USE OF THE CHILDREN'S ATTRIBUTIONS AND PERCEPTIONS SCALE IN AN UNDERPRIVILEGED SPANISH SAMPLE¹

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Summay.

The psychometric properties and exploratory factor analysis of the Children's Attributions and Perceptions Scale in two Spanish samples of children were examined (n =48 from an after-school social care center in a deprived neighborhood, and n = 120 from a school mainly enrolling families of medium socioeconomic status; 49% boys and 5 1 % girls; M age = 10.5 yr., SD = 18.7). A cross-cultural comparative analysis of the Spanish samples and the normative sample was also carried out. Factor analysis supported a 4-factor solution for Spanish populations. Significant differences were found between the Spanish groups in school and the social care centers. The cross-cultural analysis showed that stressful conditions (sexual abuse vs deprivation) produced greater differences than cultural group (Spanish vs American).

The Children's Attributions and Perceptions Scale (Mannarino, Cohen, & Berman, 1994a) is a self-report scale that focuses upon children's attributions and perceptions, which are thought to mediate between many stressful events and psychological problems. The scale was designed to assess the attributions and perceptions of sexually abused children and was applied in this framework by the authors (Mannarino & Cohen,

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1986; Cohen & Mannarino, 988, 1996a, 199613, 1996~1)9 97; Mannarino, Cohen, & Berman, 1994b).

The attributions and perceptions are grouped into four subscales which include feelings of being different from peers, blaming oneself for the abuse, feeling that other people no longer believe what one says, and reduced interpersonal trust. Many studies empirically support that these attributions and perceptions can affect the type and severity of psychological symptoms presented by sexually abused and physically maltreated children (Spaccarelli & Kim, 1995; Coffey, Leitenberg, Henning, Turner, & Bennet, 1996; Feiring, Taska, & Lewis, 1996; Mannarino & Cohen, 1996; Brown & Kolko, 1999; Heller, Larrieu, D'Imperio, & Boris, 1999; Cohen & Mannarino, 2000).

Mannarino, et al. (1994a) reported that sexually abused children scored significantly higher than control group children on the Children's Attributions and Perceptions Scale Total score, and on three of the four subscales.

These findings indicated that sexually abused children showed more feelingsof being different from peers, more personal attributions for negative events, and less interpersonal trust than nonabused children. No significant difference was found on perceived credibility. The authors claimed these differences demonstrated the criterion-related validity of the scale.

However, as the authors stated elsewhere (Mannarino, et al., 1994a), because the items do not make any specific reference to sexual abuse, it may be appropriate to use the scale to assess attributions and perceptions with nonabused populations. The Children's Attributions and Perceptions Scale might be useful for identifying differences in attribution and self-perceptions, not only in sexually abused children but also in populations living under stressful conditions, such as underprivileged populations. Barrera, Prelow, Dumka, Gonzales, Knight, Michaels, Roosa, and Tein (2002) presented a model wherein living in a deprived and underprivileged neighborhood affected children's development both indirectly through its effect on parents and parenting and directly through exposure to deviant behaviors in violence and crime. Other authors, such as Grant, Compas, Stuhlmacher, Thurm, McMahon, and Halpert (2003), Ingoldsby and Shaw (20021, and Muller, Goebel-Fabbri, Diamond, and Dinklage (2000) have obtained similar results. Factors common to underprivileged neighborhoods, such as inadequate nutrition, lack of access to health care, crowded and inadequate housing, absence of cognitively stimulating materials and experiences, and family violence, are considered to be stressors that interfere with children's development (for a review, see Margolin & Gordis, 2000).

However, the stress due to child sexual abuse has been considered high and seems to lead to different emotional and behavioural symptomatology, such as sexualized behaviour, stigmatization, or a tendency toward revictimization or powerlessness from that found with other kinds of stressful events (Kendall-Tackett , Williams, & Finkelhor , 1993 ; Kaufman, 1996; Friedrich, 1998; Bronlberg & Johnson, 2001). Although the stress of living in a deprived neighborhood is also important (Muller, el al., 2000; Barrera, et al., 2002; Ingoldsby & Shaw, 2002), it does not seem to cause the same distortions in attributions and self-perceptions as sexual abuse does (Mannarino, et al., 1994a), although there are few published studies on attributions of children regarding neighborhood stress.

