Cognitive-Behavioral Therapy for Sexually Abused Youth at a Child Advocacy Center: Identifying and Addressing the Correlates of Parent Expectations

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Introduction

Following a victim’s disclosure of child sexual abuse (CSA), many non-offending caregivers experience high levels of distress and fear the worst possible outcomes for their child (Cyr et al., 2016). Research has shown that parents’ negative expectations may act to maintain or intensify their child’s symptomology (Briggs, Hubbs-Tait, Culp, & Blankemeyer, 1995; Browne & Finkelhor, 1986; Holguin & Hansen, 2003). Additionally, Kouyoumdjian, Perry, and Hansen (2005) theorized that these negative expectations may directly influence the development of symptoms in CSA victims. Given these implications for CSA victim recovery, parent expectations could be an important area of intervention.

Multiple factors have been associated with victim resiliency. In particular, parental support and response to abuse disclosure have been shown to mediate outcomes (e.g., Mannarino & Cohen, 1996). Therefore, treatment with CSA victims often includes the youth’s non-offending caregivers to target known parental variables associated with negative consequences in order to reduce the likelihood of such outcomes. Still, little is known about the underlying factors that associate with parent expectations following CSA disclosure.

As such, the purpose of this study was to examine five potential predictors of negative parent expectations: parent depression, parent resource seeking, and parent-reported child externalizing and internalizing problems and child sexual behavior problems. An additional aim of the study was to inform intervention practices.

Method

Participants

Participants were 282 non-offending caregivers of sexually abused youth presenting to Project SAFE (Sexual Abuse Family Education), a 12-week parallel group cognitive-behavioral treatment program held at a Child Advocacy Center (Hubel et al., 2014). Caregivers were 23 to 72 years old (M = 37.9, SD = 7.6), 86.3% female, and 86.5% identified as European American. Victims were 4 to 19 years old (M = 11.4, SD = 3.3), 78.9% female, and 76.8% identified as European American.

Material and Measures

- **Parent Sexual Abuse Expectations Scale** (PSAES; Meidlinger, West Hubel, & Hansen, 2012) assesses caregivers’ expectations for the sexual abuse’s future negative impact on the child.
- **Child Behavioral Checklist** (CBCL; Achenbach, 2001) measures parent-reported children’s behavioral and emotional problems. The internalizing and externalizing problems subscales were used.
- **Child Sexual Behavior Inventory** (CSBI; Friedrich, 1997) assesses CSA victims’ engagement in developmentally inappropriate sexual behaviors. The measure was completed by the child’s caregiver.
- **Family Crisis Oriented Personal Evaluation Scale** (F-COPES; McCubbin & Thompson, 1991) measures a family’s ability to effectively cope with problems. The ‘mobilizing to acquire help’ subscale was used to measure family resource seeking following CSA.

Procedure

Project SAFE is a clinical and research collaboration between the University of Nebraska-Lincoln and a Child Advocacy Center which serves families impacted by sexual abuse in southeast Nebraska. Assessment batteries were administered prior to treatment.

<table>
<thead>
<tr>
<th>Variable</th>
<th>M</th>
<th>SD</th>
<th>r with Expectations</th>
<th>β</th>
<th>b</th>
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<tr>
<td>Parent Expectations</td>
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<td></td>
<td>20.03</td>
<td>7.93</td>
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<tr>
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<td>.347***</td>
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<td>.086</td>
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<tr>
<td>Child Sexual Behaviors</td>
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<td>6.73</td>
<td>.314***</td>
<td>.159</td>
<td>.199</td>
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<td>Resource Seeking</td>
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<td>3.02</td>
<td>-.057</td>
<td>.040</td>
<td>.111</td>
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* p < .05  ** p < .01  *** p < .001

Results

Correlation and multiple regression analyses were conducted to examine the relationship between parent expectations and various potential predictors. Table 1 summarizes the summary statistics and the correlation and multiple regression data analysis results.

- Parent depression (r = .230, p < .001), child externalizing behaviors (r = .422, p < .001), child internalizing behaviors (r = .347, p < .001), and child sexual behavior problems (r = .314, p < .001) were significantly positively correlated with the criterion, indicating those with higher scores tended to have more negative expectations.
- The multiple regression model with all five predictors produced ΔR² = .245, F(5, 176) = 11.409, p < .001. Parent depression, child externalizing behaviors, and child sexual behavior problems had significant positive regression weights, indicating that parents who reported higher scores on these variables were expected to have more negative expectations, after controlling for all variables in the model. Parent resource seeking and child internalizing behaviors did not contribute to the multiple regression model.

Discussion

Results demonstrated that parents who are depressed and parents who perceive their child as having significant behavior problems (e.g., externalizing behavior problems and sexual behavior problems) are also more likely to believe their child will be highly negatively affected by the sexual abuse. Because negative expectations can be detrimental to victim recovery (Holguin & Hansen, 2003; Kouyoumdjian et al., 2005), it may be beneficial for treatment providers to concurrently address these negative expectations as well as parent depression and child behavior problems in therapeutic services. This further evidences the importance of engaging both CSA victims and their non-offending caregivers in treatment.

Furthermore, the treatment program for this study was conducted at a Child Advocacy Center through a multidisciplinary team approach highlighting the importance of accessible cognitive-behavioral therapy for CSA victims and parents. Particularly, it is possible that parents’ negative expectations for their child may be broadly mediated by engagement in treatment, as parents may feel more hopeful for their child’s future with professional intervention in place. This effect may be absent for those who do not receive services. Overall, the assessment and intervention of negative parent expectations following CSA disclosure has not been widely studied and represents a relevant and meaningful area of future research.