

Internalizing Problems Among Childhood Sexual Abuse Victims in Inpatient Care: Relationship to Perpetrator and Implications for Treatment

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Introduction

The prevalence of sexual abuse has become common knowledge in our society, and there is extensive research on outcomes that are experienced by victims of childhood sexual abuse (CSA; Kendall-Tackett, Williams, & Finkelhor, 1993). Recent reports have estimated that 217,000 children are victims of sexual abuse every year (National Center on Child Abuse & Neglect, 1996). Many researchers feel that this is a vast underestimate, as many cases of sexual abuse are neither disclosed nor reported (Kendall-Tackett et al., 1993). Research estimates suggest that actual abuse rates may be as high as one in every four girls and one in every ten boys (Faller, 1993). Of the thousands of children sexually abused, 54% of the perpetrators are related to the victim, and 46% are unrelated to the victim (National Center on Child Abuse and Neglect, 1996).

CSA victims display a range of problems, including anxiety, depression, aggression, and academic difficulties (Kendall-Tackett et al., 1993), and the current literature does little to elucidate reasons for these differences among outcomes. One hypothesis is that the victim's relationship to the perpetrator influences the outcome of sexual abuse (Kendall-Tackett et al., 1993). For this reason, an important factor that should be considered when examining outcomes of childhood sexual abuse is the relationship of the victim to the perpetrator. The research involving the effects of the relationship of the perpetrator, intrafamilial versus extrafamilial, have varied. Wyatt and Newcomb (1990) found that closer relationship of perpetrator was positively related to long-term negative consequences of the abuse. Conversely, Maynes and Feinauer (1994) observed that the identity of the perpetrator was only slightly related to symptoms of dissociation and physical anxiety symptoms. In general, sexual abuse perpetrated by a biological or stepfather has been associated with greater trauma in the victim (Beitchman, Zucker, Hood, DaCosta, and Akman, 1991). Many assume that outcomes from intrafamilial abuse are worse for the victim because the perpetrator is often living with the victim. Victims of extrafamilial abuse are often assumed to be in little or no danger of revictimization. Due to these factors, extrafamilial abuse cases often go unreported and untreated (Bolen, 2000).

Method

The present study was designed to investigate the association between victim's relationship to the perpetrator and internalizing outcomes following childhood sexual abuse. The data were collected as part of psychological evaluations completed after youth were admitted to a psychiatric inpatient unit. Masters level clinical psychology graduate students, supervised by a licensed clinical psychologist, conducted clinical interviews and administered self-report measures such as the Children's Depression Inventory (CDI; Kovacs, 1992) and the Revised Children's Manifest Anxiety Scale (RCMAS; Reynolds & Richmond, 1985).

It was hypothesized that a history of abuse will be predictive of higher scores on the CDI and RCMAS. In particular, intrafamilial abuse is thought to predict higher scores than both extrafamilial abuse and no history of abuse. History of extrafamilial abuse is hypothesized to predict greater internalizing distress than is no history of abuse, but less than history of intrafamilial abuse.

Participants

Participants were 110 youth evaluated while receiving inpatient treatment in the child and adolescent psychiatric unit of a community-based medical center. Fifty-five of the participants had a history of sexual abuse, and 55 had no history of maltreatment. Participants who were sexually abused by a family member (or a person in a family member role) were included in the “intrafamilial” perpetrator category. Those who were sexually abused by people outside their family were included in the “extrafamilial” category. This category included perpetration by peers, strangers, and acquaintances. Of the sexually abused youth, 37 had intrafamilial perpetrators and 18 had extrafamilial perpetrators.

The youth ranged in age from 7 to 17, with a mean age of 12.92 (STD = 2.90). There were 34 males (30.9%) and 76 females (69.1%). For each group, sexually abused and no history of maltreatment, there were 17 males and 38 females.

Measures

- Children’s Depression Inventory (CDI). The CDI is a 27-item measure utilized with children and adolescents (7-17 years of age) that assesses a range of depressive symptomatology (Kovacs, 1992). The CDI is the most widely used measure for the assessment of depressive symptoms in children and adolescents, for both clinical and research purposes (Craighead, Curry, & Ilhardi, 1995). The CDI generates subscale scores for the following six areas: Negative Mood, Anhedonia, Negative Self-Esteem, Interpersonal Problems, Ineffectiveness, and Total Depression (this score combines the scores of the five previous subscales). The CDI is designed to assess the level of agreement from the respondent with a statement regarding his or her attitudes over the past two-week period. The CDI has good internal consistency ($r = .71$ to $.89$) and acceptable temporal stability (Kovacs, 1992).
- Revised Children’s Manifest Anxiety Scale (RCMAS). The RCMAS is a 37-item self report questionnaire designed for children and adolescents ages 6 to 19 years (Reynolds & Richmond, 1978, 1985). This scale is designed to assess general anxiety symptoms by having respondents answer each question Yes or No as to whether it describes them. The RCMAS yields three subscale scores for Physiological Anxiety, Worry/Oversensitivity, and Social Concerns/Concentration. There is also a Total Anxiety Score and a Lie scale, which determines a child’s defensiveness or inability to understand the questions. Reliability coefficients for the RCMAS are $.83$ (Reynolds & Richmond, 1978).

