



# Assessing Children's Expectations Post Sexual Abuse: Initial Psychometric Evaluation of a Self-Report Measure

Katie Meidlinger, Tiffany West, Samantha L. Pittenger, Alayna Schreier, Jessica K. Pogue,  
Mary Fran Flood, and David J. Hansen  
University of Nebraska Lincoln



## Introduction

- Child Sexual Abuse (CSA) is a widespread problem that occurs across the demographic and socioeconomic spectrum, with impacts that are as heterogeneous as the affected population. Many children who experience CSA develop related psychological difficulties while others resume normal functioning (Putnam, 2003).
- Characteristics of the victim's own perceptions and cognitions about the abuse experience are cited as influential components mediating post-CSA adjustment. Research indicates that these children often have maladaptive, self-directed attributions about the cause of the abuse, feelings of stigma and being different than peers, and fears of not being believed or believable (Kendall-Tackett et al., 1993; Mannarino, Cohen, & Berman, 1994; Runtz & Schallow, 1997).
- Wyman et al. (1993) conclude that children who have positive expectations for the future adopt better coping skills and may even be more adaptable to chronic life stressors.
- It is possible that this finding translates to a population who experience the specific stressors of child sexual abuse, however, very little has been published specifically addressing the impact of children's expectations on future outcomes, much less with a sample of CSA victims.
- Given the potentially important role of the victim's own expectations for post-abuse functioning, methods for assessing these expectations seem important for understanding the heterogeneous population of children who experience CSA. The current study assessed the psychometric properties of a measure of child expectations regarding the negative impact of sexual abuse.

## Method

### Participants

- Participants were 118 youth who sought treatment with their nonoffending family members after disclosure of CSA.
- Participants ranged in age from 7 to 18 years ( $M = 12.37$ ,  $SD = 2.81$ ), and the majority were female (69.5%).
- The majority of participants were White (68.6%), 5.9% were Hispanic, 3.4% were Multi-Racial, 2.5% were Bi-Racial, 1.7% were African American, and 1.7% were Native American.

### Measures

- Post Sexual Abuse Expectations Scale - Youth (PSAES-Y).** The PSAES-Y was developed for use in clinical research on Project SAFE (Sexual Abuse Family Education). The PSAES-Y is a 10-item measure assessing the child's expectations for his or her own behavior, emotional adjustment, and social implications of sexual abuse. Higher scores indicate expectations for worse outcomes.
- Youth Self Report (YSR; Achenbach & Rescorla, 2001).** The YSR is a 112 item self report measure for children ages 11-18 years old that assesses children's internalizing and externalizing behaviors.
- Children's Depression Inventory (CDI; Kovacs, 1992).** The CDI is a self-report measure for children ages 7-17 years old. The 27-item scale assesses symptoms of depression the child experienced over the previous two weeks.
- Children's Impact of Traumatic Events Scale - Revised (CITES-R; Wolfe, Gentile, Michienzi, Sas, & Wolfe, 1991).** The CITES-R is a 78-item self-report measure for children ages 8-16 years old that assesses the impact on the child's thoughts, feelings, and perceptions of sexual abuse.

- Revised Children's Manifest Anxiety Scale (RCMAS; Reynolds & Richmond, 1985).** The RCMAS is a 37-item self-report measure of anxiety for children ages 6-19 years old.

- Coopersmith Self-Esteem Inventory (SEI; Coopersmith, 1981).** The SEI measures 8-15 year old children's assessment of themselves both in internal and external settings.

- Sexual Knowledge and Attitudes Inventory - Revised (SKAI; Malinosky-Rummell, Hoier, & Pisaruk, 1989).** The SKAI is a 17-item measure used in Project SAFE research as a representation of children's basic sexual knowledge and their attitudes toward sex and sexual abuse.

