of over 500 women welfare recipients in one Michigan county that included five waves of interviewing over seven years. The article includes an extensive literature review of the variables likely to affect women intimate partner violence (IPV) victims' job stability and economic well-being. It also clearly conceptualizes the relationships between the variables discussed in the literature and lays out a model for testing their impact on job stability and economic well-being.

The findings confirm that IPV does affect women's job stability and economic well-being and that these effects can last up to three years after the violence ends. The policy implications for this and other findings is that protective legislation, such as the Family Violence Option in Temporary Assistance for Needy Families (TANF), need to be expanded and made available to women experiencing disruptions to employment and their economic well-being resulting from IPV.

**Kathleen Kendall-Tackett**

**Clinical Associate Professor of Pediatrics, Texas Tech University School of Medicine  
President-elect, Division 56, Trauma Psychology, American Psychological Association**



There were many excellent articles published on the effects of violence in 2012. It was difficult to choose only two. In the end, I decided to select my articles by selecting two authors who were doing outstanding work in violence, but whose work is not widely known among violence researchers.

**Seng, J. S., Lopez, W. D., Sperlich, M. A., Hamama, L., & Reed Meldrum, C. D. (2012). Marginalized identities, discrimination burden, and mental health: Empirical exploration of an interpersonal-level approach to modeling intersectionality. *Social Science & Medicine*, 75, 2437–2445.**

The first researcher I selected was Julia Seng from the Institute for Research on Women and Gender at the University of Michigan. Julia Seng and her team have done a number of innovative studies on the impact of trauma and posttraumatic stress disorder (PTSD) on pregnancy outcomes. Seng's most recent work has incorporated racial/ethnic disparities in pregnancy outcomes, such as infant mortality and preterm birth, and the impact of discrimination and marginalization on both (Seng, Kohn-Wood, McPherson, & Sperlich, 2011). In the article I selected, Seng et al. examined the impact of everyday discrimination on posttraumatic stress symptoms.

This article was a secondary analysis of data from 619 women who were part of a study of PTSD and pregnancy outcomes (Seng, Lopez, Sperlich, Hamama, & Reed Meldrum, 2012). In an earlier article, Seng et al. found that African American pregnant women had more trauma exposure, PTSD, substance abuse during pregnancy, and less mental health care than white pregnant women (Seng, Kohn-Wood, et al., 2011). A history of physical or sexual abuse was a major risk factor for PTSD in pregnancy in both white and African American mothers. African American pregnant women had four times the rate of PTSD compared with Whites. Another study found that women with PTSD during pregnancy had babies with lower birth weights and shorter gestation (Seng, Low, Sperlich, Ronis, & Liberzon, 2011). History of childhood maltreatment was most strongly associated with adverse outcomes (Seng, Low et al., 2011). PTSD was a stronger predictor of shorter gestations than African American race.

In the current article (Seng et al., 2012), the authors set out to understand the relationships

between violence and trauma exposure, PTSD, marginalization, and health. Intersectionality is a term that is often used to describe the intersecting effects of various demographic characteristics that can lead to marginalization, such as race, gender, social class, sexual orientation, or disability status. The more of these characteristics a person has, the greater their burden. Seng et al. sought to model intersectionality across three levels: structural, contextual, and interpersonal, using the Everyday Discrimination Scale. In the trauma field, there has been much debate about whether acts of everyday discrimination meet the threshold of a "traumatic event," and subsequently cause PTSD. This study explored that relationship. They controlled for two structural inequality factors (low education and poverty), and three contextual factors (high-crime neighborhood, racial minority status, and trauma exposure). They found that the number of marginalized identities and the frequency of discrimination explained 15% of the variance in posttraumatic stress symptoms and 13% of the variance in quality of life. These findings suggest that for marginalized people, everyday discrimination compounds the effects of violence that they have experienced and adds to their overall disease burden. The authors indicated that their goal for this study was to more accurately estimate the impact of social inequalities on health across multiple social and ecological levels. Their ultimate goal was to produce social change and improve the health outcomes for everyone who experiences marginalization at many levels.

