Sleep Difficulties Following Child Sexual Abuse

Akemi E. Mii, Katie Meidlinger, Kelsey McCoy, Emily Sonnen, T. Zachary Huit, Hannah M. Coffey, Gina May, Mary Fran Flood, and David J. Hansen

INTRODUCTION

- Youth presenting to treatment following child sexual abuse (CSA) may exhibit additional concerns that may impact their success in treatment.
- Sleep problems are common in childhood, regardless of CSA experience.
- There is a dearth of literature examining the interplay between child sexual abuse and sleep problems.
- The purpose of this study was to examine the presence of sleep problems in youth following CSA, the association between sleep problems and psychological symptoms, and the change in these symptoms following treatment.

METHODS

- 276 youth and non-offending caregivers presented to Project SAFE (Sexual Abuse Family Education) in Southeastern Nebraska.
- Project SAFE is a 12-week cognitive-behavioral group treatment for youth who have been sexually abused and their non-offending caregivers.
- Youth were 6 to 19 years of age (M = 11.70, SD = 2.92), 87.4% female, and 76.6% identified as European American.
- The Child Behavior Checklist (CBCL) contains six sleep items that were used to assess caregiver report of the youth's sleep.
- Additionally, youth's psychological symptoms were reported by the youth and their caregivers.

Following treatment for child sexual abuse (CSA), children's sleep problems **decreased**.

Table 1
Frequency of Caregiver-Reported Sleep Problems at Pre-Treatment

	Not True	Sometimes True	Very True	*N*
Nightmares	134 (48.6%)	105 (38.0%)	37 (13.4%)	276
Overtired	169 (61.2%)	74 (26.8%)	33 (12.0%)	276
Sleeps less	215 (78.8%)	43 (15.8%)	15 (5.5%)	273
Sleeps more	201 (73.6%)	41 (15.0%)	31 (11.4%)	273
Talks/walks in sleep	225 (82.1%)	37 (13.5%)	12 (4.4%)	274
Trouble sleeping	172 (62.5%)	67 (24.4%)	36 (13.1%)	275

Table 2
Correlations of Sleep Problems and Caregiver-Reported Clinical Symptoms at Pre-Treatment

	1	2	3	4	5	6	7	8	9	10
Nightmares	.392**	.188**	.257**	-	.348**	.263**	.115	.233**	-	.224**
Overtired	.451**	.477**	.341**	-	.349**	.321**	.371**	.374**	-	.394**
Sleeps less	.211**	.112	.146*	.238**	-	.177**	.110	.197**	.243**	.202**
Sleeps more	.431**	.455**	.288**	.326**	.419**	.296**	.315**	.309**	.437**	.321**
Talks/walks in sleep	.134*	.149*	.071	.177**	.197**	.130*	.093	.119	.188**	.159**
Trouble sleeping	.360**	.287**	.236**	.331**	-	.248**	.099	.226**	.398**	.216**
Sleep Composite	.568**	.478**	.387**	-	-	.404**	.317**	.418**	-	.432**

1 = Anxious/Depressed, 2 = Withdrawn, 3 = Social Problems, 4 = Somatic Complaints, 5 = Thought Problems, 6 = Attention Problems, 7 = Rule-Breaking Behavior, 8 = Aggressive Behavior, 9 = Internalizing Problems, 10 = Externalizing Problems

Note. Correlations for scales that contained the sleep item examined were not included.

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

Table 3
Contingency Table of Reported Changes in Sleep Problems at Pre-Treatment and Post-Treatment

Pre-Treatment	Post-Treatment			
	Not True *n* (%)	Sometimes True *n* (%)	Very Often True *n* (%)	Total
Nightmares				
Not True	**37 (77%)**	9 (19%)	2 (4%)	48
Sometimes True	14 (39%)	**18 (50%)**	4 (11%)	36
Very Often True	2 (20%)	3 (30%)	**5 (50%)**	10
Overtired				
Not True	**40 (73%)**	14 (25%)	1 (2%)	55
Sometimes True	16 (53%)	**13 (43%)**	1 (3%)	30
Very Often True	4 (40%)	4 (40%)	**2 (20%)**	10
Sleeps Less				
Not True	**59 (81%)**	13 (18%)	1 (1%)	73
Sometimes True	10 (67%)	**4 (27%)**	1 (7%)	15
Very Often True	3 (50%)	1 (17%)	**2 (33%)**	6
Sleeps More				
Not True	**63 (86%)**	9 (12%)	1 (14%)	73
Sometimes True	7 (44%)	**8 (50%)**	1 (6%)	16
Very Often True	3 (50%)	2 (33%)	**1 (17%)**	6
Sleep Walks/Talks				
Not True	**70 (90%)**	7 (9%)	1 (1%)	78
Sometimes True	6 (46%)	**7 (54%)**	0 (0%)	13
Very Often True	2 (67%)	1 (33%)	**0 (0%)**	3
Trouble Sleeping				
Not True	**45 (78%)**	10 (17%)	3 (5%)	58
Sometimes True	10 (43%)	**11 (48%)**	2 (9%)	23
Very Often True	6 (43%)	4 (28.5%)	**4 (28.5%)**	14

Note. The bolded text indicates cases where there was no change in symptoms from pre-treatment to post-treatment. The cells above the diagonal indicate cases where participants endorsed an increase of symptoms at post-treatment. The cells below the diagonal indicate cases where participants endorsed a decrease of symptoms at post-treatment.

RESULTS

- Rates of endorsement for specific sleep problems at pre-treatment ranged from 17.9% to 51.4%, with nightmares as the most reported concern (see Table 1).
- Caregiver and youth reports indicated that sleep problems were positively associated with symptoms of anxiety, depression, inattention, post-traumatic stress, and externalizing problems (see Table 2).
- At post-treatment, rates of endorsement for specific sleep problems decreased, ranging from 16.2% to 44.7%, (see Table 3).
- Caregiver report of youth symptoms suggested that less change in sleep problems at post-treatment was associated with less change in psychological symptoms at post-treatment.

DISCUSSION/IMPLICATIONS

- The notable proportion of youth experiencing sleep problems following CSA is concerning given the known developmental consequences of poor sleep in childhood.
- The association between sleep problems and psychological symptoms in youth following CSA is significant and should be examined further to determine potential bi-directionality.
- Incorporation of sleep interventions may be necessary in successful treatment following CSA, regardless of a diagnosis of PTSD.