Coverage of Child Maltreatment in Abnormal Psychology Textbooks: Reviewing the Adequacy of the Content

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CITATION
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Abnormal psychology courses introduce undergraduate students to the range, causes, and treatments of psychological disorders. These courses present important opportunities to instruct students about disorders and treatments associated with childhood maltreatment (CM) as well as its prevalence. Little research has examined the adequacy with which abnormal psychology textbooks present information about CM. The present study reviewed the CM content of 10 abnormal psychology textbooks. The content was assessed in terms of the number of times CM was mentioned, the number of psychological disorders linked to CM, and the number of CM-related research citations. In addition, the authors conducted a content analysis to examine the significance, depth of detail, and organizational structure of the information provided within the sections of text addressing CM. There were significant differences in scores and the accuracy of coverage of CM across textbooks. Most of the textbooks lack key information on CM. The information presented in many textbooks is not consistent with current research and is overly focused on controversies. These findings are concerning because research has linked many psychological disorders and problematic outcomes to CM, but this information is not adequately conveyed to students via abnormal psychology textbooks. The authors make recommendations for improving the coverage of CM in abnormal psychology textbooks.

Keywords: maltreatment, child abuse, dissociative identity disorder, recovered memory, textbooks

Supplemental materials: http://dx.doi.org/10.1037/tra0000049.supp

Child maltreatment (CM) is tragically frequent and considered a significant subset of events that are conceptualized as “adverse childhood events.” The Adverse Childhood Experiences (ACE) study found high rates of CM among 17,337 adults: 28% reported physical abuse, 20% reported sexual abuse, and 11.0% reported emotional abuse (Aña et al., 2006). Eradication of ACEs would result in sharp decreases in the onset of many psychiatric illnesses including depression in children (64% of cases), adolescents (33%), and adults (14%) (Kessler et al., 2010). CM is associated with a number of childhood disorders, including posttraumatic stress disorder (PTSD), conduct disorder, attention-deficit/hyperactivity disorder, anxiety, dissociative disorders, and eating disorders (Dallam et al., 2001; Dalenberg et al., 2012; Erickson & Egeland, 2011; Fairbank, Putnam, & Harris, 2014; Miller-Perrin & Perrin, 2013; Putnam, 2003; Silverman, Reinhzer, & Giaconia, 1996). CM can also negatively influence many areas of development, including attachment (Dutra, Bureau, Holmes, Lyubchik, & Lyons-Ruth, 2009; Ogawa, Sroufe, Weinfeld, Carlson, & Egeland, 1997; Schore, 2001; Stovall-McClough & Cloitre, 2006), attention and cognition (Kaplow, Hall, Koenen, Dodge, & Amaya-Jackson, 2008), peer relationships (Cole & Putnam, 1992; Shields & Cicchetti, 2001; Shields, Ryan, & Cicchetti, 2001), emotion dysregulation (Putnam, 2003; Schore, 2001; Shields & Cicchetti, 2001; Shields et al., 2001), dissociation (Diseth, 2006; Putnam, 2003; Trickett, Noll, & Putnam, 2011; van IJzendoorn & Schuengel, 1996), self-destructiveness and suicidality (Swenson, Spirito, Dyl, Kittler, & Hunt, 2008; Zoroglu et al., 2003; Trickett, Noll, & Putnam, 2011), and criminality and violence (Gilbert et al., 2009). Sexually abused children, in particular, may show either delayed or rapid maturation in sexuality (Gilbert et al., 2009; Trickett et al.,...
CM is associated with difficulties that can continue into and throughout adulthood, including impairments in attention (Kaplow et al., 2008), affect regulation (Cloitre, Miranda, Stovall-McClough, & Han, 2005; Ford & Smith, 2008; van der Kolk et al., 1996), relational functioning (Anda et al., 2006; Cloitre et al., 2005; Ford & Smith, 2008), health problems (Anda et al., 2006), suicidality and self-destructiveness (Anda et al., 2006; Foote, Smolkin, Neft, & Lipschitz, 2008), hallucinations (Bentall, Wickham, Shevlin, & Varese, 2012; Shevlin et al., 2011), aggression toward others (Anda et al., 2006; Narang & Contrares, 2005), poor parenting (Anda et al., 2006; Egeland & Susman-Stillman, 1996), poor work functioning (Kessler, 2000; McLaughlin et al., 2010), and low socioeconomic status (Kessler, 2000; Narang & Contrares, 2005). Specific disorders in adulthood that are associated with CM include PTSD (Spin-hoven, Penninx, van Hemert, de Rooij, & Elzinga, 2014; Walsh et al., 2012), substance abuse disorders (Egeland & Susman-Stillman, 1996; Anda et al., 2006), dissociative disorders (Foote, Smolkin, Kaplan, Legatt, & Lipschitz, 2006; Şar, Akyüz, & Doğan, 2007; Saxe et al., 1993; Waller & Ross, 1997), somatoform disorders (van der Kolk et al., 1996), eating disorders (Brewerton, 2007), manic episodes in bipolar disorder (Gilman et al., 2014), ADHD (Rucklidge, Brown, Crawford, & Kaplan, 2006), personality disorders (Lobbestael, Arntz, & Bernstein, 2010), obsessive–compulsive disorder (Selvi et al., 2012), and depression (Anda et al., 2006).