**Rich-Edwards, J. W., Mason, S., Rexrode, K., Spiegelman, D., Hibert, E., Kawachi, I., & Wright, R. J. (2012). Physical and sexual abuse in childhood as predictors of early onset cardiovascular disease events in women. *Circulation*, 126, 920–927.**

The second researcher I selected is Janet Rich-Edwards from the Department of Epidemiology at the Harvard School of Public Health. Rich-Edwards has conducted a number of innovative studies on the effects of childhood maltreatment on adult health. Her most-recent study, and my second nominee for important violence articles published in 2012, is listed above. Rich-Edward often publishes her work in medical journals, and in that way, I feel her work is especially important because she is getting the message out to physicians that abuse in

childhood has serious negative effects on adult health. In this article, Rich-Edwards and her team explore the relation between childhood abuse and heart disease, currently the number one killer of women in the United States. *Circulation* is the journal of the American Heart Association.

In this article, she analyzed data from the Nurses' Health Study 2 ( $N = 66,798$ ). After adjusting for age, race, childhood body type, parental education, and family history of cardiovascular disease (CVD), they found that the hazard ratios for cardiac events in adulthood were 1.46 for severe physical abuse and 1.56 for forced sex in childhood (Rich-Edwards et al., 2012). Current lifestyle factors, such as exercise, smoking, alcohol consumption, and depression either increased or decreased risk. The authors concluded that severe child abuse is a prevalent risk for early adult CVD that is partially mediated by preventable risk factors.

These results add to results from their previous study of obesity, metabolic syndrome, and diabetes in abuse survivors using the same data set (Rich-Edwards et al., 2010). In that set of analysis, they found that severe physical abuse increased the risk of diabetes by 50%. Repeated forced sex increased the risk of diabetes by 69%. Their findings about BMI and obesity were also interesting. They found that physically and sexually abused girls had higher BMIs as children, and that their trajectories of weight gain were steeper as the girls grew up. The possible mechanisms for the relationship between abuse and CVD, diabetes, and obesity include a trauma-related alteration in insulin regulation, detrimental changes in sleep (which increases insulin resistance), and a chronic up-regulation of the inflammatory stress response (Kendall-Tackett, 2007). Given our current concern about the worldwide "obesity epidemic," I find it interesting that childhood abuse is never included in the discussion. These two studies indicate that excluding abuse as a risk factor is a serious omission. Until we address abuse history as an important variable, advice about diet and exercise alone will never be sufficient to address obesity and sequelae, such as CVD, metabolic syndrome, and diabetes.

**Eric S. Mankowski**

**Professor, Department of Psychology,  
Portland State University**

### **Honoree from the Best Violence Research of 2011 Panel**

I began my selection strategy by reviewing abstracts of all published articles in 2012 from *Aggression and Violent Behavior*, the *Journal of Aggression, Maltreatment & Trauma*, the *Journal of Family Violence*, the *Journal of Interpersonal Violence*, *Psychology of Violence*, *Violence Against Women*, and *Violence & Victims*. Then, I reviewed all articles indexed in PsychInfo with the terms "intimate partner violence" or "domestic violence," filtered for "male populations" (who commit the vast majority of criminal violence). I selected these because of my relatively greater knowledge of IPV and my judgment that prevention, rather than treatment alone, will be most effective in ending human violence. As the number of conceptually and methodologically excellent articles I identified grew increasingly large, however, I realized the impossibility of selecting two distinctly best articles and invoked some additional substantive criteria. I gave some preference to articles that focused on prevention (relative to treatment alone), or addressed violence in its cultural context, or were conceived within a social ecological model because of the demonstrated promise and value of these approaches.