Goals

The main goals of the present study were, firstly, to examine the psychometric properties of a Spanish adaptation of the Children's Attributions and Perceptions Scale in a nonclinical sample. Specifically, the internal structure of the questionnaire was focused upon and compared to the results of Mannarino, et al. (1994a). Additionally, sex, social group, and age differences were compared. As the authors of the scale have not presented yet a factor structure for the scale, the present study was the first step in understanding the psychometric structure of the questionnaire. Secondly, the application of the scale to children under the stress of living in a deprived and underprivileged neighborhood was also studied. However, in accord with the authors' suggestions (Mannarino, et al., 1994a), data obtained from these children showed fewer distortions in attributions and perceptions than those found in data obtained from a sexually abused group.

Participants

The Spanish version of the Children's Attributions and Perceptions Scale was administered to a nonclinical sample of 168 children. The sample consisted of 83 girls (49.4%) and 85 boys (50.6%)) ages 7 to 12 years (M= 10.5 yr., SD = 18.7, range 6.1-12.6).

Participants were recruited from two different sources, a primary school mainly enrolling families of medium socioeconomic status (120 children) and an after-school social care center situated in a socially and economically deprived neighborhood (48 children). Both were in Barcelona, Spain. The primary school group included primarily Caucasian children (98 %). This Sample included children from different backgrounds and social conditions, as the school does not have a specific selection process. The criteria for registration at the school was living in the neighborhood where the school is located or having siblings already registered there. The after-school social care center sample was representative of the underprivileged population found in Barcelona. Ninety-three percent of the children were Moroccan, and 7% were Gypsy. The center was a place where children and teenagers from low economic and educational backgrounds could access resources unavailable in their family context, such as basic hygiene facilities, meals, games, social and interaction norms, or learning reinforcement after school. The center was run by professional educators whose job was to take care of the children's needs in these areas. To be included in the study, children came from underprivileged families with unemployed parents and inadequate nutrition and housing. In addition, the children were not involved in any physical or sexual abuse reports.

Measures

The Children's Attributions and Perceptions Scale includes 18 items and four subscales designed to assess those perceptions and attributions believed to be particularly relevant to sexually abused children ages 7 to 12 years. The subscales are Feeling Different from Peers (Items 1, 2, 3, 4, e.g., Do you feel different than other girls/boys your age?), Personal Attributions for Negative Events (Items 5, 6, 7, 8, e.g., Do you blame yourself when things go wrong?), Perceived Credibility (Items 9, 10, 11, 12, 13, e.g., Do people ever doubt what you are telling them?), and Interpersonal Trust (Items 14, 15, 16, 17, 18, e.g., Do you feel that trusting people can be risky?). The Children's Attributions and Perceptions Scale is administered in an interview format and participants respond on a 5-point Likert scale anchored by 1 =never and 5 = always. Higher scores on each subscale reflect a greater sense of feeling different from peers, heightened self-blame for negative events, lower perceived credibility, and reduced interpersonal trust, respectively (Mannarino, et al., 1994a). Item 9 on the Perceived Credibility scale is reverse scored.

As described by Mannarino, et al. (1994a)) pilot data for the scale showed an internal consistency of .68 for the Feeling Different from Peers subscale, .65 for the Attributions

for Negative Events subscale, .73 for the Perceived Credibility subscale, and .64 for the Interpersonal Trust subscale.

Test-retest reliabilities over a 2-wk. interval have been computed as .82, .70, .62, .60, and .75 for the above subscales and the Total scale, respectively. The authors considered these reliabilities to be sufficiently adequate to warrant further use of the scale. Group mean scores were calculated for the Total and the different subscales (Mannarino, et al., 1994a). The subscales correlated significantly with self-reported symptoms, showing that endorsement of abuse-related perceptions and attributions does indeed correspond with greater anxiety, depressive symptoms, and self-esteem problems (Mannarino, et al., 1994a).