There are many reasons for addressing CM in psychology textbooks. The media plays an important role in educating and shaping public understanding of CM, as well as the measures that people believe should be taken to prevent and respond to CM (Lonne & Gillespie, 2014). Psychology textbooks are a type of media that provide a critical opportunity for educating students about CM. The textbooks could impact how these future parents and professionals understand the sequelae of CM. Furthermore, the texts may inspire some students to consider careers in research, treatment, and policy related to trauma including mental and medical health care professionals, social workers, child educators, and legal professionals. A recent review of textbooks suggested additional reasons textbooks need to adequately address CM:

"We are concerned that students who take an introductory psychology course, many of them survivors of CM, will not gain a balanced or accurate understanding of CM based on current textbooks. These students may leave the class less knowledgeable about CM, less willing to speak about it or skeptical of those who do speak, less willing to pursue treatment, or be less effective in careers in which they may directly deal with the impact of CM. (Brand & McEwen, 2014, p. 6)"

Many professors who teach psychology courses may have limited knowledge or training about CM and therefore may rely on the textbooks to become informed about the prevalence, impact, and treatment of CM. Indeed, research has demonstrated that many professionals are uninformed about the topic of maltreatment (Kenny, 2004; Miller-Perrin & Wurttele, in press).

Although limited in quantity, extant research on psychology textbooks suggests that information about CM is often absent, inaccurate, or inconsistently presented in these educational resources. For example, the first psychology textbook study found that 17% of 24 introductory psychology textbooks did not even mention childhood sexual abuse (CSA), 75% of the authors presented information about false memories that was not supported by research, and most textbooks discussed CM only in the context of controversial topics such as false memories (Letourneau & Lewis, 1999). Recent studies of introductory psychology textbooks found that coverage has not improved much in the 15 years since the publication of the first textbook review, despite a great deal of CM research that has been published during that time (Brand & McEwen, 2014; Kiese, Isaacson, & Miller-Perrin, 2014). A recent review found that only one of 15 introductory psychology textbooks mentioned psychological abuse, one mentioned neglect, and none mentioned all four types of CM (i.e., psychological, physical, and sexual abuse and neglect; Kiese et al., 2014). Furthermore, only half of the textbooks discussed the psychological consequences of CM. Kiese et al. concluded that discussing CM alongside controversial topics could lead students to misunderstand the prevalence and impact of CM. These researchers suggested that more authors follow the format found in 20% of the textbooks—that is, that they dedicate a section to CM that accurately presents current CM research.

One counterargument to introductory psychology courses providing information about CM is that these courses are designed for broad coverage of psychology subdisciplines. For this reason, the lack of CM coverage in introductory textbooks may reflect the decisions by authors and publishers to pare down content. This counterargument, however, is less compelling with regard to abnormal psychology textbooks that more narrowly focus on the causes, symptoms, and treatments of psychological disorders, many of which are clearly related to CM. To our knowledge, there have been no studies of CM content in abnormal psychology textbooks. The present study investigated the quantity, quality, and accuracy of information about CM that is presented in abnormal psychology textbooks. Although other ACEs may contribute to the development of psychological disorders, we focus on CM in the current study because it is strongly linked to lifelong risk for psychopathology and it impacts treatment outcome (Gilbert et al., 2009; Fairbank et al., 2014; McLaughlin et al., 2010; Nemeroft et al., 2003) yet is entirely preventable. We hypothesized that the majority of abnormal textbooks would not address all four types of CM nor have specific sections dedicated to CM. We also hypothesized that no textbook would score consistently high in the rankings for number of mentions of CM, number of links mentioned between psychopathology and CM, and number of citations about CM.

