



## Introduction

- Child sexual abuse (CSA) has been shown to have significant detriments to psychological well-being, with the potential for developing behaviors with long-term consequences for survivors.
- Although consequences of CSA vary as a result of abuse-specific, individual, and environmental factors (Briere & Elliot, 1994), a large portion of youth report internalizing symptoms that may meet criteria for clinical intervention (Tremblay, Hebert, & Piche, 1999)
- Positive relationships between youth and supportive adults may buffer the impact of CSA on internalizing symptoms by increasing self-esteem (Briere & Elliott, 1994; Kim & Cicchetti, 2004).
- Peer-acceptance of CSA victims may also influence internalizing and externalizing symptoms, such that positive peer interactions may indeed allay the risk of such sequelae (Kim & Cicchetti, 2010).
- While previous research has shown the effects of social support on CSA symptom presentation more generally, the current study seeks to examine the effects of both peer and parental relationships on internalizing outcomes more specifically.

## Method

### Participants

•Participants included in the present study were child and adolescent CSA victims along with their non-offending caregivers referred to Project SAFE (Sexual Abuse Family Education), a 12-week, cognitive-behavioral, group therapy program at the local Child Advocacy Center. CSA victims ( $N = 224$ ) were 6 to 18 years old and caregivers ( $N = 224$ ) were between 23 and 72 years old. Refer to Table 1 for descriptive statistics.

### Procedure

•At presentation to treatment, participants completed an assessment battery, including evaluations of child and parent functioning as well as demographic and abuse characteristics.

### Measures

- Child Behavior Checklist* (CBCL; Achenbach, 1991): used to measure internalizing symptoms and social functioning.
- Child Weekly Problem Scales* (WPS-C; Sawyer et al., 2006): used to measure youth perceptions of the parent-child relationship.
- Child Depression Inventory* (CDI; Kovacs, 1992) and *Revised Children's Manifest Anxiety Scale* (RCMAS; Reynolds & Richmond, 1985):  $z$ -transformed and aggregated to create a distress score.

Table 1. Descriptive Statistics for Caregivers and CSA Victims

	CSA Victims		Caregivers	
	<i>N</i>	%	<i>N</i>	%
Gender				
Male	47	19.7	20	8.4
Female	189	79.4	181	76.1
Race/Ethnicity				
African American	11	4.6	6	2.5
European American	183	76.9	197	82.8
Hispanic American	10	4.2	13	5.5
Native American	3	1.3	2	0.8
Bi/Multi-Racial	25	9.2	8	3.3



## Results

- Two regression models were run to explore the effects of social and caregiving relationships on youth internalizing symptoms, refer to Table 2.
  - The first model predicted overall distress (an aggregate of self-reported anxiety and depressive symptoms).
  - The second model predicted parent-reported internalizing symptoms.
  - Both models included child-reported, parent-child relationship scales and parent reported, social problems scales.
- Preliminary correlational analyses indicated a strong, positive relationship between child age and both self-reported ( $r = .177, p = .007$ ) and parent-reported ( $r = .171, p = .005$ ) internalizing symptoms, thus age was also included in both regression models as a control variable.
- The first model indicated that as problems in both social functioning (parent-reported) and parental relationships (self-reported) increased, so did levels of distress,  $R^2 = .14, F(3, 188) = 10.12, p < .001$ .
- The second model indicated that as parent-reported problems in social functioning increased, so did internalizing symptoms,  $R^2 = .40, F(3, 189) = 42.04, p < .001$ .
  - A further interesting result indicated that parents tended to report higher levels of internalizing symptoms for older youth.

## Discussion

- The present study examined the generalizability of the parental support effect, including the effects of social relationships on internalizing symptoms of psychopathology in children and adolescents.
- The current findings support the growing body of evidence that suggests that the more positive caregiver relationships that children encounter following CSA, the less of a chance of the development of internalizing distress symptoms, such as anxiety and depression. Results also showed that as problems in social functioning increased, so did internalizing symptomology.
- As the current study consisted of mainly European American, female subjects, possible directions for future study might involve examining a broader population in order to examine differences of parental and peer influences in more ethnically diverse contexts. Additionally, an equal sample of male and female participants would be beneficial in order to examine the effect of gender on internalizing symptomologies. These findings may be translated into clinical contexts by also focusing on treatment efficacy at different time points of group therapy.

Table 2. Multiple Regression Models for CSA Victim Internalizing Symptomology.

	<i>b</i>	<i>SE(b)</i>	$\beta$
Child-reported Distress			
Child Age	.024	.043	.038
Parent-Child Relationship	.153***	.039	.277
Social Problems	.041***	.012	.230
Parent-reported Internalizing Symptoms			
Child Age	.627*	.240	.151
Parent-Child Relationship	.384	.214	.104
Social Problems	.720***	.068	.601

\* =  $p < .05$ , \*\*\* =  $p \leq .001$