Procedure

The translation of the Children's Attributions and Perceptions Scale, forward and backwards, was done by two psychologists from the University of Barcelona who were fluent in both English and Spanish.² The reconciliation was done by a clinical psychologist, who agreed with the content of the items in the Spanish version. The scale was finally presented to its original authors, who agreed with the Spanish version.

The study was explained in detail to faculty and staff of the school and the after-school social care center. Verbal consent was obtained; they agreed to participate in the study and arranged a meeting with their respective Boards of the Parents' Associations. Parents' associations informed the parents about the study who also gave their informed consent for all children regarding administration of the questionnaire. When the study

² For this translation and reproduction of copies used in the conduct of the present research, the authors are indebted to Drs. A. P. Mannarino and J. A. Cohen u7ho granted permission for use of their scale, the Children's Attributions and Perceptions Scale (1994a).

was finished, a summary containing the results was given to the head teacher and center manager, as well as to the Boards of the Parents' Associations.

The questionnaire was administered to children in groups of 25 to 30 from the school sample. The questions were read aloud to facilitate accurate understanding and completion of the scales. One psychologist read the questions while a colleague walked around the room to ensure that all students were following instructions and filling in the questionnaire appropriately.

The reader waited until all children had answered an item before proceeding to the next. This administration procedure has been used in prior studies with other questionnaires (Kaslow, Weiss, & Nolen-Hoeksema, 1998). The questionnaire was administered individually in an interview format in the after-school social care center sample, due to the children's serious difficulties with reading and writing, and following Mannarino, et al.'s administration

(1994a).

An exploratory factor analysis of principal components with oblimin rotation was conducted to examine the internal structure of the questionnaire. To test the differences by groups and sex a multivariate analysis of variance was conducted. The obtained data were analyzed with SPSS Version 11.0.

RESULTS

Sample Characteristics

Analysis showed no significant sex difference with respect to the age groups (F=3.622, ns); however, there was a significant sex difference in terms of social group (x2=8.86,

p < .01). There were more boys than girls in the after-school social care center than in the primary school.

There was a significant age effect with respect to social group (F= 196.95, p < .001); the children in the social care center were significantly younger than those in the school group. Internal Structure An exploratory factor analysis of principal components with oblimin rotation was conducted. An oblique rotation was chosen because factors were considered to be related (Hair, Anderson, Tatham, & Black, 2001). The minimum factor loading for each item was fixed at 30. The analysis of the correlation matrix and the Kaiser-Meyer-Olkin coefficient of .77 suggested that a factor analysis could acceptably be applied to the data.

Six factors emerged in the first free solution, with eigenvalues from 4.43 to 1.00, accounting for 65% of the variance (25%, 12%, 9%, 7%, 676, and 6%, respectively). However, loadings in this solution were widely spread across several factors; some factors were loaded by only two items, and psychological consistency of the content was difficult to establish. Likewise, the scree plot suggested a four-factor solution. As a result, and in line with the conceptual organization of the items proposed by Mannarino and colleagues (1994a), an adjusted four-factor solution was subsequently tested.

The adjusted four-factor solution explained 53% of the variance (see Table 1). The first factor accounted for 25% of the total variance and mainly reflected Interpersonal Trust. It combined the Interpersonal Trust subscale items and also one item from the Attributions for Negative Events and he Perceived Credibility subscales. The second factor explained 12% of the variance and comprised the four items from the Feeling Different from Peers subscale. Factor three accounted for 9% of the variance and reflected Perceived Credibility. Finally, the fourth factor accounted for 7% of the variance and reflected Attributions for Negative Events.

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Item	I	II	III	IV	<i>b</i> ²
1. Feeling different age	00	.79	.01	10	.67
2. Treated as an older kid	.13	.72	06	.00	.52
3. Feeling different from peers	.37	.64	05	.06	.47
Acting different from peers	.36	.54	09	.27	.40
Making bad things happen	.20	.03	26	.81	.68
6. Responsible for bad things	.54	.07	41	.47	.48
7. Blaming myself	.43	04	30	.55	.45
8. Causing trouble for others	.32	.23	17	.71	.58
9. People believe what I tell	34	18	.33	.34	.38
10. People feel I don't tell the truth	.14	04	80	.17	.66
11. People feel I imagined	.23	.13	73	04	.56
12. People doubting	.17	02	82	.28	.71
13. People accusing me of lying	.32	.04	73	.11	.55
14. Hard to trust people	.59	.02	17	.23	.38
15. Can't count on anyone	.71	.25	19	.02	.53
16. Can't trust friends or family	.68	.39	26	.06	.53
17. Trusting people is risky	.76	.11	22	.17	.58
18. People I trust hurt me	.63	.26	20	.24	.42
Eigenvalue	4.43	2.20	1.58	1.33	
% Accounted Variance	24.65	12.22	8.78	7.40	