Method

Materials

To identify current textbooks being used in abnormal psychology courses, we searched “abnormal psychology textbook” on amazon.com and chegg.com, which are popular student textbook rental sites. These websites list the latest editions for each major author and provide the most popular results for search phrases, which we interpreted as an indicator that these books were among
the most commonly used textbooks. We contacted the publishers, described the purpose of the study, and requested copies of the top 10 textbooks. Table 1 includes a listing of the textbooks, authors, and version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR or DSM-5) upon which each book is based. Because of the release of the DSM-5 occurring during the time when this study was conducted, only some of the textbooks were updated for the DSM-5.

Procedure

A quantitative and a qualitative content analysis were conducted. For the quantitative analysis, the index of each textbook was searched for subjects relating to CM in order to identify page numbers for subsequent coding. These pages were then coded using three indices: (a) the number of times a type of CM (i.e., child abuse, CSA, child physical abuse, child emotional/verbal/psychological abuse, childhood trauma, neglect, CM, and inconsistent or harsh parenting) was explicitly mentioned, hereafter referred to as CM mentions, (b) the number of psychological disorders linked to CM, hereafter referred to as link mentions, and (c) the number of research citations about CM, hereafter referred to as CM citations. Two raters scored each of the textbooks independently.

We conducted the qualitative content analysis to examine the breadth and depth of detail included in the text as well as the organizational structure of the textbook material pertaining to the discussion of CM. We searched for patterns across textbooks (e.g., which types of CM were discussed) by reading each page that was listed in the indices as related to CM. When patterns emerged, we reported the frequency of textbooks that displayed that pattern and then qualitatively analyzed how the material was presented.

Results

Quantitative Analysis

Three separate intraclass correlation coefficients (ICCs) were computed between the raters’ scores for the three coded indices.

Table 1

Textbook Index Ratio Scores and Ranking

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Year published</th>
<th>DSM version</th>
<th>CM mentions ratio (ranking)</th>
<th>Link mentions ratio (ranking)</th>
<th>CM citations ratio (ranking)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kring, Johnson, Davison, and Neale</td>
<td>2014</td>
<td>DSM-5</td>
<td>0.25 (2)</td>
<td>0.02 (3)</td>
<td>0.06 (3)</td>
</tr>
<tr>
<td>Nevaid, Rathus, and Greene</td>
<td>2014</td>
<td>DSM-5</td>
<td>0.22 (3)</td>
<td>0.02 (2)</td>
<td>0.05 (7)</td>
</tr>
<tr>
<td>Lyons and Martin</td>
<td>2014</td>
<td>DSM-5</td>
<td>0.16 (6)</td>
<td>0.02 (1)</td>
<td>0.03 (9)</td>
</tr>
<tr>
<td>Whiboutage and Halgin</td>
<td>2014</td>
<td>DSM-5</td>
<td>0.11 (9)</td>
<td>0.01 (10)</td>
<td>0.01 (10)</td>
</tr>
<tr>
<td>Beidel, Bulik, and Stanley</td>
<td>2014</td>
<td>DSM-5</td>
<td>0.17 (5)</td>
<td>0.01 (8)</td>
<td>0.05 (5)</td>
</tr>
<tr>
<td>Comer</td>
<td>2014</td>
<td>DSM-5</td>
<td>0.15 (7)</td>
<td>0.011(7)</td>
<td>0.08 (2)</td>
</tr>
<tr>
<td>Butcher, Mineka, and Hooley</td>
<td>2013</td>
<td>DSM-IV-TR</td>
<td>0.34 (1)</td>
<td>0.01 (5)</td>
<td>0.12 (1)</td>
</tr>
<tr>
<td>Ottohaus and Emery</td>
<td>2012</td>
<td>DSM-IV-TR</td>
<td>0.18 (4)</td>
<td>0.01 (4)</td>
<td>0.05 (4)</td>
</tr>
<tr>
<td>Rosenberg and Kosslyn</td>
<td>2011</td>
<td>DSM-IV-TR</td>
<td>0.10 (10)</td>
<td>0.01 (9)</td>
<td>0.05 (6)</td>
</tr>
<tr>
<td>Barlow and Durand</td>
<td>2012</td>
<td>DSM-IV-TR</td>
<td>0.15 (8)</td>
<td>0.01 (6)</td>
<td>0.04 (8)</td>
</tr>
</tbody>
</table>

Note. DSM-IV-TR = Diagnostic and Statistical Manual of Mental Disorders, 4th ed., text revision; DSM-5 = Diagnostic and Statistical Manual of Mental Disorders, 5th ed.; CM mentions = frequency with which child maltreatment was mentioned; Link mentions = frequency with which psychological disorders were linked to child maltreatment; CM citations = frequency with which published research articles related to child maltreatment were cited. The index ratio equals the raw coding frequency divided by the total number of pages in the textbook.

