Sexually Abused Youth Presenting to Treatment at a CAC: Relationship Between Post-Abuse Attributions and Child Symptoms

Brittany L. Biles, Emily Sonnen, Kate Theimer, Jessica K. Pogue, Kelsey McCoy, Katie Meidlinger, Terrence Z. Huit, Mary Fran Flood, Ph.D., & David J. Hansen, Ph.D.
University of Nebraska-Lincoln

projectsafe

Introduction

- Literature has investigated the relationship between attributional styles and psychological well-being for many years. The term attributional style was created to describe how individuals explained their positive and negative life events (Abramson et al., 1995; Peterson et al., 1995).
- Following child sexual abuse (CSA), victims develop attributions (e.g., self-blame/guilt) about the sexual abuse experience in an attempt to understand a situation that threatens their sense of safety within the world (Feiring, Taska & Chen, 2002; Valle & Silovsky, 2002).
- Limited research shows there is a relationship between post-abuse attributions and outcomes following CSA. Research is beginning to further investigate this relationship due to attributions influencing varied outcomes of CSA (Feiring & Cleland, 2007; Yancey et al., 2013; Wolfe et al., 1994).
- The purpose of the study was to explore the relationship between post-abuse attributions and child symptoms following CSA.
- It was hypothesized that having more post-abuse attributions (self-blame/guilt, lack of empowerment, personal vulnerability, dangerous world) would be related to higher depression symptoms, anxiety symptoms, and PTSD symptoms for sexually abused youth presenting to treatment at a Child Advocacy Center (CAC).
- This study aids in the understanding of how victims' specific attributions about the abuse relate to psychopathology, which informs treatment implementation for victims of CSA and their families seeking services.

Method

Participants

- Participants were 315 sexually abused youth and their non-offending caregivers presenting to Project SAFE (Sexual Abuse Family Education), a 12-week parallel group cognitive-behavioral treatment program (Hubel et al., 2014). Individuals were 7 to 18 years old ($M = 11$, $SD = 2.94$), 80.6% female, and 79.1% European American.

Procedures and Measures

- All participants completed assessment measures prior to treatment.
- *Child Depression Inventory* (CDI; Kovacs, 1992) is a 27-item measure assessing depression in children and adolescents.
- *Children's Impact of Traumatic Events Scale-Revised* (CITES-R; Wolfe, Gentile, Michienzi, Sas, & Wolfe, 1991) is a 78-item measure of the effects of traumatic events from the victim's perspective. The PTSD scale and Abuse Attributions subscales (Self-Blame/Guilt, Empowerment, Personal Vulnerability, and Dangerous World) were used.
- *Revised Children's Manifest Anxiety Scale* (CMAS-R; Reynolds & Richmond, 1985) measures general anxiety. The Total Anxiety score was used.

Table 1. *Bivariate Correlations*

Variables	1	2	3	4	5	6
1. Self-Blame/Guilt	-					
2. Empowerment	.196**	-				
3. Personal Vulnerability	.424**	.285**	-			
4. Dangerous World	.176**	-.047	.467**	-		
5. CDI	.338**	.194**	.408**	.239**	-	
6. PTSD	.407**	.087	.592**	.452**	.388 **	-
7. CMAS-R	.278**	.138*	.438**	.248**	.697**	.495**

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

Table 2. *Linear Regression Analysis for Variables Predicting Elevated Depression Scores (CDI)*

Variables	B	SE (B)	β
Self-Blame/ Guilt**	.633	.211	.190
Empowerment	.382	.258	.090
Personal Vulnerability**	1.274	.360	.261
Dangerous World	.551	.471	.078
	$R^2 = .206$		
	F for change in R^2 = 16.032		

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

Table 3. *Linear Regression Analysis for Variables Predicting Elevated Scores on the CITES-R PTSD Scale*

Variables	B	SE (B)	β
Self-Blame/ Guilt**	.440	.115	.200
Empowerment	-.180	.145	-.063
Personal Vulnerability**	1.390	.198	.423
Dangerous World**	1.004	.257	.212
	$R^2 = .419$		
	F for change in R^2 = 47.147		

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

Table 4. *Linear Regression Analysis for Variables Predicting Elevated Anxiety Scores on the CMAS-R*

Variables	B	SE (B)	β
Self-Blame/ Guilt	.374	.219	.109
Empowerment	.095	.274	.021
Personal Vulnerability**	1.800	.374	.356
Dangerous World	.412	.492	.056
	$R^2 = .202$		
	F for change in R^2 = 15.342		

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

Results

- Table 1 summarizes bivariate correlations looking at the relationship between post-abuse attributions and child symptoms.
- Table 2 shows a significant multiple regression model for depression with all four predictors, $R^2 = .21$, $F(4, 247) = 16.03$, $p < .001$. Attributions of self-blame and personal vulnerability had significant positive regression weights, indicating that victims who blamed themselves for the abuse and felt vulnerable to future abuse were expected to have higher symptoms of depression, after controlling for all other variables.
- Table 3 shows a significant multiple regression model for PTSD with all four predictors, $R^2 = .42$, $F(4, 262) = 47.15$, $p < .01$. Attributions of self-blame, personal vulnerability, and dangerous world had significant positive regression weights, indicating that victims who blamed themselves for the abuse, felt vulnerable to future abuse, and believed the world was unsafe were expected to have higher PTSD symptoms, after controlling for all other variables.
- Table 4 shows a significant multiple regression model for anxiety with all four predictors, $R^2 = .20$, $F(4, 242) = 15.34$, $p < .001$. The attribution of personal vulnerability had a significant positive regression weight, indicating that victims who felt vulnerable to future abuse were expected to have higher anxiety symptoms, after controlling for all other variables.
- Results are not reported for the relationship between post-abuse attributions and parent-report of child symptoms due to non-significant multiple regression models.

Discussion

- Findings suggest that victims of CSA presenting to treatment with more negative post-abuse attributions will be more likely to also present with depression symptoms, PTSD symptoms, and anxiety symptoms.
- The study is unique because it examined attributional styles and highlights the importance of continuing to study specific abuse attributions, such as personal vulnerability and dangerous world, to further understand the varied responses to CSA.
- Future research should investigate factors related to specific abuse attributions because there are heterogeneous responses to how child victims explain their abuse experience.
- Targeting abuse attributions within treatment will positively influence post-treatment outcomes by addressing maladaptive cognitions to improve emotional and behavioral adjustment for victims of CSA (Celano et al., 2002; Cohen & Mannarino, 2000).