

# **Child Depression and Child Sexual Abuse: What is the Role of Parental Efficacy Factors in Predicting Children's Symptoms?**

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## **Introduction**

The occurrence of sexual abuse has become common knowledge in our society. Recent reports have estimated that 217,000 children are victims of sexual abuse every year (National Center on Child Abuse & Neglect, 1996). Many researchers believe that estimates based on child protective reports underestimate the true incidence because 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).

Many investigators have explored outcomes that are experienced by victims of childhood sexual abuse (CSA) and found that CSA victims may display problems such as anxiety, depression, aggression, and academic difficulties (Kendall-Tackett et al., 1993). Other studies have examined the correlates of these problems with specific characteristics of the abuse such as the duration, the victim/perpetrator relationship, and the specific type of abusive acts. An often overlooked concern is how parents deal with their child's abuse. Parents are likely to experience significant levels of guilt, sadness, and frustration/anger following their child's disclosure.

The outcome for a child following sexual abuse is likely influenced by the reaction that their caregiver displays. Research has already shown that a parent's reaction and support following disclosure can have a positive influence on the recovery of the child. Further research into this relationship can assist in designing treatment for families that have experienced sexual abuse. The present study is designed to examine the parental factors that may mediate a child's depressive symptoms following CSA, specifically the parents' sense of competence in the parenting role.

## **Method**

The current study was designed to elucidate factors that may influence depressive symptoms in children who have been victims of CSA. The primary hypothesis is that parents' sense of competence in the parent role, subsequent to disclosure of CSA, will influence their children's level of internalizing symptoms, particularly depression. Participants in this study were 74 children and their non-offending parent. These parent-child dyads were involved in Project SAFE, a 12-week support and education group treatment program for victims of child sexual abuse (CSA).

### Participants

Participants in this study were 74 children and their non-offending parent. These parent-child dyads were involved in Project SAFE, a 12-week support and education group treatment program for victims of child sexual abuse (CSA). The children's ages ranged from 7 to 17 with a mean age of 11.8 (STD = 2.84) and parent ages ranged from 25 to 48 with a mean of 35.6 (STD = 5.49). Seventy seven percent (57) of the parents were the biological mother of the child and 11% (8) the biological father. The other 12% (9) were either adoptive or foster parents or other family members such as aunts or uncles. Eighteen percent (13) of the children were male and 82% (61) female. The ethnic composition noted by the children's parents or caregivers were 82% (61) Caucasian, 4% (3) Hispanic, and the remaining 14% (10) were Biracial. There were no significant differences in CDI scores among these subgroups. The characteristics of the sexual abuse suffered by these children are depicted in Table 1. In most cases, the descriptions of the abuse were provided by the child's parent/caregiver and were verified by the Child Advocacy Center where the child was interviewed and/or examined.

### 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).

- Dyadic Adjustment Scale (DAS). The DAS (Spainer, 1976) is a 32-item scale for measuring the quality of dyadic relationships. The assessment yields four subscales: Dyadic Satisfaction, Dyadic Cohesion, Dyadic Consensus, and Affectional Expression. Internal consistency of the DAS is shown to be high ( $\alpha = .96$ ).
- Family Adaptability and Cohesion Evaluation Scales (FACES-III). The FACES-III (Olson, 1986) is a 20 item self-report measure that assesses adaptability, cohesion, and family satisfaction. The FACES-III is actually taken twice to assess the respondent's perceptions of the current and ideal family systems using a 5-point scale from *almost never* to *almost always*. The higher the cohesion score, the more enmeshed the family is said to be. The higher the adaptability score, the more chaotic it is. The FACES-III has fair internal consistency with alphas ranging from  $.62$  to  $.77$  and good face validity (Olson, 1986).
- Family Crisis Oriented Personal Evaluation Scales (F-COPES). F-COPES (McCubbin, Olson, & Larsen, 1987) is a 30-item measure to assess effective problem-solving coping attitudes and behavior used by families in response to problems or difficulties. Two dimensions of family interactions are assessed by the F-COPES: internal family strategies (i.e., resources within the nuclear family system) and external family strategies (i.e., behaviors used to acquire resources outside of the family). F-COPES has an internal consistency of  $.86$  and demonstrates good factorial validity and concurrent validity with other family measures.
- Parental Efficacy Questionnaire (PEQ). The PEQ was developed by the University of Rochester Toddler Project as a tool to assess the extent to which a caregiver feels that he or she is an effective parent. The respondent is presented with various parent-child situations and then asked to rate how good they feel they are at accomplishing a specific parenting task. No psychometric data are available, but the measure appears to have face validity.
- Parenting Stress Index (PSI). The PSI (Abidin, 1986) is a 120-item self-report index for the assessment of stress associated with parenting. Respondents indicate the degree of stress they experience in their role as a parent. Alpha reliabilities for scales range from  $.55$  -  $.93$ .
- Symptom Checklist-90-Revised (SCL-90-R). The SCL-90-R (Derogatis, 1983) is a 90-item multidimensional symptom inventory to assess psychological distress. The SCL-90-R scales have been demonstrated to have fair to excellent internal consistency ( $\alpha = .79$  -  $.90$ ) and fair to excellent test-retest reliability ( $\alpha = .78$  -  $.90$ ; one week elapsed time).