Results

Multiple regression analyses were used to explore the relationship between perpetrator type and internalizing symptoms. Perpetrator type (intrafamilial sexual abuse, extrafamilial sexual abuse, and youth who have no history of maltreatment) was dummy coded and entered as a predictor for both the CDI and the RCMAS total scores in separate regression equations. Age and gender were included in the analyses in order to assess the predictive quality of perpetrator relationship after controlling for the age and gender of the youth. Table 1 displays the mean score for each group on the CDI and RCMAS.

After controlling for age and gender, history of abuse was significantly predictive of a higher score on the CDI ($R^2 = .060$, $F = 3.415$, $p = .037$). However, contrary to the original hypothesis, there was no significant mean difference in CDI scores between youth abused by an intrafamilial perpetrator and an extrafamilial perpetrator. Victims of intrafamilial and extrafamilial abuse had significantly higher scores on the CDI than did nonabused youth. Analyses revealed that both dummy codes that compared nonabused youth to youth with an intrafamilial perpetrator and nonabused youth to those abused by an extrafamilial family member

were significant predictors of CDI score. Please see Table 2 for the Beta weights for each predictor in the analysis using CDI as the criterion.

Perpetrator type was not found to be a significant predictor for scores on the RCMAS, after controlling for age and gender. Overall, there were not significant differences among the three groups on total scores on the RCMAS. The multiple regression revealed an $R^2 = .016$, $F = .855$ ($p = .428$) indicating that none of the variables were significant predictors of RCMAS score. Contrary to the original hypotheses, the mean scores on the RCMAS for each group were not significantly different. Please see Table 3 for Beta weights for the regression using the RCMAS as the criterion.

Discussion

A review of the literature suggests that youth who are sexually abused by a family member are more likely to experience internalizing distress following the abuse than are youth victimized by someone outside the family. The present study was designed to assess whether being a victim of intrafamilial abuse predicted greater internalizing distress as measured on the CDI and RCMAS than did being a victim of extrafamilial abuse or no history of abuse. Multiple regression analyses were utilized to investigate the predictability of type of relationship to perpetrator and internalizing symptoms.

Results indicated that, on the average, abuse predicted higher scores on the CDI, however there were no significant differences in the scores from youth abused by a family member and those abused by someone outside the family. History of abuse (intrafamilial or extrafamilial) was not found to be predictive of higher scores on the RCMAS. In general, youth who were abused tended to endorse similar levels of anxiety symptoms on the RCMAS as did nonabused youth.

There are several possible explanations for the differences in the present study and the results found in prior studies. The current sample includes youth who were in inpatient care. These youth likely have significant difficulties in their lives in addition to a history of sexual abuse. The sample may not be equivalent in overall functioning as those in prior studies. Further, inpatient youth present unique challenges for treatment, as many have experienced numerous unsuccessful treatment attempts before being hospitalized. The role of CSA in their current symptoms is often difficult to determine. Also, other factors related to the abuse, including family reaction, duration, type of abuse, and presence of bodily harm may interact with relationship to perpetrator in predicting outcome. Although from a research standpoint a lack of significant differences can be disappointing, from a clinical standpoint it is valuable to see that sexual abuse has not led to significant differences between these youth and their nonabused peers in an inpatient hospitalization.

The nature of internalizing outcomes following sexual abuse is unpredictable, and to best treat individuals with difficulties following sexual abuse an idiographic assessment is necessary. In the past, the factors associated with different outcomes for CSA have received little attention. Improved knowledge regarding outcomes following abuse and the factors associated with different outcomes is important for researchers and clinicians to better adapt specific interventions for particular individual needs. Further investigation into these factors is needed.

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Table 1
Means and Standard Deviations for the CDI and RCMAS

CDI Total Score (T-score)	Mean	STD
Intrafamilial Perpetrator	62.70	15.51
Extrafamilial Perpetrator	65.22	16.38
Nonabused	56.33	13.82
RCMAS Total Score (T-score)		
Intrafamilial Perpetrator	58.19	13.21
Extrafamilial Perpetrator	59.33	10.26
Nonabused	55.49	13.04

Table 2
Summary of Linear Regression Analysis for the CDI

Variable	B	SE B
bIntrafamilial v. Nonabused	.425	.208
.202*		
Extrafamilial v. Nonabused	.606	.269
Age	.023	.034
Gender	.035	.212

*p < .05

Table 3
Summary of Linear Regression Analysis for the RCMAS

Variable	B	SE B
bIntrafamilial v. Nonabused	.213	.215
.101 Extrafamilial v. Nonabused	.292	.278
.109		
Age	-.008	.036
Gender	.036	.219

Note: no predictors significant at the .05 level