Strong agreement was found between raters for CM mentions (ICC = 0.87, p < .01). Strong agreement between raters was also found for the number of link mentions (ICC = 0.84, p < .01) and for the number of CM citations (ICC = 0.94, p < .01).

A significant relationship was found between the number of pages in the book and CM citations, r = .71, p = .02, but not for link mentions, r = .36, p = .30 or CM mentions, r = .26, p = .46. To adjust for the significant relationship between CM citations and number of pages, scores were adjusted by calculating a ratio score in which the raw total for each index was divided by the total number of pages in each respective book. Higher ratio scores indicate more information for the respective index. Table 1 illustrates the ratio scores across the 10 textbooks.

The data were also analyzed using mixed-effects modeling with the textbooks as the between subjects factor (conceptualized as a “case”), index type (i.e., CM mentions, link mentions, and CM citations) as the within-subject factor, and index ratios as the dependent variable. Between-subjects effects were statistically significant, F(1, 10) = 66.57, p < .01, and partial et2 = 0.88 indicating that textbooks were significantly different from each other in terms of the index ratings. Using a paired sample t-tests, no significant differences were found between DSM–5 and DSM–IV–TR textbooks, with t(8) = .515, p = .62.

Summing across all textbooks, we found that 32 different psychological disorders were linked to CM, yet the greatest number of disorders listed in any book was 13 in the Nevid, Rathus, and Greene (2014) text (see Supplemental Online Tables 1 and 2 for the descriptive statistics for these indices and the disorders linked to CM by textbook). Dissociative identity disorder (DID) was associated with CM by 90% of the books, followed by 80% of the books linking PTSD and borderline personality disorder to CM. A total of 338 different citations were cited related to CM, with the greatest number for any single textbook being 97 in the Butcher et al. (2014) text. No textbook received the top ranked index ratio score on all three indices.

Qualitative Content Analysis

The qualitative content analysis examined the significance, depth of detail, and organizational structure of the information
provided within the sections of text addressing the topic of CM. The content analysis was completed with the question in mind, “What might undergraduate students enrolled in an abnormal psychology course need to know about CM and its link to psychopathology?” The content analysis identified several themes across textbooks including: specific sections devoted to CM; definitions of CM; psychological consequences associated with CM; the types, signs and symptoms of CM; characteristics of perpetrators and victims; the impact of technology on CM; and information about controversies related to CM. These themes are described and critiqued in an effort to provide suggestions for improving textbook content so that they provide more comprehensive information about CM’s link with the prevention, development, and treatment of psychological disorders.

**Specific section devoted to CM.** The only texts to include a section devoted to CM are the Rosenberg and Kosslyn (2014) text and the Oltmanns and Emery (2012) text. Oltmanns and Emery included a section labeled “child abuse” and Rosenberg and Kosslyn (2014) included a section labeled “child maltreatment.” Both textbooks define and discuss the consequences of CM in these dedicated sections. For example, Rosenberg and Kosslyn (2014) defined types of CM and emphasized their association with higher risk for myriad psychological disorders, as well as other adverse consequences. Rosenberg and Kosslyn (2014) provided a thoughtful discussion of the impact of trauma-based neurobiological and behavioral alterations on subsequent disorders such as depression. The remaining texts do not include a separate section on CM but instead mention it within various chapters when specific psychological disorders are presented that might be a consequence of CM.

**Definitions of CM.** Eight out of the 10 textbooks do not explicitly define all forms of CM, including child neglect, physical and sexual abuse, and psychological/emotional maltreatment. The only books to define and address the four types of CM are the Rosenberg and Kosslyn (2014) text and the Oltmanns and Emery (2012) text. Oltmanns and Emery discussed Munchausen-by-proxy syndrome, explicitly identifying it as a form of child physical abuse. Ten of the 10 textbooks mention that some type of CM is linked to psychological disorders, but they neither provide clear, thorough definitions nor cover all forms of CM.