PRINCIPAL COMPONENT ANALYSIS WITH OBLIMIN ROTATION FOR 4-DIMENSION SOLUTION ON ITEMS OF SPANISH VERSION OF THE CHILDREN'S ATTRIBUTIONS AND PERCEPTIONS SCALE (N = 168)

Item 6 "Responsible for bad things" and Item 9 "People believe what I tell" loaded similarly on three different factors. However, their psychological content was mainly related to Factors IV and 111, respectively. The correlation matrix among factors, which can be seen in Table 2, shows correlations among factors were moderate to high. Internal Consistency Internal consistency for the subscales was calculated using Cronbach a coefficient. Firstly, the distribution of the items following the applied factorial analyses was considered. The alpha values obtained were .63 on Factor I (Interpersonal Trust, including Items 6 and 9), .64 on Factor I1 (Feeling Different from Peers), .78 on Factor I11 (Perceived Credibility), and .59 on Factor IV (Attributions for Negative Events). The position of Item 9 on Factor I (.73 without Item 9 to .63 with Item 9)) Factor I11 (.78 without Item 9 to .54 with Item 9), and Factor IV (.68 without Item 9 to .59 with Item 9) reduces dramatically the reliability of these subscales. However, Item 6, although loading higher on Factor I, should be situated on Factor IV, as it is found in the Attribution for Negative Events subscale, and the reliability of this subscale decreases (from .68 to .59) if this item is not included in the analysis.

PEARSON CORRELATIONS AMONG FACTORS FOR SPANISH ADAPTATION OF						
CHILDREN'S ATTRIBUTIONS Factor	AND PERCEPTION	2	= 168)	4		
1. Feeling Different from Peers						
2. Attributions for Negative Events	.17					
3. Perceived Credibility	<.01	.36*				
4. Interpersonal Trust	.32	.47*	.22*			

TABLE 2

*p < .01.

In light of these results, internal consistency was calculated following the original authors' distribution (Mannarino, et al., 1994a) of the items in the four subscales. The Children's Attributions and Perceptions Scale subscales showed the following indices of reliability: .64 on the Feeling Different from Peers subscale, .68 on the Attributions for Negative Events subscale, .54 on the Perceived Credibility subscale, and .73 on the Interpersonal Trust subscale.

Differences Within and Between Groups

To test the differences between means a multivariate analysis of variance was conducted with sex and group as independent variables, age as a covariable, and the original subscales' scores as dependent variables (see Table 3).

The Kolmogorov-Smirnov test applied to the four subscale scores, Feeling Different from Peers (z = 1.82, p < .01), Attributions for Negative Events (2 = 1.5 I, p < .05), Perceived Credibility (z = 1.58, p < .05), and Interpersonal Trust (z = 1.89, p < .01), showed that the obtained data did not follow the normal distribution on any subscale but were positively skewed. Therefore, a logarithmic conversion for each subscale was carried out before subsequent analysis (Hair, et al., 2001). The conversion did not normalize all the data. A Box test, however, showed that a multivariate analysis of variance could acceptably be applied to the standardized data (Box test before conversion: F = 2.39, p < .001; Box test after conversion: F = 1.39, ns). The test showed significant differences between groups on Feeling Different from Peers (F,,,,, = -7.80, p < .01), Attributions for Negative Events (F,. ,, = 15.09, p < .001), and Interpersonal Trust (F,, ,,, = 21.44, p < .001). Children from the after-school social care center felt more different from their peers than children from the primary school context, while the latter scored higher on self-blame for negative events and reported less interpersonal trust.

There were no significant differences between male and female participants on any subscale.