**Yoshihama, M., Ramakrishnan, A., Hammock, A. C., & Khaliq, M. (2012). Intimate partner violence prevention in an Asian immigrant community: Integrating theories, data, and community. *Violence Against Women, 18*, 763–783. doi:10.1177/1077801212455163**

Too often our efforts to intervene in and prevent violence fail because they are not developed or sustained within a local cultural context. Intervention is premised on a medical model where programs are injected toward individuals to treat a problem. The programs are based on concepts or practices that are not native to the community, adoption of the program is poor, and outcome measures are narrow, short-sighted or insensitive to the meaning or nature of the violence. Yoshihama and colleagues (2012) describe an alternative, culturally grounded, slow-brewed approach that works in close partnership with multiple levels of a local ethnocultural community to enable effective IPV prevention. It provides a beautifully detailed "roadmap" for how to do culturally meaningful and appropriate intimate part-

ner violence prevention work. Because of its focus on the process, the article does not report in the usual metrics about effectiveness. But, the authors' rich description of the integrative work, given what is known about violence as a culturally constituted phenomenon and the generally modest and short term effects of many violence prevention programs, is a distinct contribution to our field.

Their article describes how the researchers draw together (a) relevant theory, (b) culturally specific empirical data, and (c) local community members and organizations to develop and sustain intimate partner violence prevention activities in an Asian Indian (Gujarati) immigrant community in the Midwestern United States. Many studies excel in integrating two of these domains of knowledge, but few have drawn together all three in such an articulate and thorough way. The authors closely attend to the triangulation and integration of data and intervention activities, based on an understanding of IPV as a complex problem developed and manifest across multiple levels in the community members' social ecology. Consequently, their efforts consider individuals in their family and neighborhood contexts as well as their institutional milieus (e.g., immigration policies, mass media). The work is externally funded by the Centers for Disease Control and Prevention. Even initially successful programs with such funding can fail in the longer term after the external funding, staff members, and resources disappear and community organizing and engagement drops off. However, they have addressed the long term sustainability of their work through formative research that informs the intervention design and through considerable efforts to build local capacity to implement and sustain the work in the community. In particular, I appreciated the questions that the authors posed regarding the underlying premise of the large investment of resources that they and their partners made to build community participation and engagement for prevention activities. As the value of such approaches is increasingly recognized in research, the authors reflect critically by asking, "Is more participation always better? How much input and decision making is desirable or ideal?" (p. 776) They conclude more is not always better, but rather that meaningful participation, based on locally

relevant cultural knowledge, is needed to sustain community involvement in and capacity for prevention activity.

**Miller, E., Tancredi, D. J., McCauley, H. L., Decker, M. R., Virata, M. C. D., Anderson, H. A., Stetkevich, N., Brown, E. W., Moideen, F., & Silverman, J. G. (2012). "Coaching boys into men": A cluster-randomized controlled trial of a dating violence prevention program. *Journal of Adolescent Health, 51*, 431–438. doi:10.1016/j.jadohealth.2012.01.018**

This article is important because it is one of relatively few studies of male gender-focused violence prevention evaluations to employ a highly rigorous longitudinal, experimental evaluation design. Specifically, the study uses a randomized control trial design (effective in elimination selection effects that often plague program evaluations) to test the impact of a well-known and -funded dating violence prevention program, Coaching Boys Into Men, among nearly 2,000 racially and economically diverse male high school students. Two aspects of the program distinguish it from many other intervention programs. First, the program is based on theories of violence prevention that are central to the field: social norms and bystander approaches to intervention. By intervening in a normative socialization context, namely youth sports, the program reaches many youth in an environment where social learning of aggression is especially likely to occur. The program includes components intended to raise awareness of dating violence among coaches and to facilitate coaches' promotion of gender-equitable attitudes and norms and modeling of bystander intervention for their athletes. Second, the program exemplifies an ecological model of violence prevention, with components that address multiple levels of the context including both coaches and athletes, rather than targeting students or staff only.