Nine out of the 10 textbooks emphasize just one specific form of CM: CSA. CSA, or sexual abuse in general, is listed in the subject indices of nine of the textbooks (i.e., it is not indexed in Whitbourne and Halgin, 2014) whereas neglect is listed only in the indices of the Butler et al. (2014), Nevid et al. (2014), Oltmanns and Emery (2012), and Whitbourne and Halgin texts. In addition, physical abuse is mentioned in the indices of only Lyons and Martin (2014), Nevid et al. (2014), and Oltmanns and Emery, whereas psychological abuse is indexed in only Comer’s (2014) text. Although Oltmanns and Emery and Rosenberg and Kosslyn (2014) defined all four forms of CM in their texts, not all forms are included in their subject indices. Furthermore, several other topics that closely relate to CSA (e.g., pedophilia, child molestation, child abuse, and incest) are listed in some indices while this is not the case for other forms of CM. The only subject listed in the indices that closely relates to other forms of CM is “neglectful parents” in Oltmanns and Emery’s text.

**Psychological consequences associated with CM.** The psychological consequences associated with CM appear to some extent in all 10 textbooks. We found that the textbooks generally present this information in two ways: (a) specific psychological disorders as consequences of, or often associated with, CM; or (b) problematic behaviors or psychological symptoms associated with CM. The first pattern is illustrated by the Kring, Johnson, Davison, and Neale (2014) text reporting that conduct disorder and some anxiety disorders are linked to CSA and that the onset of disorders may stem from CSA—namely, DID, eating disorders, borderline personality disorder, major depressive disorder, sexual dysfunctions, and substance abuse. Comer (2014) writes that people with borderline personality disorder (BPD) were often neglected, verbally abused, or otherwise maltreated by their parents during childhood. Similarly, in a discussion about acute stress disorder, Whitbourne and Halgin (2014) discusses a large study that found that people with dissociative symptoms had high rates of both physical and sexual abuse in childhood. An example of the second pattern of presentation was found in the Butler et al. (2014) text, which carefully outlines the negative emotional, intellectual, and physical developmental effects of CM. Some of the possible effects outlined are aggression, subsequent familial and nonfamilial violence, neurobiological alterations, and negative effects on education, employment, and earnings.

**Potential signs or indicators of CM.** The Nevid et al. (2014) text is the only textbook to include specific information about potential signs that might suggest possible CM and lists them as lowered self-esteem, depression, immature behavior (e.g., bedwetting and thumb-sucking), suicide attempts or ideation, poor school performance, behavioral problems, and failure to venture beyond home or explore the outside world. These signs can also indicate other issues (e.g., stress) not specific to CM. Thus, authors should state explicitly that such signs are not pathognomonic of CM. When such cautions are included, addressing possible indicators of abuse could help with identifying and possibly preventing CM.

**Characteristics of perpetrators and victims.** A description of the characteristics of perpetrators and victims appears in all of the texts, although the amount of detail varies and characteristics of perpetrators are emphasized more than those of victims. For example, information provided on CSA perpetrators includes behaviors that they may use to groom their potential victims, their cognitive schemas, possible personality traits, and their relationship to the victim. Comer (2014) describes abusive parents as having poor impulse control, low self-esteem, poor parenting skills and possibly a history of abuse and/or poor role models in their own childhoods (McCaghly, Capron, Jamieson, & Carey, 2006; Tolan, Gorman-Smith, & Henry, 2006). This is the only textbook out of the 10 reviewed that explicitly points out specific traits of parents who are abusive. All of the books focus on characteristics of perpetrators of CSA over characteristics of CSA victims. For example, Whitbourne and Halgin (2014) state that the vast majority of perpetrators are male and that a third of offenders are relatives of victimized children. The characteristics of children who have been maltreated appear in every textbook, though with less emphasis than characteristics of perpetrators of CSA. The characteristics of CSA victims are typically described including the ages at which children are most at risk for abuse as well as the(6,5),(996,991)
Butcher et al. (2014) text states that girls living with stepfathers are at especially high risk for incest (Finkelhor, 1984; Masters, Johnson, & Kolodny, 1992; Trickett et al., 2011). The Barlow and Durand (2012) text notes that victims of pedophilia tend to be young and that victims of incest tend to be girls beginning to sexually develop (Rice & Harris, 2002). CSA perpetrators sometimes target children who possess particular characteristics to “groom” them for abuse. For example, they target children who have a poor relationship with their parents or peers or those with low self-esteem (Berliner & Conte, 1990). Only Lyons and Martin (2014) describe the complex steps undertaken by some pedophiles to groom victims.

