Abuse History and Family Environment as Predictors of Internalizing Symptoms of Sexually Abused Youth Pre- and Post-Treatment

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I. Introduction

- Child Sexual Abuse (CSA) is a disturbingly prevalent problem
  - Recent integrative review on the prevalence of CSA in nonclinical, North American adult samples found that 22.3% of women and 8.5% of men had experienced CSA (Gorey & Leslie, 1997)
  - Third National Incidence Study of Child Abuse and Neglect estimated that in 1993, approximately 217,700 children nationwide had experience harm from sexual abuse (National Center on Child Abuse and Neglect, 1996)
- Underreporting and failure to substantiate actual cases of abuse are likely to influence these figures, leading to widespread speculation that they are *underestimates* of actual occurrence.

- Sexually abused youth display a considerable *breadth of symptoms*, including anxiety, depression, sexualized behavior, low self esteem, post-traumatic stress symptoms, and behavioral problems (e.g., Kendall-Tackett, Williams, & Finkelhor, 1993).
- However, victimization *does not necessarily have an inevitable pattern or unified symptom presentation* for the majority of youth. Rather, there are a multitude of patterns at varying levels of severity.

- Variable impact of CSA may be explained, at least in part, by characteristics of the abuse.
  - Impact is more severe when:
    - longer duration
    - greater frequency
    - greater force
    - more serious sexual acts committed
    - perpetrator is closer to the victim
      - Friedrich, Urquiza, & Beilke, 1986; Ruggiero, McLeer, & Dixon, 2000
- Other risk factors:
    - negative attributional style
    - coping style
    - degree of parental support following disclosure
      - Hunter, Coulter, Runyan, & Everson, 1990; Mannarino & Cohen, 1996; Spaccarelli, 1994

II. Purpose of the present study

- Examine the contribution of abuse history characteristics (e.g., duration, frequency, severity, relationship of perpetrator) and family environment variables (e.g., cohesiveness, adaptability, parental mental health) to presenting youth internalizing problems.
  - *Primary goal*: Improve understanding of how these variables may differentially influence internalizing problems in sexually abused youth
  - *Secondary goal*: Explore how these influences change over treatment

III. Project SAFE (Sexual Abuse Family Education)

- Based upon the belief that sexual abuse affects more than the victim - the family and those close to the child are also hurt and impacted.
- Cognitive-behavioral group treatment for youth (ages 7-16) and their nonoffending caregivers
- Caregivers and youth are in separate, concurrent 90-minute, weekly groups for a total of 12 sessions.
- Procedures used in sessions are psychoeducational, skill building, problem-solving, and support.

- **Project SAFE cont.**
  - Topics include:
    - Feelings
    - Talking about what happened
    - Offenders
    - Family issues
    - Stigmatization: feeling shame and guilt
    - Depression and anxiety
    - Sex education
    - Prevention strategies
  - Effective at improving youths' self esteem as well as reducing behavioral problems, anxiety, depression, and trauma related symptoms. Parents report improvement in family functioning.

IV. Present Study

- **Sample**
  - 52 youth
    - Mean age 12.2 years (Range: 7.2 to 16.7 years)
    - 85% female
    - 85% Caucasian
  - 52 caregivers
    - Mean age 37.0 years (Range: 26 to 48 years)
    - 87% female
    - 89% biological parents
    - Predominately lower and lower-middle class sample
    - Majority do not possess an education higher than high school
    - Majority either married or living with someone

- **Measures**
  - Child
    - Children's Depression Inventory (CDI; Kovacs, 1992)
      - Total Score
    - Children's Manifest Anxiety Scale-Revised (CMAS-R; Reynolds & Richmond, 1985)
      - Total Anxiety Scale
    - Children's Impact of Traumatic Events Scale-Revised (CITES-R; Wolfe & Gentile, 1991)
      - PTSD Subscale
      - Attributions Subscale
    - Coopersmith Self Esteem Inventory (SEI; Coopersmith, 1981)
      - Total Self Scale