The research design for the study was implemented with an unusual degree of success, giving me high levels of confidence in the validity and applicability of the findings. Specifically, high levels of participant recruitment (nearly 60%) and retention across the 12 week measurement period in both the intervention (84%) and control schools (95%) was attained (though, only 60% of coaches implemented the full intervention program). Multi-

level analyses were conducted to account for the repeated within-person measures and clustering of athletes within teams and schools. Supplemental analyses were also conducted to assess the impact of the program, conditioned on the intensity of the intervention adoption. Measurement included self-reported gender equitable attitudes, intentions to intervene, and both bystander and abuse perpetration behaviors. Although no effect on abusive behavior was found, the researchers identified small to moderately significant differences between youth in the intervention and the control schools on intentions to intervene and bystander intervention behavior. And, when the implementation intensity was used to adjust the analytic models, significant differences were also found in youth's recognition of abusive behaviors. Recent, highly publicized cases of abuse by athletic coaches against students draw attention to the importance of addressing gender-based abuses of power and violence in school contexts. Miller et al.'s rigorous evaluation provides confidence that prevention programs based on social norms and bystander theories of violence intervention merit continued consideration.

**Viola Vaughan-Eden**  
**President, American Professional Society**  
**on the Abuse of Children**  
**Co-Editor, *Journal of Forensic Social Work***

As someone who trains child protective service (CPS) workers, law enforcement (LE), as well as mental health, medical, and legal professionals in best practice regarding forensic interviewing of child victims of abuse, I wanted to identify articles grounded in evidence-based research that truly address real world applicability. I am fortunate to have colleagues who like to share the latest research article, much like book club friends. After a discussion with several of them on best practice articles on child abuse interviewing, I reviewed 10 articles. I selected these two because they address significant practical issues faced by child victims of violence: Disclosure of their sexual abuse. The way in which children report/disclose their abuse has significant implications not only for the welfare of the child, but the safety of other children. Additionally, child sexual abuse cases are often viewed by professionals as the most challenging. When a child does not immediately tell someone about their abuse and/or tell in a

manner suitable to CPS and LE, the investigation is quickly dropped. However, if the case manages to make it to trial, the child's disclosure is again scrutinized, often by attorneys and judges who have no training in child abuse and who place unrealistic expectations on the child's ability to report what happened.

**Katz, C., & Hershkowitz, I. Repeated interviews with children who are the alleged victims of sexual abuse. *Research on Social Work Practice*. doi:10.1177/1049731512467511**

Katz and Hershkowitz's article is monumental to the victims of child abuse because it is based on solid empirical research with actual alleged victims of child sexual abuse who were interviewed by the most extensively researched structured technique, the National Institute of Child Health and Human Development (NICHD) protocol. Their study provides practical guidance for CPS, LE and forensic interviewers as well as the multidisciplinary group of professionals working with suspected child victims. Katz and Hershkowitz's study emphasizes the importance of repeated open-ended questioning when interviewing children on alleged sexual abuse because relying on the first retrieval from memory is not enough. The implications are critical because children are often only given one chance to disclose their sexual abuse and if their statement is not sufficient, the case is dropped, often leaving them to be revictimized. Rather, Katz and Hershkowitz demonstrated repeated open-ended questioning can produce forensically relevant narrative accounts of their victimization.

**Lyon, T., Scurich, N., Choi, K., Handmaker, S., & Blank, R. (2012). "How did you feel?" Increasing child sexual abuse witnesses' production of evaluative information. *Law and Human Behavior*, 36, 448–457.**

Likewise, Lyon, Scurich, Choi, Handmaker, and Blank explain that since child victims of sexual abuse and their perpetrators are often the only witnesses to the crime, the child's testimony is crucial. Their article consists of two studies they conducted on the impact of question-type on a child's testimony and productivity of disclosure. Lyon and colleagues found that children suspected of sexual abuse seldom spontaneously share information to the degree the questioner believes they are asking, unless properly questioned. When phrased as a *How* question, children tend to produce more evalu-



ative content. Yet, attorneys are trained to mostly ask option-posing or specific questions into the child's psychosocial, cognitive or physical functioning. Regardless of who is asking, those types of questions tend to suppress a child's productivity. Essentially, children can provide detailed reactions about their abuse experiences, but the content and form of the questions are a determining factor. This article is a major contribution to the field because it is the first study to closely exam the relationship between question-type and a child's production of evaluative information. These findings have significant implications for child interviewers, attorneys, and judges in the handling of child sexual abuse cases.

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