



Relationships between Parent Depression, Parent Expectations, and Sexually Abused Children's Symptom Presentation at a Child Advocacy Center

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INTRODUCTION

- Research consistently demonstrates that sexually abused children's emotional and behavioral adjustment is significantly associated with the reactions and support they receive from those in non-offending caregiver roles (e.g., Elliott & Carnes, 2001; Rosenthal, Feiring, & Taska, 2003).
- In order to provide support to their children following abuse, parents must be able to modulate their emotional responses and react to the disclosure in a helpful way.
- However, parents often experience confusion, grief, and worry following their child's sexual abuse (CSA), and are at greater risk for depression (Cyr et al., 2016), which may negatively impact parents' expectations about their child's future functioning.
- These negative expectations can cause additional barriers to recovery for CSA victims, extending beyond the detrimental effects of the abuse (Kouyoumdjian, Perry, & Hansen, 2009).
- Additionally, maternal depression has been linked to higher levels of criticism regarding their children, and more negative outcomes for their children (Goodman, 2007; Tompson et al., 2010).
- Thus, it is important to explore the relationship between parents' expectations and depression as it relates to their sexually abused child's symptom presentation.
- The current study examined factors that may inform cognitive-behavioral treatments (CBT) by identifying relationships between parent depression, expectations about their child following CSA, and child symptomology.
- It was hypothesized that higher parent depression and more negative parent expectations would predict children's internalizing and externalizing symptoms (parent-reported), and child depression (self-reported) in victims of child sexual abuse presenting to treatment at a Child Advocacy Center.

METHOD

Participants

Participants were 283 CSA victims and non-offending caregivers presenting to Project SAFE (Sexual Abuse Family Education), a 12-week CBT group intervention within a Child Advocacy Center (Hubel et al., 2014).

Caregivers were 23 to 72 years old ($M = 37.67$, $SD = 7.47$), 75.8% female, and 72.4% identified as European American.

Victims were 7 to 17 years old ($M = 11.7$, $SD = 2.90$), 73.2% female, and 63.9% identified as European American.

Measures

Symptom Checklist-90-Revised (SCL-90-R; Derogatis, 1983) is a self-report measure which assesses various psychological symptom patterns. This study used the SCL-90-R to screen for parental depressive symptoms.

Post Sexual Abuse Expectations Scale (PSAES; Meidlinger, West, Hubel, & Hansen, 2012) measures parent's expectations related to their children's future functioning following sexual abuse.

Child Expectations Scale (CES; Meidlinger, West, Hubel, & Hansen, 2012) assesses children's expectations for their own behavior, emotional adjustment, and implications of sexual abuse.

The Child Behavior Checklist (CBCL; Achenbach, 1991) is a parent-report measure assessing children's internalizing and externalizing behavior problems.

Child Depression Inventory-2nd Edition (CDI-2; Kovacs, 1992) is a self-report measure assessing depressive symptom severity in children and adolescents.

Revised Children's Manifest Anxiety Scale (CMAS-R; Reynolds & Richmond, 1985) is a self-report measure of the nature and severity children's anxiety. The Total Anxiety Scale was utilized in this study.

Procedure

- All participants completed assessment measures prior to beginning treatment.
- One child per family were randomly selected to be included in analyses to avoid overrepresentation of reports from parents who had two or more children participating in treatment.
- Analyses were conducted using archival data obtained from Project SAFE database records.

RESULTS

Analyses

Correlation and multiple regression analyses were conducted. Regression models controlled for child age, gender, and ethnicity.

Parent Depression and Parent Expectations:

Results showed that parent depression and parent expectations about their children's future functioning were significantly positively correlated ($r = .132$, $p = .049$).

Predicting Parent-reported Child Externalizing Problems (Shown in Table 1):

- **Parent expectations** positively and significantly predicted child externalizing symptoms, $R^2 = .216$, $F(5, 186) = 10.27$, $p < .001$.
- **Parent depression** was trending toward significant prediction of child externalizing symptoms ($p = .058$), but did not contribute to the model.

Predicting Parent-reported Child Internalizing Problems (Shown in Table 2):

- **Parent expectations and parent depression** both positively and significantly predicted child internalizing symptoms, $R^2 = .192$, $F(5, 186) = 8.82$, $p < .001$.

Table 1. Linear Regression Analysis for Variables Predicting Elevated Externalizing Behavior Scores (CBCL)

Variable	Mean	SD	Correlation with Externalizing Problems		Regression Weights	
			r	p	b	β
Parent Expectations	59.56	11.81	0.44***		0.75	0.44
Child Age	11.83	2.91	0.05		0.07	0.02
Child Gender	0.82	0.38	0.21		-2.13	-0.07
Child Ethnicity	3.3	1.12	-0.09		-0.09	0.01

* $p < .05$ ** $p < .01$ *** $p < .001$

Table 2. Linear Regression Analysis for Variables Predicting Elevated Internalizing Behavior Scores (CBCL)

Variable	Mean	SD	Correlation with Internalizing Problems		Regression Weights	
			r	p	b	β
Parent Depression	43.09	9.48	0.30***		0.32	0.27
Parent Expectations	59.56	11.81	0.29***		0.39	0.24
Child Age	11.83	2.91	0.03**		0.76	0.19
Child Gender	0.82	0.38	0.03		-0.45	-0.02
Child Ethnicity	3.3	1.12	0.08		0.08	0.08

* $p < .05$ ** $p < .01$ *** $p < .001$

RESULTS

Predicting Child-reported Depression and Anxiety (Shown in Table 3):

- A model predicting **child-reported depression and anxiety** revealed parent depression and expectations did not have an effect on child-reported symptoms ($p > .05$).
- However, **children's expectations** about their own post-abuse functioning significantly predicted child-reported depression and anxiety ($R^2 = .174$, $F(4, 107) = 5.64$, $p < .001$).

Table 3. Linear Regression Analysis for Variables Predicting Elevated Child Depression and Anxiety (CDI, RCMAS)

Variable	Mean	SD	Correlation with Child Depression and Anxiety		Regression Weights	
			r	p	b	β
Child Expectations	26.13	9.98	.21*		0.21	0.189
Child Age	12.23	2.87	0.05		0.75	0.194
Child Gender	0.82	0.38	0.03*		-3.36	-0.12
Child Ethnicity	3.4	1.12	0.08*		1.86	0.19

* $p < .05$ ** $p < .01$ *** $p < .001$

DISCUSSION

- In summary, results indicate that before engaging in the group intervention, parents who reported experiencing more depressive symptoms tended to endorse beliefs that their children would be more negatively impacted by the sexual abuse.
- Additionally, results show that children are at higher risk for externalizing and internalizing behavior problems when their parents are more depressed or have negative expectations for their children following CSA.
- Analyses show that children who have lower expectations about their own future functioning following abuse were also more likely to experience higher symptoms of depression.
- These results highlight the importance of addressing parent depression, as well as negative parent and child expectations during the implementation of CBT interventions to increase positive treatment outcomes.