The influence of technology. Another important topic that is touched upon only briefly and inconsistently across texts (50% of the texts) is that of child pornography and the role that technology plays in perpetuating it. Most men who acknowledge pedophilic disorder report that they use child pornography, which they frequently access online (Riegel, 2004). Texts by Barlow and Durand (2012) as well as Lyons and Martin (2014) cite a study that found that being charged with a child pornography offense is one of the best diagnostic indicators of pedophilia (Seto, Cantor, & Blanchard, 2006). Whitbourne and Halgin’s (2014) text discusses Internet sex with children and adolescents, citing a study involving a police sting operation that caught 51 Internet chat room sex offenders (Briggs, Simon, & Simonsen, 2011).

Information about controversial CM topics. Because earlier reviews concluded that many books put too much focus on controversies or presented them in an unbalanced manner, we took particular note of the manner in which the textbooks addressed controversial topics. Four texts cite a highly controversial review of the impact of CSA (i.e., Rind, Tromovitch, & Baurman, 1998) without full disclosure of the controversy related to this review. A second example involves some of the presentations about recovered memories of CSA, which are often discussed in the context of false memories of CSA. Nine of the books cover this topic more thoroughly than the more central issues of CM and list it in their indices. A third example of controversial information in the texts involves dissociative disorders. All 10 texts refer to the media portrayal of DID in Sybil (Schreiber, 1989) with most reporting the increase in diagnoses after this book was published (e.g., 19 sentences in Comer, 2014). In addition, all of them present discussion of the debate about the validity of that case and/or the validity of the disorder, yet only one—the Nevid et al. (2014) text—presents much of the empirical research about DID.

Discussion

We reviewed abnormal psychology textbooks to examine the extent of CM coverage, including the number of citations, discussions of, and disorders linked to, CM. All of our hypotheses were supported. As hypothesized, no textbook scored consistently high in the rankings for CM mentions, links and citations. Although 32 different psychological disorders were linked to CM across the texts, the number of disorders listed in any book range from 13 in the Nevid et al. (2014) text to three in the Whitbourne and Halgin (2014) text. DID was linked to CM by 90% of the books, followed by 80% of the books linking PTSD and borderline personality disorder to CM. Although 338 different references are cited in relationship to CM, the greatest number for any textbook is 97 in the Butcher et al. (2014) text and the least is six in the Whitbourne and Halgin text. CM mentions range from 55 in the Whitebourne and Halgin text to 268 times in the Butcher et al. (2014) text. The lack of a consistent top ranked textbook indicates there is a room for all of the texts to enhance their coverage of CM.

As hypothesized, we found that 80% of textbooks do not have a specific section dedicated to CM. Only the Rosenberg and Kossylyn (2014) text and the Olmanns and Emery (2012) text devote a specific section to CM. The lack of a specifically designated section devoted to CM is problematic because CM is not systematically or consistently presented in the textbooks. When CM is treated as a secondary issue, information tends to be presented less thoroughly and without sufficient detail. To remedy this problem, textbooks should address CM in a dedicated section covering definitions and consequences, including the wide range of psychological disorders across the life span that are associated with it, as well as its treatment and prevention.

As we hypothesized, the majority of textbooks do not address all four types of CM. Only the Rosenberg and Kossylyn (2014) text and the Olmanns and Emery (2012) text defines and addresses all four types. It is noteworthy that these are the texts that had a dedicated CM section. Furthermore, the majority of texts emphasize just one type of CM: CSA. This finding is surprising given that CSA is not the most prevalent form of CM. Of the CM cases reported in the United States in 2012, for example, 78.3% were victims of neglect, 18.3% were victims of physical abuse, 9.3% were victims of sexual abuse, and 8.5% were victims of psychological abuse (U.S. Department of Health & Human Services, 2013). Despite psychological maltreatment often being associated with particularly damaging effects (Miller-Perrin & Perrin, 2013), only the Nevid et al. (2014) text emphasizes the impact of this form of CM. It is important to define and address all types of CM and their consequences. Understanding the various forms of CM and their definitions is important for the prevention, early recognition, and treatment of CM. To more effectively address CM’s consequences, authors could organize the consequences associated with each form of CM.

All of the textbooks address at least some of the psychological consequences associated with CM, typically by presenting specific psychological disorders associated with CM. This approach, although accurate and important, could be improved because many problems associated with CM, such as suicide attempts, health problems, and relationship difficulties, are not mentioned (e.g., Anda et al., 2006). Overlooking the other possible outcomes related to CM may mislead students into thinking that psychological disorders are the only negative effects associated with CM. In addition, authors should include the neurobiological, cognitive, behavioral, socioemotional, economic, and health problems associated with CM (e.g., Anda et al., 2006; Miller-Perrin & Perrin, 2013). It would also be helpful to make a distinction between psychological consequences associated CM seen in children and adults.

