Introduction

The purpose of the present study was to further explore the heterogeneity of psychological and behavioral characteristics prior to treatment of sexually abused youth. Post-treatment analyses revealed a five-cluster solution as the best fitting solution, demonstrating that group membership for some youth fluctuates over the course of treatment. In particular, two factors (parental history of emotional abuse and a sense of competence as a parent) were associated with post-treatment symptom presentation for sexually abused youth. However, the limited participation by gender, and limited cultural diversity. Future studies with larger sample sizes may allow for the inclusion of additional variables to examine factors (e.g., gender, child attributions and cognitions, coping strategies, and cultural differences) that influence group membership and outcomes in treatment response.

Method

Participants

Arts, Leisure, and Psychology, Nebraska, 1992). Revisions Children’s Depression Inventory Scale (Beckwith, 1989). Cluster analysis for participants at T1 (51%) received a five-cluster solution as the best fitting solution following treatment. Of the variables presented in Table 1, the Parents’ Report of Psychological Distress (KR-20) (Kendall-Tackett et al., 1993) was the only variable that was significantly different across clusters. Parents of participants in the Self-report of Anxiety, Depression, and PTSD cluster at T3 reported a lower sense of competence as a parent at T1 as compared to parents of participants in the Subclinical cluster.

Results

A series of one-way ANOVAs were conducted to examine which characteristics of participant’s post-treatment cluster membership. A follow-up analysis using LSD for mean differences was used to determine which groups were significantly different from one another. Two findings were evident from these ANOVAs. First, of the 25 parental variables examined, only seven showed a statistically significant difference between parental characteristics at T1 and participants clustered in the four-Cluster model. Second, following the post-treatment analyses, a limited number of significant differences. This is likely as a result of the small sample size in some clusters as opposed to other. Parmwise comparisons, if not represented below, were nonsignificant.

Cluster Characteristics Predicting Post-Treatment Cluster Membership

One area of research interest was to explore the role of parent characteristics on post-treatment outcomes for sexually abused youth (Cohen & Mannarino, 1996; Friedrich et al., 1992). In a similar manner, previous research has linked maternal psychological distress to a variety of problems for sexually abused youth, such as (a) adjustment difficulties following trauma (e.g., Dishion & Snyder, 1991), (b) greater PTSD symptomatology and internalizing behavior (e.g., Dobson et al., 1998), and (c) decreased support which has been shown to impede trauma outcomes for sexually abused youth (Cullen & Manoone, 1996; Friedrich et al., 1992). However, empirical research has yet to examine the link between parental characteristics (e.g., parental history of maltreatment, stress, psychological distress, and disruption patterns of sexually abused youth). Results from these within-cluster analyses were then examined to determine which factors were significantly different across clusters. The following tables include the mean and standard deviation for each of the symptomatology measures are shown in Figure 2 for each of the five clusters.

Cluster 2 – Highly Distressed

Parents of participants in the Parental-report of Internalizing and Externalizing cluster at T3 reported higher hostility, psychotic symptoms, somatic symptoms, and sense of competence as a parent relative to most other clusters, Internalizing and Externalizing scores as well as elevated sexual behaviors scores as reported by their non-offending caregivers. The participants also reported elevated levels of PTSD symptoms, but otherwise reported moderate levels of depression, anxiety, and generalized anxiety. The majority of participants placed in the Behavior Problems cluster at T3 (33%) fell into cluster 1. However, parents falling into this cluster T3 came approximately evenly from both the Behavior Problems and the Highly Distressed clusters.

Cluster 1 – Behavior Problems

Parents of participants in the Parental-report of Internalizing and Externalizing cluster at T3 reported higher hostility, psychotic symptoms, somatic symptoms, and sense of competence as a parent relative to most other clusters, Internalizing and Externalizing scores as well as elevated sexual behaviors scores as reported by their non-offending caregivers. The participants also reported elevated levels of PTSD symptoms, but otherwise reported moderate levels of depression, anxiety, and generalized anxiety. The majority of participants placed in the Behavior Problems cluster at T3 (33%) fell into cluster 1. However, parents falling into this cluster T3 came approximately evenly from both the Behavior Problems and the Highly Distressed clusters.

Cluster 3 – Subclinical

This cluster contained 41 participants that were characterized by consistently lower elevations on all caregiver and child measures of symptomatology.

Cluster 4 – Subclinical

This cluster contained 26 participants that were characterized by consistently lower elevations on all caregiver and child measures of symptomatology. The majority of participants placed in the Subclinical cluster at T3 came primarily from the Subclinical cluster at T1. A small subset (5%) of other participants in this cluster came from the Moderately Distressed cluster at T1.

Cluster 5 – Self-report of Anxiety, Depression, and PTSD

Parents of participants in the Self-report of Anxiety, Depression, and PTSD cluster at T3 reported a lower sense of competence as a parent at T1 as compared to parents of participants in the Post-treatment Child Cluster Membership.

Discussion

Personality characteristics prior to treatment were able to predict differences in seven instances post-treatment – T4. Child maltreatment data were collected at T1 only; the rest of the measures listed above were collected at all four time points.

Pre-Treatment Child Cluster Membership

Hierarchical cluster analyses were conducted using both self- and parent-report of participants’ symptomatology prior to the start of treatment (T1) and immediately following (T1). Scores from these measures were transformed to standardized z-scores prior to cluster analysis. Scores were linked using Ward’s method and squared Euclidean distance was selected as the measure of similarity. Cluster solutions were selected by examining the agglomeration schedule as well as the dendrograms and possible cluster characteristics. The covariates profile for each of the symptomatology measures are shown in Figure 1 for each of the four clusters.

Cluster 1 – Self-report Distressed

This cluster contained 69 participants that were characterized by moderately elevated levels on all symptomatology measures, both self-report and parent-report. The participants were included in this cluster if they reported moderately elevated Internalizing and Externalizing symptoms.