- Measures (cont.)
  - Parent
    - Child Behavior Checklist (CBCL; Achenbach, 1991)
      - Internalizing Problems Scale
    - Family Adaptability and Cohesion Evaluation Scales (FACES-III; Olson, 1986)
      - Cohesion Scale
      - Adaptability Scale
    - Symptom Checklist-90-Revised (SCL-90-R; Derogatis, 1983)
      - Global Severity Index
    - Parental Efficacy Questionnaire (PEQ; University of Rochester, unpublished)
      - Total Score

- **Results**
  - Multiple Regression analyses were conducted using the abuse history and family environment characteristics as the predictor variables and the internalizing composite as the criterion.
    - Abuse history characteristics:
      - Perpetrators relationship to the child: intra vs. extra
      - Severity: sex (oral, anal, vaginal) vs. other (pornography, exposure, fondling, digital penetration)
      - Duration: less than 1 month vs. more than 1 month
      - Frequency: 1 time vs. more than 1 time

- **Results (cont.)**
  - Pre-treatment
    - Entered abuse characteristics into the model (R^2 = .240, F(4,35) = 2.76, p = .043)
      - Greater number of times abuse occurred predicted higher levels of child internalizing problems (ß = 5.049, p = .029)
    - Added family environment characteristics to the model (R^2 = .412, F(8,31) = 2.72, p = .021)
      - Number of times abuse occurred no longer significant (ß = 3.849, p = .081)
      - Greater feelings of parental ineffectiveness and incompetence predicted higher levels of child internalizing problems (ß = -.439, p = .022)
      - The addition of family environment characteristics did not significantly add to the model ($R^2 \Delta$ = .173, FΔ(4,31) = 2.278, p = .083)

- **Results (cont.)**
  - Change over Treatment (N=31)
    - Internalizing problems composite score ($t(30) = -47.666$, $p < .001$)
      - Internalizing problems and symptoms decreased from pre- to post-treatment
    - None of the four family environment characteristics changed significantly from pre- to post-treatment

- **Results (cont.)**
  - Post-treatment (N=31)
    - Entered pre-treatment internalizing problems composite score to the model (R^2 = .414, F(1,23) = 16.256, p = .001)
      - Greater levels of internalizing problems pre-treatment predicted greater levels of internalizing problems at post-treatment (ß = 5.728, p = .001)
    - Added abuse characteristics to the model (R^2 = .560, F(5,19) = 4.840, p = .005)
      - Pre-treatment internalizing problems composite score remains predictive of post-treatment internalizing problems composite score (ß = 4.215, p = .010)
      - Greater number of times abuse occurred predicted higher levels of child internalizing problems (ß = 41.151, p = .051)

- **Results (cont.)**
  - Post-treatment (N=31)
    - Added pre-treatment family environment characteristics to the model (R^2 = .715, F(9,15) = 4.176, p = .007)
      - Pre-treatment internalizing problems composite still significant (ß = 5.298, p = .005)
      - Number of times abuse occurred no longer significant (ß = 30.970, p = .142)
    - Removed pre-treatment family environment characteristics and added post-treatment family environment characteristics to the model (R^2 = .660, F(9,15) = 3.229, p = .022)
      - Pre-treatment internalizing problems composite still significant (ß = 4.573, p = .023)
      - Number of times abuse occurred no longer significant (ß = 45.129, p = .060)

V. Discussion

- Results
  - Pre-treatment
    - Parental efficacy was predictive of child internalizing problems in the full model
  - Post-treatment
    - None of the abuse or family environment characteristics were significant in the full model. Pre-treatment child internalizing problems was predictive of post-treatment child internalizing problems.
- Limitations & future directions for research
  - Sample
    - Size
    - Homogeneous
  - Measures for assessing family environment
    - Not designed as outcome measures
  - Measurement of parental efficacy
    - Global vs. specific