Child Sexual Abuse Victims and their Families Receiving Services at a Child Advocacy Center: Mental Health and Support Needs

Tara K. Cossel, University of Nebraska - Lincoln
David J. Hansen, University of Nebraska-Lincoln
Introduction

- Recent reports from child-protective agencies indicate that in 2006, 78,120 children were sexually abused in the United States.
- Research has shown child victims of sexual abuse display a multitude of symptoms including poor self-esteem, anxiety, self-harm behavior, sexual behavior problems, cognitive distortions and attribution errors.
- However, research consistently demonstrates child sexual abuse does not necessarily have an inevitable pattern or a unified presentation of symptoms. Sexually abused youth display a myriad of symptoms at varying levels of severity. Some children display little or no symptom following abuse.
- In response to the significant problem of sexual abuse, the development of Child Advocacy Centers (CACs) has increased nationwide. CACs provide community-based, child-focused programs to investigate, treat, manage, and prosecute child sexual abuse cases.
- One essential component of CACs is mental health. In all CACs, services are provided to ease the emotional impact of sharing the details of abuse and to mediate long-term effects of the experience and disclosure of the abuse. Still, little is known of the type of mental health services provided to families coping with sexual abuse or of the mental health and support needs with which these families present because of the variability of symptoms displayed by sexually abused youth.
- The purpose of this study is to document the effects of child sexual abuse among children, non-offending parents, siblings to further address the needs of child victims and their families.
- Child sexual abuse victims were expected to show varied needs with diversity in mental health symptoms, sexual behavior, sexual knowledge and attitudes and expectations regarding the impact of abuse.
- Siblings of victimized youth were expected to show heterogeneity of mental health symptoms.
- It was expected that non-offending parents would present with varied mental health symptoms, expectations, and efficacy and require differing mental health and support services.

Method: Participants and Measures

Participants
- 207 sexually abused youth, their siblings and their non-offending caregivers seeking treatment at a Midwestern CAC.
- Child victims were:
  - 182 (94.8%) abused by male offenders
  - 164 (84.1%) abused by only one perpetrator
- Siblings of victimized youth were expected to show heterogeneity of mental health symptoms.
- Child sexual abuse victims were expected to show varied needs with diversity in mental health symptoms, sexual behavior, sexual knowledge and attitudes and expectations regarding the impact of abuse.
- Siblings of child victims were expected to show heterogeneity of mental health symptoms.
- Non-offending parents were expected to show varied needs with diversity in mental health symptoms and expectations regarding the impact of abuse.

Measures

Child victim-report measures
- Child Expectations Following Abuse Scale
- Children’s Impact of Traumatic Events—Revised (CITES-R)
- Children’s Loneliness Questionnaire (CLQ)
- Children’s Manifest Anxiety Scale-Revised (CMAS-R)
- Self-Esteem Inventory

Child victims and sibling-report measures
- Adolescent Clinical Sexual Behavior Inventory-Self-Report (ACSBI-SR)
- Child Behavior Checklist—Youth Self-Report (CBCL-YSR)
- Child’s Fears Related to Victimization (CFVR)
- Sexual Knowledge & Attitude Inventory
- Children’s Depression Inventory

Parent-report measures
- Child Behavior Checklist (CBCL)
- Child Sexual Behavior Inventory—3 (CSBI-3)
- Childhood Trauma Questionnaire (CTQ)
- Family Adaptability and Cohesion Evaluation Scales (FACES-III)
- Family Crisis Oriented Personal Evaluation Scales (F-COPES)
- Parental Efficacy Questionnaire (PEQ)
- Post Sexual Abuse Expectations Scale (PSAES)
- Symptom Checklist-90-Revised (SCL-90-R)

Method: Procedure

Data collection
- Therapists collected data through evaluations at the CAC.
- All families were referred to Project SAFE, a standardized cognitive-behavioral group treatment program for sexually abused youths ages 7 to 17 and their non-offending parents/caregivers.
- Parents and children participated in separate groups covering parallel topics. Each group was co-facilitated by doctoral students under the supervision of licensed clinical psychology faculty in the Clinical Psychology Training Program at the University of Nebraska-Lincoln.

