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Editorial

When the wife of the president of the United States has recently been on a lecture tour warning about the dangers of domestic violence we know the subject has at last entered public consciousness. As the authors of our annotation, Terrie Moffitt and Avshalom Caspi, put it "Research on partner violence has struggled to gain scientific legitimacy". Moffitt and Caspi discuss the topical issue of adult partner violence and its possible consequences for the health and well-being of children. A disturbing number of detrimental consequences for children could arise from their exposure to violence between adult partners in the home. The authors suggest clinical practice with children should take into account those parental influences that children carry forward with them into their own adult family life. They make the point that violence between couples may begin during dating in adolescence, and is as often perpetrated by females as males. They point out that an important but hitherto unappreciated link has been found, from the results of longitudinal epidemiological investigations, between childhood conduct problems and adult partner violence. That link has probably been missed in former retrospective studies of adults who are abusive to their partners, asked about their own upbringing. Interventions for conduct problems in adolescence and beforehand are clearly of importance if the cycle of intergenerational violence is to be broken. Questions we all need to address, as clinicians, include: "What is the impact on young children of violence within the home between adults, to which they may repeatedly be exposed? How is such experience likely to affect their attitudes to violence, especially when in a similar relationship themselves?" Partner violence is concentrated among young men and women who cohabit but are not married, and who bear children at a young age, especially if they have a history of conduct problems themselves. How often is domestic violence a subject of enquiry when drawing up the initial formulation of a new clinical referral?

The role of familial in comparison with nonfamilial environmental factors in the determination of liability to disruptive behaviours is discussed in a study by Majumder, Moss, and Murrelle. They suggest that manifestations of "behavioural dysregulation" in sons of substance-abusing fathers (in this Pittsburgh-based investigation) are modulated by crucial aspects of both the family and especially the extra-familial environment. In contrast to the risk factors for the children of non-substance-abusing parents, which are largely confined to the family, influences such as neighbourhood cohesion and crime rates increase the probable risk of those vulnerable children becoming substance abusers themselves. In other words, for children whose parents have a history of substance abuse and antisocial behaviour, neighbourhood cohesion and crime rates are influential in determining the child's behavioural disposition. Accordingly, primary prevention strategies that are aimed widely, perhaps at the broader community from which the family comes, could turn out to be significantly more efficient and effective public health approaches to some undersocialised behavioural disorders than a reliance on individualised forms of treatments, aimed at the family itself.

Yet another study on urban violence (in Chicago this time) is presented by Selner-O'Hagan and her colleagues. It discusses the development of a structured interview, which is designed for the purpose of assessing whether children have been exposed to violence at all, and if so whether that exposure has been acute or chronic. Many potentially important clinical questions are covered by this novel instrument's design, including how the characteristics of violence have influenced the individual, in terms of fear, helplessness, and shock, whether they have been involved personally in the event, or whether they were merely a witness to it. This would seem a useful approach, and could complement both research and clinical investigations.

Nigg and Hinshaw were interested in parental characteristics that were associated with children's antisocial behaviours and attention-deficit disorders. They found that certain parent personality traits were indeed related to child overt antisocial behaviours such as aggression, especially if the child had ADHD too. The interest here is whether there is any plausible theoretical explanation for the association, and whether any clinical relevance could be drawn from their results. It would seem that traits predicting child aggression included maternal neuroticism and lack of paternal "agreeableness", although not antisocial personality disorder or alcoholism. If replicated this would suggest that in addition to parental depression, antisocial behaviour, or other psychopathology, a fairly wide range of normal range parent personality characteristics may be related to the development of antisocial behaviours in at-risk (ADHD) children, although these same characteristics may not contribute to child risk for antisocial behaviour in children who do not have ADHD. Woodward, Taylor, and Dowdney examined the parenting and family life correlates of childhood hyperactivity in a sample of school-children drawn from a community in south London. They show that poor parent coping strategies, parent's feelings of hostility and anger, and especially the employment of reactive and aggressive methods of disciplining the children was associated with hyperactivity even when the potentially confounding effects of conduct disorder were taken into account. So the quality of parenting does seem to contribute to the behavioural difficulties presented by hyperactive children. Parents of hyperactive children were less responsive to their child's good behaviour than were parents of classroom controls,

suggesting that certain problematic behaviours such as poor sustained attention, overactivity, and distractibility present challenges to parents, and may influence parenting practices. This finding held up even when the parent's mental health was taken into account. However, as the authors point out, as this was a cross-sectional design it is not possible to tell from the results whether the parenting difficulties were largely a response to or a cause of the child's behaviour. The clinical implications are clearly to take into account family factors when managing cases of hyperactivity, and not to imagine that medication alone is going to solve all associated problems.