There are several additional ways textbooks could improve their coverage of CM. Wider discussion of risk factors and characteristics of victims of all forms of CM would be useful. For example, authors could advise that child physical abuse is most common among 6–14 year olds (Sedlak et al., 2010), in economically disadvantaged families (Sedlak et al., 2010), and in children with physical, mental, or developmental disabilities (Stalker & McAr-
Inclusion of risk factors and characteristics of victims of all forms of CM is crucial because it could improve prevention of CM. Textbooks should provide some information about the signs of potential CM because this could aid in early detection and intervention. It is also important that textbooks provide information on characteristics of perpetrators of all forms of CM to aid in the early identification of, and intervention with, perpetrators. Information on legal, criminal justice, and economic issues related to CM could be added. No texts emphasize the costs involving the criminal justice system associated with CM. In addition, they do not emphasize the economic costs to the individual victims nor to the educational, mental health, foster care, or health care systems. CM is estimated to cost America a staggering $80 billion dollars annually, which includes a mental health expenditure of $1.15 billion dollars (Gelles & Perlman, 2012). The texts should include this information so that students grasp the magnitude of this problem.

Another area that most textbooks do not address is the role of technology and CM. The Internet creates additional opportunities for child pornography to occur, and students need to understand this potential danger in order to protect children. Technology has also served as an impetus for bullying, which is associated with negative outcomes such as suicide (Hinduja & Patchin, 2010). The only texts to address traditional bullying are the Butcher et al. (2014), Comer (2014), Lyons and Martin (2014), and Rosenberg and Kosslyn (2014) texts. Furthermore, only Butcher et al. and Comer address cyberbullying.

Consistent with other research, one of the most concerning patterns we found is that many of the textbooks overemphasize controversial and/or sensationalized topics, and some present inaccurate information. In some books, the amount of space dedicated to controversial topics, including the debate about false memories of trauma and DID, usurps space that could be more productively spent in informing students about CM. For example, Butcher et al. (2014), Kring et al. (2014), Lyons and Martin (2014), and Oltmanns and Emery (2012) all cited a highly controversial review (i.e., Rind, Tromovitch, & Bauserman, 1998) that concluded that negative consequences of CSA are neither pervasive nor typically intense. In their discussion of the Rind et al. review, Oltmanns and Emery state, “When interpreting these findings, however, you should note that studies of the long-term consequences of child physical abuse or CSA find little evidence of dissociation or, indeed, any consistent forms of psychopathology” (p. 182). This conclusion is inconsistent with current research (e.g., Dalenberg et al., 2012; Trickett et al., 2011). Furthermore, Oltmanns and Emery did not discuss the Rind et al.’s flawed methodology (Dallam et al., 2001; Ondersma et al., 2001), their interpretations of their findings (Dallam et al., 2001; Ondersma et al., 2001), nor that the study was widely challenged by many groups, including the United States House of Representatives and the American Psychological Association (e.g., Dallam et al., 2001). None of the four textbooks reveal that Rind et al. advocated that “a willing encounter with positive reactions would be labeled simply ”adult-child sex”” (p. 46). This suggested change in terminology minimizes the impact and criminality of CSA.

A second example of textbooks presenting controversial and sometimes misleading information involves some presentations about recovered memories of CSA. This pattern is consistent with the findings from other reviews of textbooks (Brand & McEwen, 2014; Letourneau & Lewis, 1999; Gleaves, 2007; Kissee et al., 2014). The majority of books cover recovered memories of CSA more thoroughly than the more central issues of CM. For example, nine texts list recovered memories of CSA in their indices. In contrast, neglect is listed in four texts’ indices, physical abuse is listed in three, and psychological abuse is listed in one. This emphasis on false memories has also been found in introductory psychology texts over the last 15 years (Kissee et al., 2014; Letourneau & Lewis, 1999). Texts by Beidel, Bulik, and Stanley (2014) and Butcher et al. (2014) present information consistent with the authors who argue that recovered memories are false without presenting evidence for the other side of the debate. Furthermore, contrary to the notion that recovered memories of CSA are likely “false memories,” the majority of studies document that recovered memories of CSA are no more or less likely accurate than continuously remembered memories (Dulenberg et al., 2012). For example, a blind review of evidence for trauma in participants with recovered memory and continuous memory found equal evidence for the accuracy of recovered and continuous memory (see Dalenberg, 1996; Dalenberg et al., 2012; Dalenberg et al., 2014, for a review of both sides of the controversy). Textbooks should present this research in their discussions of recovered memory. The evidence supporting the accuracy of recovered memories has led even the “false memory” researchers to concede in Lynn et al. (2014) that they are “open to the possibility that some recovered memories are genuine” (p. 23).

