



# Recognizing the Impact of Familial Distress: Improving Mental Health Services for Sexually Abused Youth by Including Caregivers and Non-abused Siblings

Jessica K. Pogue, Kate Theimer, Samantha L. Pittenger, Alayna Schreier, Katie Meidlinger, Brittany Biles, Mary Fran Flood, & David J. Hansen  
University of Nebraska-Lincoln



## Introduction

Child sexual abuse (CSA) victims are at an increased risk for a variety of problems including depression, anxiety, and behavioral concerns (Friedenberg, Hansen, & Flood, 2013; Kendall-Tackett, Williams, & Finkelhor, 1993). Recent estimates suggest that approximately 24.7% of women and 16% of men experience sexual abuse in childhood (CDC, 2010). The high prevalence rates and widespread impact it may have on the family highlights the need for empirically-supported services (Baker, Tanis, & Rice, 2001).

Non-offending caregivers often report increased psychosocial distress or traumatization after the CSA disclosure (Corcoran, 1998). Non-offending and non-abused siblings also report experiencing high levels of overall distress (summed standardized anxiety and depression scores) that is significantly positively correlated with the victim's distress (Pogue et al., 2014).

Providing treatment to the family could influence the trajectory of symptoms. If a parent feels powerless following a child's abuse, it is hypothesized that both victim and sibling will report higher levels of distress. This study explored the relationship between the victim and sibling's distress with the caregiver's sense of competence and parental efficacy.

- *Parenting Stress Index* (PSI; Abidin, 1983) measures parenting stress and detects problems in parent-child relationships. Subscales include the parent's sense of competence and perceived restriction of their role as a parent. This study used both subscales independently.
- *The Parental Efficacy Questionnaire* (PEQ) was modified from Teti and Gelfand's Maternal Self-Efficacy Scale (Teti & Gelfand, 1991) and assesses perceived parental efficacy for managing their children. This study used the Total Score.

## Procedures

Project SAFE (Sexual Abuse Family Education; Hubel et al., 2014) is a manualized, cognitive-behavioral group treatment that includes CSA victims' non-offending family members. Parallel groups are held for child and adolescent victims, siblings, and caregivers (Hansen, Hecht, & Futa, 1998). Topics include emotion recognition, coping strategies, problem solving, sex education, and assertiveness training (Tavkar & Hansen, 2011).

Participants completed measures assessing various impacts of abuse including depression, anxiety, and family functioning.

Table 2. Summary of Linear Regression Analysis for Variables Predicting Parental Sense of Competency Following CSA

Variables	B	SE (B)	β
Sibling Distress	.2.67	.887	.715*
Victim Distress	.199	1.275	.037
R <sup>2</sup>	.546		
F for change in R <sup>2</sup>	7.806**		

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

Multiple regression analyses were conducted to predict parental perceived competency based on their children's distress levels. A significant regression model was found,  $F(2, 13) = 7.806, p < .006$ , with an  $R^2$  of .546. Results indicated that the more distress the sibling is feeling following the disclosure of the victim's abuse, the more stress the caregiver reports regarding his or her competency as a parent, after controlling for the victim's distress level.

## Method

### Participants

Participants presented to mental health treatment at a local Child Advocacy Center following disclosure of sexual abuse. When multiple siblings or victims participated, one sibling-child pair was assigned for analyses.

Participants included 52 victims, 70 siblings, and 50 caregivers. CSA victims were four to 18 years old ( $M = 11.6, SD = 3.4$ ), 90.2% female, and 76.9% identified as European American. Siblings ranged in age from six to 18 years ( $M = 10.5, SD = 2.7$ ), 56.7% male, 82.7% biological siblings, and 75.9% identified as European American. Caregivers ranged in age from 29 to 72 ( $M = 38.5, SD = 9.18$ ), 91% female, 66.7% married, 81.3% currently employed, and 93.8% identified as European American. One sibling, one victim, and one caregiver within a family were included in the analyses.

### Measures

- *Child Depression Inventory* (CDI; Kovacs, 1992) assesses depression in children and adolescents. This study used the Total Score.
- *Multidimensional Anxiety Scale for Children* (MASC; March, 1998) assesses symptoms of children's anxiety. This study used the Total Score.
- *Revised Children's Manifest Anxiety Scale* (CMAS-R; Reynolds & Richmond, 1985) measures general anxiety. The Total Anxiety score for victims was used.

## Results

Correlational analyses indicated that parents' increased concerns about their own parental efficacy were significantly associated with depressive symptoms ( $r = .519, p < .006$ ) and anxiety symptoms ( $r = .543, p < .013$ ) for siblings. Results also indicated that lower caregiver's perceived competency as a parent was associated with higher symptoms of depression ( $r = .626, p < .001$ ) and anxiety ( $r = .665, p < .001$ ) for siblings as well as increased symptoms of anxiety for victims ( $r = .393, p < .035$ ).

Table 1. Bivariate Correlations of Victim and Sibling Depression and Anxiety with the Primary Caregiver's Perceived Functioning

Variables	1	2	3	4	5	6
1. Sibling depression	-					
2. Sibling anxiety	.811**	-				
3. Victim depression	.371	.298	-			
4. Victim anxiety	.615**	.630**	.561**	-		
5. Parenting efficacy	.519**	.543*	.154	.205	-	
6. Parental competency	.626**	.665**	.194	.393*	.324	-
7. Parental restriction of role	.598**	.552*	.227	.362*	.294	.741**

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

## Discussion

Siblings play a role in parental functioning following CSA disclosure despite the fact that they did not disclose experiencing abuse themselves. Access to mental health treatment is critical because CSA impacts the entire family (Tavkar & Hansen, 2011). Treatment supporting the family is a potential mechanism of change to improve psychological functioning in CSA victims. Treatment that targets caregivers' sense of competence in their parenting roles can potentially improve the functioning of entire families. A parent's lack of confidence in his or her ability to parent effectively following the disclosure is positively correlated with increased distress reported by the children and therefore is an ideal target for intervention.

Improving access to treatment for non-offending family members requires recognition that more intervention is needed than exclusively direct service to the CSA victim. The heterogeneity of victims' responses to CSA indicates that not all families would require intensive services, but the families who do report distress would likely benefit if given the opportunity to gain information about how to support themselves and the victim during the aftermath of disclosure. Future research should explore the mechanisms through which non-offending family members' distress influences broader family functioning.