Cross-cultural Analysis

A cross-cultural analysis was also performed, comparing the present data with those of the authors (Mannarino, et al., 1994a) (see Table 4).

Subscale	Control Group				Under Stress Group			
	Control $(n=40)$		Primary School (n=68)		Sexually Abused $(n = 40)$		Social Care Center $(n = 12)$	
	M	SD	M	SD	M	SD	M	SD
Feeling Different from Peers	8.6	2.5	7.3*	2.7	11.1*	3.1	7.8*	3.3
Attributions for Negative Events	7.2	2.4	7.9	2.3	8.3	2.8	6.6	2.9
Perceived Credibility	12.0	3.1	11.4	2.3	13.7	4.0	12.4	2.6
Interpersonal Trust	10.6	3.0	9.7	2.8	13.5*	3.9	7.8*	2.8
CAPS Total	38.4	8.3	35.1	6.7	46.6*	10.6	34.5*	8.8

TABLE 4 Means and Standard Deviations of Original and Present Groups

*p<.01.

To compare the studies girls ages between 7 and 12 years old were selected, in line with the demographic characteristics of the original sample (Mannarino, et al., 1994a). The Student t test showed a significant difference between the primary school sample and the original Mannarino control group on Feeling Different from Peers (t=2.64, p < .01).

None was found on Attribution for Negative Events (t = - 1.48, ns), Perceived Credibility (t = 1.09, ns), Interpersonal Trust (t= 1.59, ns), or Total (t= 1.38, ns). The under-stress groups were also compared (the Mannarino sexually abused group and the underprivileged group). There were statistically significant differences between the sexually abused group and the after-school social care center group on Feeling Different from Peers (t = 3.16, p < .01), Interpersonal Trust (t =5.75, p < .01), and Total score (t =3.98, p < .01). No significant difference was found on Personal Attributions for Negative Events (t= 1.84, ns) or Perceived Credibility (t = 1.3 1, ns); see Table 2.

DISCUSSION

This paper has provided some initial evidence for the psychometric properties of the Children's Attributions and Perceptions Scale (Mannarino, et al., 1994a), a questionnaire that provides a viable way of measuring young children's attributions and perceptions.

Internal Structure

Factor analysis supported a four-factor solution for Spanish populations, in accord with conceptual distribution of the items on four subscales provided by Mannarino and colleagues (1 994a). However, the reliability coefficients obtained indicated that some changes are needed in the scale's structure or items. Items 9 and 6 did not give consistent results in this study.

Compared with the reliability analyses applied in the original article, higher coefficients on the Attribution for Negative Events and Interpersonal Trust subscales and lower coefficients on the Feeling Different from Peers and Perceived Credibility subscales were found in this study, but only two values reached the usual acceptable baseline of

.70.

Although the authors considered the reliabilities to be adequate to warrant further use of the scale, both the American and the Spanish reliability coefficients were low. This could be due in part to the few items which composed each scale. Also, the significant correlations found among the Attributions, Perceived Credibility, and Interpersonal Trust subscales indicated that these measure closely related constructs which could affect the reliability of the subscales. However, the scale should not be considered to be unifactorial as it has four factors which seemed congruent with items and the enriched interpretation of these factors.

In addition, although the Children's Attributions and Perceptions Scale seemed to be a useful measure for those in other stressful situations different from sexual abuse, such as living in a deprived neighborhood, the Perceived Credibility subscale (including Item 9) seemed to address the personal attributions and perceptions of sexually abused children. It may be that perceived credibility is one of the variables that best identifies sexually abused children, as stated by other authors (Cohen & Mannarino, 1996b;

Heller, et al., 1999; Muller, et al., 2000). This would explain why the content of Item 9, which taps directly perception of credibility, in the present study was loaded on several factors and so reduced the Cronbach alpha. Also, the fact that Item 9 is a reverse-scored item could be confusing children's responses and influencing the results. In terms of administering the scale to nonclinical Spanish populations, present results suggest rewriting Item 9, and revising the content of Item 6. Further studies are needed to revise the scale's structure and confirm these results.