To avoid bias, textbooks should not present false memories as the main focus of textbook coverage of CM because it implies that false memories are more prevalent or concerning than CM. If texts present this controversy, they should provide a balanced review. Many of the so-called “false memory” cases involve substantial evidence of CSA, including verified medical evidence of CSA and even confessions of CSA by some perpetrators, indicating that many of these cases are not entirely “false memories” (Cheit, 2014). Furthermore, the number of cases that involve exaggerated or false claims of CSA are much less prevalent than proponents of false memories acknowledge (Cheit, 2014). None of the textbooks include this information.

Another example of controversial information involves the presentation of DID. Typically the textbooks provide lengthy discussions of the media portrayal of DID in Sybil (Schreiber, 1989) along with extensive discussion of the debate about the validity of that case and/or DID. Although presenting interesting cases is typical in abnormal textbooks, the amount of focus on this case results in limited review of peer-reviewed empirical literature about DID. For example, only Nevid et al. (2014) cites a meta-analysis that found that DID patients show moderate to large improvements during treatment (Brand, Classen, McNary, & Zaveri, 2009) or a prospective international study that found that treatment for DID is associated with decreased symptoms of dissociation and PTSD, suicide attempts, self-harm, and hospitalizations (Brand et al., 2013). In fact, Butcher et al. (2014), Beidel et al. (2014), Kring et al. (2014), and Oltmanns and Emery (2012) all present the view that treatment is ineffective or damaging, even though no peer-reviewed study has found that DID treatment is harmful (Brand, Loewenstein, & Spiegel, 2014). The current study’s findings of DID being presented via sensational cases and without adequate presentation of empirical evidence is consistent
with earlier reviews of textbooks (Brand & McEwen, 2014; Gleaves, 2007). DID is as prevalent as schizophrenia and bipolar disorder and is diagnosed around the world, including in countries (e.g., China and Turkey) where little public information on DID exists, which counters the notion that patients develop DID in response to cultural encouragement to enact the disorder (Dorahy et al., 2014). Despite this prevalence, Beidel et al., Butler et al., and Oltmans and Emery all inaccurately state that DID is rare. Furthermore, none of the textbooks present studies documenting that DID can be distinguished from feigned DID on psychological tests and neurobiological measures, such as PET scans (reviewed in Dorahy et al., 2014). Empirically based knowledge about DID and CM should be included in textbooks rather than sensationalized presentations that are inconsistent with current research.

There are limitations to the current study that should be noted. First, at the time this study was conducted, the most current textbooks were analyzed. Future research should continue to examine how newer editions present CM-related information and advocate for change in the areas that continue to include inaccuracies or inappropriate emphasis. Second, we selected 10 textbooks based on their usage rather than a random selection. Perhaps textbooks that we did not review provide more detailed, empirically based information on CM and its connection to psychopathology with less emphasis on sensational and controversial topics. Future research should examine the quality of the research cited about CM, analyze whether controversies in the field of trauma beyond CM are presented (e.g., eye movement desensitization and reprocessing therapy, crisis intervention), and review the adequacy of the coverage of CM in graduate psychology textbooks.

**Conclusion and Implications**

All of the abnormal psychology textbooks we reviewed would benefit students, educators, and the public by providing a broader, more detailed, and more accurate introduction to the impact of CM on psychopathology. Authors of the texts should emphasize central aspects of CM, including its multiple forms, risk factors, myriad consequences, and treatments. Authors should present balanced overviews of CM issues that are substantiated in empirical data. The prevalence and impact of CM should be prioritized over media coverage of CM-related information and advocate for change in the areas that continue to include inaccuracies or inappropriate emphasis. If authors address controversies in the field of trauma beyond CM are presented (e.g., eye movement desensitization and reprocessing therapy, crisis intervention), and review the adequacy of the coverage of CM in graduate psychology textbooks.

**References**


Received September 18, 2014
Revision received March 9, 2015
Accepted March 17, 2015

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This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.
@inproceedings{Modrowski2012PsychologicalT, title={Psychological Trauma : Theory , Research , Practice , and Policy Consistency of Trauma Symptoms at Home and in Therapy for Preschool Children Exposed to Intimate Partner Violence}, author={Crosby A Modrowski and Laura E. Miller and Kathryn H Howell and Sandra A Graham-Bermann}, year={2012} }. 