

PREDICTORS OF NON-OFFENDING CAREGIVERS' POST SEXUAL ABUSE EXPECTATIONS: CHARACTERISTICS OF CAREGIVER, CHILD, AND ABUSE EXPERIENCE

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INTRODUCTION

- Child sexual abuse is a disturbingly prevalent problem that has continued to receive increased attention in the U.S.
- There is much variability in how sexual abuse impacts children and this varied outcome makes it important to examine potential mediating variables (e.g., child, family, and abuse characteristics).
- Empirical research has examined the impact of various family environment variables (e.g., parental distress, parental support, family dysfunction) on the recovery of sexually abused children.
- Much of this research has focused on the impact of parental support (e.g., belief in child, protection of child, emotional responsiveness) on the sexually abused child.
- These results highlight the importance of parental support after children's disclosure of being sexually abused and consequently, they have benefited the development of clinical interventions.
- Research on parental support has helped to promote recovery in sexually abused children, however parental expectations of the sexually abused child, a variable that may have an important influence on parental responsiveness and support has received minimal attention.
- Negative expectations have become associated with the term "child sexual abuse" and the impact of negative expectations on children's recovery from sexual abuse is an important clinical concern.
- Research on parental expectations of sexually abused children is especially important since research findings show that adult expectations of other groups of children (e.g., learning disabled children, step-children, gifted children) can influence their interactions with these children and in turn, influence children's psychological and behavioral development.

PURPOSE

- The purpose of the present study was to contribute to the paucity of empirical literature on adult expectations of sexually abused children by focusing on non-offending caregivers.
- More specifically, this study explored the influence of various caregiver (i.e., age, SES, education), child (i.e., age, gender) and abuse history (i.e. severity, frequency, relationship of perpetrator) characteristics on non-offending caregivers' post sexual abuse expectations of their child.
- A primary goal was to improve understanding of how these variables may differentially influence caregivers' expectations of their child's functioning in multiple domains (e.g., social, emotional, and academic adjustment) following disclosure of sexual abuse.

METHOD

Participants

- Participants included 74 youth and their non-offending caregivers who participated in an evaluation of Project SAFE (Sexual Abuse Family Education), a standardized cognitive-behavioral group treatment program for sexually abused children and non-offending caregivers.
- The 74 youth ranged in age from 4 to 16.75 years old, with a mean age of 11.02 years ($SD = 3.18$). There were 17 boys (23%) and 57 girls (77%). The ethnic backgrounds for the youth included 56 Whites (75.7%), 2 Latino (2.7%), 9 African-American (12.2%), 1 Native American (1.4%), 3 Bi-racial (4.1%), and 4 Multi-racial (4.1%).
- The majority of the non-offending primary caregivers were biological mothers ($N = 55$, 74.3%), while 11 (14.9%) were biological fathers. The average caregiver's age was 36.45 ($SD = 5.56$; range of 23 to 49 years) and most were White ($N = 65$, 87.8%). Approximately 39% had an annual income of less than \$25,000, 51% received education beyond a high school diploma, and 52% were married.
- 42 (56.8%) of the offenders had an intrafamilial relationship with the child (e.g., biological parent, sibling). The vast majority of perpetrators were males (97.8%) with only 2 children having a female perpetrator. 13 (17.6%) of the youth victims were sexually assaulted by multiple perpetrators (2 or 3).
- 37 (51.4%) youth experienced digital penetration or intercourse (vaginal, anal, or oral) during the offenses. The other 35 children's offenses involved fondling, exposure to pornography, and/or exposure. 60% of youth were offended 1 or 2 times, while the other 40% were offended 3 + times.

METHOD (Cont'd)

Materials and Procedure

- Non-offending primary caregivers participating in the standardized 12-session Project SAFE group treatment, which includes psychoeducation, skill building, problem-solving, and support for youth victims and their non-offending primary caregivers, completed questionnaires at pre-treatment that provided information about caregiver, child, and abuse history characteristics utilized in this study.
- At pre-treatment non-offending primary caregivers completed the Post Sexual Abuse Expectations Scale (PSAES; $\alpha = .90$), a measure of the negative impact caregivers expect sexual abuse to have on their child over the next year, as well as the Parental Expectancies Scale (PES; $\alpha = .93$), which measures parents' expectations of their child's functioning in comparison to peers over the next twelve months. These scales assess the expected overall impact of sexual abuse on the child as well as several specific domains including peer relationships, behavioral adjustment, and emotional adjustment.

RESULTS

Correlational Analyses

- Prior to conducting the regression analyses, correlations of the selected variables for the entire sample ($N = 74$) were conducted.
- Results indicated only a handful of correlations between caregiver expectations and caregiver and child demographics.
- Of the abuse characteristics, frequency of the abuse had the most correlations and all were in the expected direction, indicating that the more frequent the abuse the worse expectations caregivers have for the child's future functioning.