Difference Within and Between Groups

When controlling the effects of sex and age on children's scores, several significant differences appeared. Firstly, children from the after-school social care center felt

different from their peers, whereas children from the primary school did not show such differences. This can be explained, in part, by the fact that children from the social care center were comparing themselves with other children who do not attend the center and who live in better circumstances, with structured families and a higher socioeconomic status.

However, an unexpected finding was that children from the primary school group reported less interpersonal trust. These results pointed out the need for additional research in this area.

Children from the primary school context also scored higher on selfblame for negative events. In interpreting this result, the neighborhood in which children from the social care center lived, and their behavioural norms, should be taken into consideration. The after-school social care center was situated in a deprived neighborhood, where multiple models of aggression and delinquency are common. It could be hypothesized that it was more difficult to find a sense of self-blame in these children than in children who lived in a neighborhood where antisocial behavior, such as delinquency and aggression, were not as frequent and less socially acceptable (Baumeister, Stillwell, & Heatherton, 1994). Furthermore, the higher sense of self-blame found in the primary school group could be explained by culture and religion, since self-blame is internalized differently by different social and cultural groups and it depends on communal relationships (Baumeister, et al., 1994).

Cross-cultural Analysis

Mannarino, et al.'s control group (1994a) and the Spanish primary school group differed only on Feeling Different from Peers. The different racial composition of the two samples could explain these results, since Mannarino's group was more heterogeneous, with Caucasian and African-American participants.

The under-stress groups (the after-school social care center and the sexually abused group from Mannarino, et al., 1994a) presented differences in scores on Feeling Different from Peers, Interpersonal Trust, and CAPS Total, the sexually abused group scoring significantly higher, as was hypothesized.

These results suggest sexual abuse is a particularly traumatic event which affects children's psychological adjustment in a different way than do other stressful events, such as living in a deprived neighborhood (Kendall- Tackett , et al., 1993; Kaufman, 1996; Friedrich, 1998; Bromberg & Johnson, 2001).

This study was the first step toward the validation of a questionnaire that is generally suitable for measuring attributions and perceptions in Spanish children. Although the scale was originally designed to be applied to children who have suffered sexual abuse, this study showed that it is also useful for assessing differences in the attributions and perceptions of children from other stressful contexts. The CAPS Total score showed no differences for Mannarino's control group with the primary school group and children exposed to a stressor other than sexual abuse, in this case living in a deprived and underprivileged neighborhood.

Generalization of findings is limited by the fact that the participants were very specific, especially the underprivileged group. In addition, the scale was administered differently to the school group and the social care center group, although both stress groups (the after-school social care center and the sexually abused group from Mannarino, et al., 1994a) had the same interview format. This difference across groups could have had a significant effect on the results that are described. Additional research with larger and more specific samples is needed to further document the validity and utility of the Children's Attributions and Perceptions Scale.

REFERENCES

BARRERA, M., PRELOW, H. M., DUMKA ,L E., GONZALES, N. A., KNIGHT, G. P, MICHAELS, M. L., ROOSA, M. W., & TEIN, J. (2002) Pathways from family economic conditions to adolescents' distress: supportive parenting, stressors outside the family and deviant peers. *Journal of Community Psychology*, 30, 135-152.

BAUMEISTER, R. F., STILLWELL, A. M., & HEATHERTON, T. F. (1994) Guilt: an interpersonal approach. *Psychological Bulletin*, 115, 243 -267.

BROMBERD, G. S., & JOHNSON, B. T. (2001) Sexual interest in children, child sexual abuse, and psychological sequelae for children. *Psychology in the Schools*, 38, 343-355.

BROWN, E. J., & KOLKO, D. J. (1999) Child victims' attributions about being physically abused, an examination of factors associated with symptom severity. *Journal of Abnormal Child Psychology*, 27, 3 11-322.

COFFEY, P., LEITENBERG, H., HENNING, K., TURNER, T., & BENNET, R. T. (1996) Mediators of the long-term impact of child sexual abuse, perceived stigma, betrayal, powerlessness, and self-blame. *Child Abuse and Neglect*, 20, 447-455.

COHEN, J. A., & MANNARINO, A.P (1988) Psychological symptoms in sexually abused girls. *Child Abuse and Neglect*, 12, 571-577.

