Heterogeneity of Symptom Presentation in Sexually Abused Youth: Relationship with Abuse Characteristics and Patterns of Family Functioning

Poonam Tavkar, C. Thresa Yancey, David J. Hansen, and Mary Fran Flood
University of Nebraska-Lincoln

Introduction

Childhood trauma (e.g., CSA) continues to be a growing problem in today’s society. Although child protection services appear to be effective, there are still children who suffer the effects of CSA. A national survey of children in the U.S. revealed that 1 in 7 children were sexually abused (Wolfe et al., 2014). This high prevalence rate highlights the need for more research on the effects of CSA and its impact on children's well-being.

Method

Participants

Participants consisted of 72 sexually abused youth and their primary non-offending caregivers who were recruited for a study for the purpose of developing a comprehensive treatment program for victims and their families. Of the total sample, 79.2% were females, with the average age of 11.44 years (SD = 2.44). The majority of the individuals were Caucasian/White (77.8%), whereas the remainder were African American (13.7%), Hispanic (6.9%), or did not report a specific ethnic identity (1.4%). The mean age of onset of CSA for the total sample was 9.09 years (SD = 2.99, range = 1-16 years).

Results

Cluster Analysis

A series of ANOVAs was conducted to compare group members on: child’s age, age of onset, and duration of abuse. No significant differences were found among the four groups across these demographic and abuse-specific characteristics.

Cluster 1 – Highly Distressed

This cluster consisted of 17 participants. This cluster was termed “Problem Behaviors” due to significantly higher scores on the CDI, CMAS-R, and PTSD scales. These participants reported significantly more symptomatology themselves, rather than their caregivers. They also had significantly lower self-esteem compared to other clusters.

Cluster 2 – Problem Behaviors

This cluster consisted of 17 participants. This cluster was termed “Moderately Distressed” due to reported low levels of symptoms of depression, fears, PTSD, general anxiety, and above the group average for self-esteem.

Cluster 3 – Subclinical

This cluster consisted of 13 participants. This cluster was termed “Subclinical” due to reported subclinical levels of symptoms on the CDI, CMAS-R, and PTSD scales. These participants were found to be significantly lower than average for depression, internalizing, externalizing, and self-deception. However, they also reported significantly lower self-esteem compared to other clusters.

Cluster 4 – Moderately Distressed

This cluster consisted of 24 participants. This cluster was termed “Moderately Distressed” due to reported higher levels of symptomatology compared to the Subclinical group. These participants were found to be significantly higher for depression, internalizing, and self-deception compared to other clusters.

Conclusion

The present study utilized a breadth of assessment measures from multiple informants and whether these clusters differed on variables of family functioning and abuse-specific characteristics. The findings of this study suggest that different clusters of symptom presentation may exist within the population of sexually abused youth. Further research is needed to understand the mechanisms underlying these differences and to develop targeted interventions for each cluster.

Implications and Future Directions

The study identified four distinct groups of clusters of symptom presentation in a sample of sexually abused youth. These findings provide important implications for the development of targeted interventions and support services. Future research should focus on understanding the mechanisms underlying these differences and how they may affect the long-term outcomes of these youth.

Note.

All random assignment and group assignment were conducted independently on the basis of the groups being the same on the basis of the baseline measures. Comparisons between the groups included (a) the cluster of the sample and (b) the total sample. No significant differences were found among the four groups on the outcome measures.

References


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