Introduction

A hierarchical (nested) multiple regression analysis was conducted to determine how well pre-treatment parental expectations of children's functioning predict post-treatment children's internalizing problems. Using post-treatment scores on the CBCL, Internalizing Problems Scale as the criterion variable, the following subsets of variables were entered into the regression in two blocks: first, pre-treatment children's total scores on the CBCL Internalizing Problems Scale on the CBCL, Total Problems Scale on the CBCL, and Total Problems Scale on the CBCL, but not the CDI or PSMAS. Multiple regression analyses were then conducted using CBCL Internalizing Problems Scale scores, CBCL Total Problems Scale scores, and the Children's Depression Inventory (CDI) as the criterion variable. The following subsets of variables were entered into the regression in two blocks: first, pre-treatment children's total scores on the CBCL Internalizing Problems Scale on the CBCL, Total Problems Scale on the CBCL, but not the CDI or PSMAS.

Results

Relationship of Pre-Treatment Parental Expectations Scores and Pre-Treatment Children's Functioning Scores

- Parent's correlations were computed among all variables (i.e., CDI, RCMAS, Interimizing and Externalizing Problems Scale on CBCL, PES, PSMAS). Scores on the PES were significantly positively correlated with scores on the CDI, Interimizing Problems Scale on the CBCL, Externalizing Problems Scale on the CBCL, and Total Problems Scale on the CBCL. There was no relationship between scores on the PES and RCMAS. Additionally, scores on the PSMAS were significantly positively associated with scores on Interimizing Problems Scale on the CBCL, Interimizing Problems Scale on the CBCL, and Total Problems Scale on the CBCL. There was no relationship between scores on the PES and RCMAS. Scores on the PSMAS were significantly positively associated with scores on Interimizing Problems Scale on the CBCL, Externalizing Problems Scale on the CBCL, and Total Problems Scale on the CBCL, but not the CDI or PSMAS.

- Multiple regression analyses were then conducted using CBCL Internalizing Problems Scale scores, CBCL Total Problems Scale scores, and the Children's Depression Inventory (CDI) as the criterion variable. The following subsets of variables were entered into the regression in two blocks: first, pre-treatment children's total scores on the CBCL Internalizing Problems Scale on the CBCL, Total Problems Scale on the CBCL, but not the CDI or PSMAS.

Discussion

- Results indicated that higher parental expectations of both children's future functioning and how school abuse would affect children were associated with overall behavior problems in children, as well as a variety of internalizing and externalizing behavior problems, as rated by parents. These expectations were generally not associated with children's self-report of internalizing symptoms. This suggests that parental expectations are more closely aligned with their perceptions of children's current functioning in that they believe that their children perceive their own mental health functioning as adequate. Also, parental sexual abuse expectations on the PES were positively associated with scores on Internalizing Problems Scale on the CBCL, Externalizing Problems Scale on the CBCL, Total Problems Scale on the CBCL. Additionally, there was no association found between scores on the PES and the CDI or RCMAS.

- Because symptom expression can vary over time and as a result of treatment, changes in children's functioning between pre- and post-treatment were examined. Parent-report measures of these variables suggest that children reported decreases in both depression and anxiety, as indicated by significantly lower scores on the CDI and RCMAS after treatment.

- No relationship was found between pre-treatment PES scores and any of the post-treatment child mental health functioning, indicating both off report and parent report. However, post-treatment PES scores were correlated with parent-reported child behavior problems (CDI, Total, Externalizing, and Internalizing) but not with scores from child self-report measures. Hence, parental expectations of how sexual abuse will affect their children was not related to children's post-treatment ratings of their depression or anxiety. Pre-treatment PES scores were predictive of post-treatment scores on parent-report measures of children's behavior, how ever pre-treatment PES scores did not have a prospective relationship.

- Based on these results, it is of interest to note that general parental expectations of their children's future functioning (i.e., PES) were not predictive of children's functioning scores, either at pre-treatment or post-treatment, yet, parental expectations of how sexual abuse will affect their children were predictive of children's functioning scores both at pre-treatment and post-treatment. These patterns of results highlight the importance of focusing on parental perceptions about children's functioning.

- Taken together, these results shed light not only on the long-term impact that parental expectations about children sexual abuse have on children's functioning, but they also revealed that children's mental health symptoms, as rated by children and parents, decreased from pre to post-treatment. This change suggests that the Project SAFE treatment program was effective in reducing children's psychological symptoms. Finally, these findings also provide support for continuing treatment programs for nonoffending caregivers and sexually abused children as a substantial role in facilitating children's recovery.