COHEN, J. A., & MANNARINO, A.P (1996a) Factors that mediate treatment outcome of sexually abused preschool children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 35, 1402-14 10.

COHEN, J. A., & MANNARINO, A.P. (1996b) A treatment outcome study for sexually abused preschool children: initial findings. Journal of the American Academy of Child and Adolescent Psychiatq, 35, 42-50.

COHEN, J. A., & MANNARINO, A.P (1996) The Weekly Behavior Report, a parentreport instrument

for sexually abused preschoolers. Child Maltreatment, 1, 353-360.

COHEN, J. A., & MANNARINO, A.P. (1997) A treatment study for sexually abused preschool children, outcome during a one-year follow-up. Journal of the American Academy of Child and Adolescent Psychiatry, 36, 1228-1235.

COHEN, J. A., & MANNARINO, A.P (2000) Predictors of treatment outcome in sexually abused children. Child Abuse and Neglect, 24, 983-994.

FEIRING, C., TASKA, L. S., & LEWIS, M. (1996) A process model for understanding adaptation to sexual abuse, the role of shame defining stigmatization. Child Abuse and Neglect, 20, 767-782.

FRIEDRICH, W. N. (1998) Behavioral manifestations of child sexual abuse. Child Abuse and Neglect, 22, 523-53 1.

GRANT, K. E., COMPAS, B. E., STUHLMACHER, A. F., THURM, A. E.,
MCMAHON, S. D., & HALPERT, J. A. (2003) Stressors and child and adolescent
psychopathology: moving from makers to mechanisms of risk. *Psychological Bulletin*,
129, 447-466.

HAIR, J. F., ANDERSON, R. E., TATHAM, R. L., & BLACK, W. C. (2001) Analisis multivariante. (5th ed.) Madrid: Prentice-Hall.

HELLER, S. S., LARRIEU, J. A., D'IMPERIO, R., & BORIS, N. W. (1999) Research on resilience to child maltreatment, empirical considerations. *Child Abuse and Neglect*, 23, 32 1-338.

INGOLDSBY E. M., & SHAW, D. S. (2002) Neighborhood contextual factors and early-starting antisocial pathways. *Clinical Child and Family Psychology Review*, 5, 21-55.

KASLOW, N. J., WEISS, B., &NOLEN-HOEKSEMS. A (1998) Children's Attributional Style Questionnaire-Revised: psychometric examination. *Psychological Assessment*, 10, 166.170.

KAUFMAN, J. (1996) Child abuse. Current Opinion in Psychiatry, 9, 251-256.

KENDALL-TACKETT, K. A., WILLIAMS, L. M., & FINKELHOR, D (1993) Impact of sexual abuse on children: a review and synthesis of recent empirical studies. *Psychological Bulletin*, 113, 164-180.

MANNARINO, A. P., & COHEN, J. A. (1986) A clinical-demographic study of sexually abused children. *Child Abuse and Neglect*, *10*, 17-23.

MANNARINO, A. P., & COHEN, J. A. (1996) Abuse-related attributions and perceptions, general attributions, and locus of control in sexually abused girls. *Journal of Interpersonal violence*, 11, 162-180.

MANNARINO, A. P., & COHEN, J. A., & BERMAN, S. R. (1994a) The Children's Attributions and Perceptions Scale, a new measure of sexual abuse-related factors. *Journal of Clinical Child Psychology* 2, 3, 204-211.

MANNARINO, A. P., & COHEN, J. A., & BERMAN, S. R. (1994b) The relationship between preabuse factors and psychological symptomatology in sexually abused girls. *Child Abuse and Neglect*, 18, 63-71.

MARGOLIN, G., & GORDIS, E. B. (2000) The effects of family and community violence on children. *Annual Review of Psychology*, 51, 445-479.

MULLER, R. T., GOEBEL-FABBARI, I.E., DIAMOND, T., & DINKLAGE, D. (2000) Social support and the relationship between family and community violence exposure and psychopathology among high risk adolescents. *Child Abuse and Neglect*, 24, 449-464.

SPACCARELLI, S., & KIM, S. (1995) Resilience criteria and factors associated with resilience in sexually abused girls. *Child Abuse and Neglect*, 19, 117 1- 1182.