## Results

Multiple regression analyses were conducted to examine the relationship between Child Depression Inventory (CDI) scores and variables thought to relate to children's internalizing symptoms. These include: (a) an abuse severity score which was calculated based upon the characteristics of the abuse, the relationship to the perpetrator, duration, and frequency of the abuse, (b) Parental Efficacy Questionnaire (PEQ) scores, (c) Parenting Stress Index (PSI) scores, (d) Parent SCL-90 Depression scale score, (e) Dyadic Adjustment Scale (DAS) scores, (f) Family Adaptability & Cohesion Evaluation (FACES) scores, (g) Family Crisis Oriented Personal Evaluation Social Support (FCOPES) scale score, (h) and number of individuals living in the home. The multiple regression model with all of the predictors accounted for a significant portion of the variance in CDI scores  $R^2 = .607$ ,  $F(10, 30) = 4.624$ ,  $p = .001$ . As can be seen in Table 2, PEQ, PSI Restriction of Role score, and the abuse severity score are the only predictors contributing to the model. In order to test the hypothesis, the PEQ scores were removed from the equation in Step 2. The reduced model no longer significantly predicted CDI scores and the variance accounted for decreased to  $R^2 = .341$ ,  $F(9, 31) = 1.783$ ,  $p = .112$ , which was significantly less than the first model ( $F - \Delta(1, 32) = 20.235$ ,  $p = .001$ ). It appears that in this sample, parental endorsement of competency in parenting is strongly related to the child's report of depressive

symptoms. The more confident the parent feels in the parenting role, the less likely the child is to suffer internalizing symptoms such as depression.

### **Discussion**

The results suggest that the parent-child relationship is at least as important as the severity of the abuse itself in predicting children's symptoms of depression. It may be that parental feelings of inadequacy influence their response to the child following disclosure of CSA which in turn mediates the symptoms the child experiences. These results reveal the importance of thoroughly assessing both the parent and the child in an effort to guide treatment for children who have experienced sexual abuse. By assessing both the parent and the child, treatment can focus not only on the child's symptomatology, but also on the parent's sense of adequacy and the role it may play in children's internalizing symptoms.

There are several advantages to assessing both the parent and child in an effort to guide treatment. Results support that parental endorsement of competency of parenting is indicative of child report of depressive symptoms. Parental response to the child following disclosure may mediate the symptoms the child experiences following CSA. By assessing both the parent and the child, treatment can focus not only on the child's symptomatology, but also on the parent's sense of adequacy and the role it may play in the current feelings of the child. Targeting parental response to the disclosure of CSA in treatment may, in turn, assist children in successfully coping with their trauma.

### **References**

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Table 1  
Sexual Abuse Characteristics

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<b>Nature of Acts</b>		
	Frequency	Percent
Non-contact (exposed, viewed pornography)	3	4.1
Contact, no penetration (kissed, fondled)	30	40.5
Penetration (oral, anal, vaginal)	41	55.4
<b>Relationship to Perpetrator</b>		
Non-family	42	56.8
Family (not parent)	15	20.3
Parent or someone in parental role	17	23
<b>Frequency</b>		
1-2 times	45	60.8
3-10 times	11	14.9
> 10 times	18	24.3
<b>Duration</b>		
Less than 1 year	54	73
1-2 years	10	13.5
> 2 years	10	13.5

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Note. N = 74

Table 2  
 Summary of Hierarchical Regression Analysis for Variables Predicting Child Depression Inventory Scores (N = 74)

Variable	B	SE B	b
Step 1 (Full Model)			
Parental Efficacy Questionnaire Scores	-3.012	.669	-.825*
Parent Stress Inventory Sense of Competence	-.735	.333	-.349*
Parent Stress Inventory Restriction of Role	1.187	.440	.432*
Abuse Severity Score	2.452	1.170	.282*
SCL-90 Depression Scale Score (Parent)	-.055	.172	-.041
Dyadic Adjustment Total T Score	-.028	.216	-.019
Family Crisis Oriented Personal Eval. Social Support Scale Score	.026	.268	.013
Family Adaptability & Cohesion Evaluation Cohesion Scale Score	.458	.368	.228
Family Adaptability & Cohesion Evaluation Adaptability Scale Score	.947	.609	.272
Number of individuals living in the Home	-.659	.806	-.104
Step 2 (PEQ scores removed)			
Parent Stress Inventory Sense of Competence	-.245	.401	-.116
Parent Stress Inventory Restriction of Role	1.714	.540	.623
Abuse Severity Score	.935	1.426	.108
SCL-90 Depression Scale Score (Parent)	-.007	.219	-.058
Dyadic Adjustment Total T Score	-.215	.270	-.050
Family Crisis Oriented Personal Eval. Social Support Scale Score	.009	.340	.047
Family Adaptability & Cohesion Evaluation Cohesion Scale Score	-.120	.439	-.060
Family Adaptability & Cohesion Evaluation Adaptability Scale Score	-.495	.659	-.142
Number of individuals living in the Home	-.516	1.025	-.082

Note.  $R^2 = .607$  for Step 1;  $\Delta R^2 = .341$  for Step 2 (ps < .05).