Hierarchical Multiple Regression Analyses

- A series of hierarchical (nested) regression analyses were conducted to determine the contributions of demographic and abuse history characteristics to caregivers' post sexual abuse expectations.
- Using each of the post sexual abuse expectations as the criterion variables, the following subsets of variables were entered into the regressions in three blocks: first, all caregiver demographic variables (i.e., age, level of education [high school diploma or less vs. more than high school], SES [less than \$25,000 annually vs. more than \$25,000 annually]; second, all child demographic variables (i.e., age, gender); third, all abuse history characteristics (i.e., severity [penetration vs. no penetration, frequency [2 or less vs. 3 or more], relationship of perpetrator [intrafamilial vs. extrafamilial]).
- Results suggest that a caregiver has better expectations about the child's ability to "get along with other caregivers" if the child is female, was abused fewer than three times, and if the family has an annual income above \$25,000, $F(8,47) = 2.217$, $p < .05$, $R^2 = .274$.
- As expected, the abuse specific variables contributed significantly to the full model over and above the contribution of caregiver and child demographic variables (F -change (3,47) = 2.795, $p < .05$).
- Additionally, a less severe abuse history and higher parental age are predictive of the caregiver's expectations of the child's ability to "follow rules at home," $F(8,48) = 2.149$, $p < .05$, $R^2 = .264$.
- However, the abuse specific variables do not significantly contribute over and above that of the caregiver and child demographic variables (F -change (3,48) = 1.818, $p = .156$).
- Results of the regressions and the summary table are presented in Tables 1 and 2. Standardized beta weights are shown at each step (β In) and for the final model (β Final).

Table 1
Summary of Hierarchical Multiple Regressions with O10 as the Criterion Variable

Step and Variable	β In	β In	β Final	R ²	Adjusted Δ R ²
1				.098	.046
Caregiver's Age	-.164	-.080	-.094		
Level of Education	-.138	-.201	-.265		
Annual Income	.377*	.379*	.371*		
2				.059	
Child's Age	—	-.187	-.229	.144	.059
Child's Gender	—	.207	.334*		
3				.150*	
Perpetrator's Relationship to the Child	—	—	.281	.274	.150*
Severity	—	—	-.249		
Frequency	—	—	-.337*		

* $p < .05$

Table 2
Summary of Hierarchical Multiple Regressions with O11 as the Criterion Variable

Step and Variable	β In	β In	β Final	R ²	Adjusted Δ R ²
1				.103	.052
Caregiver's Age	.213	.365*	.374*		
Level of Education	-.082	-.163	-.104		
Annual Income	.175	.161	.144		
2				.100	
Child's Age	—	-.295	-.256	.180	.100
Child's Gender	—	.228	.276		
3				.284	
Perpetrator's Relationship to the Child	—	—	-.039	.264	.141
Severity	—	—	-.288*		
Frequency	—	—	-.075		

* $p < .05$

DISCUSSION

In an effort to understand more about the significant variability of outcomes among sexually abused children, researchers have examined the impact of child, family, and abuse characteristics on the development of symptomatology in children. An area of family background that has generally been neglected in such research and which may be influential in children's recovery from sexual abuse is parental expectations. Because there is often stigma associated with child sexual abuse, and because adults' negative expectations of children's functioning are associated with adverse outcomes in children, the negative expectations are likely contributing to some of the adverse effects found in many sexually abused children. These expectations may act to maintain and/or exacerbate the development of symptomatology in sexually abused children. There is no denying the fact that child sexual abuse can potentially lead to serious adverse consequences. The intent here is to suggest that the negative expectations held by adults can influence how they interact with sexually abused children and that the sexual abuse label may act to maintain or exacerbate adverse outcomes of child sexual abuse.

The purpose of the present study was to begin exploring the role of parental expectations on children's recovery from sexual abuse. This primary goal of this study was to examine the predictors (i.e., caregiver, child, and abuse characteristics) of parents' expectations about the functioning of their sexually abused children across multiple domains (e.g., social, emotional, behavioral). Results revealed only a few significant predictive relationships (e.g., abuse specific variables contributed significantly to the full model over and above the contribution of caregiver and child demographic variables). One likely reason for there being so few predictive relationships is the limited range of scores found on the parental expectancies measures. A vast majority of caregivers expected their children to have a successful recovery across multiple domains over the course of the next twelve months. This optimism shared by the caregivers is understandable given they have all presented to treatment with their sexually abused children and very likely have the expectation that treatment will help their children have a successful recovery. One limitation of this study was the lack of a control group (i.e., parents with sexually abused children who were not participating in treatment).

There are many options for future research to follow in studying the role of adult expectations on the recovery of sexually abused children. Future research should ascertain how adults' expectations about sexually abused children develop. Additionally, it is important to examine the extent to which negative expectations held by various groups of adults (e.g., parents, teachers, mental health professionals, law enforcement personnel, medical doctors) directly influence the development of symptomatology in children in ways that supersede any deleterious effects caused by the actual abuse. Knowledge about such outcomes, and even simply the awareness that negative expectations may adversely impact children's adjustment from sexual abuse, can help to enhance the interactions people have with sexually abused children. With the advent of further research on the impact of adults' expectations on children's recovery from sexual abuse, as well as with the effective dissemination of research findings, mental health professionals should be able to make more accurate clinical judgments and guide caregivers to engage in more adaptive interactions with their child. These efforts will help to promote more successful recovery in children who have been sexually abused.