### Procedures

- Project SAFE is a free, 12-week group treatment for sexually abused youth and their nonoffending family members (Hubel et al., 2014; Tavkar & Hansen, 2011). Three groups run concurrently; child victims, adolescent victims, nonoffending parents, and a fourth group for nonoffending siblings starts six weeks into the program (Hubel et al., 2014). Each group is facilitated by at least two student therapists as part of their training through the University of Nebraska Lincoln Clinical Psychology Training Program. One Masters level therapist leads the weekly sessions on site at the Lincoln Child Advocacy Center. Each session has a specific topic, and the cognitive-behavioral treatment is standardized through the use of the Project SAFE manual (Hubel et al., 2014; Kouyoumdjian et al., 2009; Tavkar & Hansen, 2011). Topics include Understanding and Recognizing Feelings, Learning to Cope with Feelings, Sexual Education, Family Issues, Sharing What Happened, Offenders, Understanding Feelings About what Happened, and Prevention and Assertiveness.

- Participants independently completed an assessment battery at pre-, mid-, and post-treatment, and again in a 3-month follow-up session. The PSAES-Y was administered at the pre- and post-treatment session and again at the 3-month follow-up.

Table 1  
Summary of Convergent Statistics

	N	M	SD	PSAES-Y (r)
YSR-Internalizing Problems Scale	68	56.21	13.69	.39***
YSR-Externalizing Problems Scale	68	56.97	12.15	.33**
YSR-Total Problems Scale	68	59.07	12.06	.54***
CDI-Total Score	117	53.37	13.47	.48***
CITES-R-Social Reactions Scale	115	6.49	5.79	.35***
CITES-R-Attributions Scale	115	22.53	9.78	.51***
RCMAS-Total Score	115	54.21	14.52	.42***
SEI-Total Score	115	64.57	18.70	-.42***
SKAI-Total Score	117	14.62	2.08	-.22*

\* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$

## Results

### Internal Consistency

- Internal consistency was excellent for the PSAES-Y ( $\alpha = .918$ ).

### Validity

- Pearson product-moment correlations were run to assess the validity of the PSAES-Y. Significant positive correlations were found between the PSAES-Y and the YSR subcategories of internalizing and externalizing, as well as with the YSR total problem scale. Analyses also produced significant positive correlations between the PSAES-Y and the CITES-R subscales of social reactions and attributions. Further a significant positive correlation was found between the PSAES-Y and the RCMAS total anxiety scale. Significant negative correlations were found between the PSAES-Y and the SKAI, and the PSAES-Y and the SEI total scale. All significant correlations between the PSAES-Y and the other measures were in the expected direction. Please refer to Table 1 for the convergent statistics.

### Temporal Stability

- The pattern of correlations between each administration of the PSAES-Y was significant and in the expected direction. Please refer to Table 2 for the correlation matrix.

### Treatment Sensitivity

- There was a significant decrease in children's self-reported negative expectations between pre- and post-treatment,  $F(1, 52) = 12.904$ ,  $p = 0.001$ , and between pre-treatment and follow-up,  $F(1, 36) = 6.024$ ,  $p = 0.019$ .

## Discussion

- Results support the reliability and validity of the PSAES-Y as a measure of distress as reported by youth for use in clinical research.
- The PSAES-Y is a potentially valuable resource for future clinical research as it provides a measure of children's own perception of how sexual abuse will affect their functioning in social, behavioral, and emotional contexts.
- The findings of this study support the existing literature indicating that children's expectations are an important factor that may mediate outcomes. Specifically, children's adjustment after experiencing CSA is, in part, influenced by their own expectations for their relationships, academic performance, and emotional well-being.
- The PSAES-Y may also be a resource for clinical practice as a way to evaluate children's internal processing of the event of CSA as treatment progresses. As demonstrated by the measure's use at Project SAFE, it seems that children's expectations for their future are malleable and can change for the positive.
- Although there is some research examining children's expectations for the future, there is little addressing the specific stressors of CSA. The PSAES-Y may facilitate further investigations aimed at broadening CSA specific child expectation literature.

Table 2  
Temporal Stability of the PSAES-Y

	Pre-Treatment	Post-Treatment	Follow-up
Pre-Treatment	-		
Post-Treatment	0.58***	-	
Follow-up	0.47**	0.70***	-

\* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$