Still on the subject of the origins of difficult child behaviours, several previous studies have reported that children reared in institutions have an increased rate of emotional and behavioural problems, according to both teachers and caregivers. The study by Vorria and her colleagues recounts that this increase is confirmed by observational measures and, furthermore, that it extends across settings and is found both within and outside the classroom. There were sex differences, boys being more prone to externalising disorders and girls to internalising or emotional disturbance. The most striking new finding was that children who had experienced relatively stable and harmonious family relationships prior to institutional admission did not show this general increase in psychopathology, although they did tend to lack confiding peer relationships. The implication is that early influences upon the course of socialisation may have an impact upon children's response to later experiences. This study raises a number of worrying questions about the long-term impact of residential care and makes salutary reading for those who are involved in the management of such institutions.

Moving on to a completely different topic, we have a number of papers that have taken a cognitive approach to understanding how difficulties might arise in social behaviour. For example, there is the work of Boucher, Lewis, and Collis, who report a study showing that children with autism have difficulty in recognising the faces and voices of people at their own schools. Their findings provide further evidence that autism involves some fundamental difficulty in processing people-related information, and it seems reasonable to conclude that the observation made by these authors helps to explain in part the autistic child's lack of responsivity to others. It seems that, apart from a few highly familiar peers and carers, autistic children experience other people as unrecognisable and therefore strangers. The most novel finding from this investigation was that the children with autism also had significant difficulties in recognising voices. One is left wondering how specific such disorders are to autism, and how they might be ameliorated. The paper raises a number of issues that might well be important in developing programmes designed to assist children with autistic-spectrum conditions.

Another aspect of body image is discussed by Kostanski and Gullone, who have written on a subject that is closely related to the risk factors for eating disorders. The authors conducted their survey in Melbourne, and the subjects were both males and females in early to mid-adolescence. They found, as have many others before them, that dissatisfaction with one's body image is very common within an adolescent population. Their study also suggests underlying psychological factors that may contribute to this dissatisfaction, especially anxiety. It is perhaps surprising that children who on objective criteria (body mass index) were either overweight or underweight did not have lower self-esteem or higher levels of depression or anxiety. As was previously known, sex does play an important role in determining the salience of a particular body image, and dissatisfaction was far more frequent among girls than boys. A rather different sort of cognitive processing disorder is described by Leung and Wong, who report that cognitive distortions such as selective abstraction, personalising, overgeneralisation, and a tendency to catastrophise, assessed in the context of events describing failure and loss, are specific to internalising problems as compared to externalising problems. Cognitive distortions refer to processes of biased interpretation of external events. The authors claim that the instrument they used in this study, the Children's Negative Cognitive Errors Questionnaire (CNEQ), is a helpful index for differential diagnosis in clinical practice. Their findings may be interpreted as providing empirical support for cognitive therapy as a rational approach to explaining and treating internalising problems.

We should all be aware of the remarkable increase in cases of asthma among young people in recent years. Clinicians caring for the young asthmatic patient should be alerted that onset before the age of 3 years is associated with a variety of emotional and behaviour adjustment difficulties in later childhood. These include sleep problems, anxiety, and depressed mood. The report by Mrazek, Schuman, and Klinnert provides data to support the clinical observation that children with early onset of asthmatic illness are at increased risk of such problems even when their asthmatic symptoms are relatively easy to control.

Finally, we would like to record our gratitude to Dorothy Bishop who has now retired as joint editor after 8 long years before the mast(head). She has done a wonderful job in guiding the journal into its fourth decade, and ensuring it has remained one of the most influential and most respected sources of research publications on child development and psychopathology. Her fellow editors will make every effort to ensure that we keep not only to the uniquely high standard of published article (it was ever thus) but also to the close and supportive relationship we have developed with our contributors, our referees, and our readers. Thank you Dorothy. And welcome to our new editor Frank Verhulst, who is from Rotterdam in the Netherlands, and whose election symbolises our intention to maintain, and to extend, a truly international perspective on child psychology and psychiatry.

David Skuse