Participant recruitment
- Interested families meeting the inclusion criteria were informed they would receive $20 for completing the assessment.
- Families were given the option to participate in Project SAFE without participating in the research, although none refused to complete the assessment.

Results

Child victim results
- Characteristics of abuse:
  - The most common type of sexual abuse behaviors in this sample was fondling 132 (69.11%) non-offending parents estimated 62 (32.6%) of children experienced one abuse incident and 97 (51.1%) were victimized multiple times.
- Thirty-one (9.6%) of non-offending parents were unsure of the total number of incidents.
- Age of onset of abuse ranged from 0 to 17 years with a mean age of 8.39 years (SD = 3.43).
- Duration of abuse ranged from 0 to 132 months, with a mean duration of 13.24 months (SD = 20.90).
- Data from child victim measures are summarized in Table 1.

Sibling results
- Data for sibling measures are summarized in Table 2.
- There was variability in the general well-being of siblings of victimized youth regarding factors related to victimization and self-esteem.

Parent results
- Data for parent measures are summarized in Table 3.
- As was hypothesized, there was great heterogeneity in the mental health symptoms of child sexual abuse victims presenting to treatment.
- Victimized children showed symptoms in their general well-being in expectations regarding the impact of abuse, fears of re-victimization, and low self-esteem.

Discussion

- The present study found heterogeneous symptomatology across victims of child sexual abuse, their non-offending siblings, and non-offending parents.
- Sawyer and colleagues used cluster analyses to identify four distinct profiles of sexually abused children: Behavior Problem, Highly Distressed, Moderately Distressed and Subclinical. Similarly, findings in this study suggest variability in the severity and nature of symptoms of sexually abused youth, including youth who exhibit little to no symptoms across a variety of measures.
- Many youth scored above the clinical cutoffs on a variety of measures, however, the current data does not capture individual youth who scored above the clinical cutoff on multiple assessment measures. Future analyses will investigate distinct groups of youth.
- Based on these findings, it would be beneficial for CACs to tailor intervention programs to specifically address the varied symptoms and behavior problems of each clinical subgroup.

Table 1. Summary of Child Victim Measures

<table>
<thead>
<tr>
<th>Scale</th>
<th>N</th>
<th>Mean (SD)</th>
<th>Cutoff N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBCL-YSR</td>
<td>78</td>
<td>61.95 (11.26)</td>
<td>35 (45.4%)**</td>
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<tr>
<td>CDI</td>
<td>168</td>
<td>54.98 (13.56)</td>
<td>40 (25.81%)**</td>
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<tr>
<td>CMAS-R</td>
<td>165</td>
<td>53.87 (13.25)</td>
<td>37 (22.42%)**</td>
</tr>
<tr>
<td>MASC</td>
<td>122</td>
<td>57.09 (13.41)</td>
<td>41 (33.61%)**</td>
</tr>
<tr>
<td>CBCL (parent-report)</td>
<td>187</td>
<td>61.29 (11.89)</td>
<td>77 (41.18%)**</td>
</tr>
<tr>
<td>CSBI-3 (parent-report)</td>
<td>79</td>
<td>4.89 (6.00)</td>
<td>0 (0%)***</td>
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</table>

Table 2. Summary of Sibling Measures

<table>
<thead>
<tr>
<th>Scale</th>
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</thead>
<tbody>
<tr>
<td>CBCL-YSR</td>
<td>6</td>
<td>48.33 (8.24)</td>
<td>0 (0%)***</td>
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<tr>
<td>CDI</td>
<td>18</td>
<td>8.17 (7.76)</td>
<td>0 (0%)***</td>
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<tr>
<td>MASC</td>
<td>17</td>
<td>54.53 (13.16)</td>
<td>4 (23.53%)**</td>
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</table>

Table 3. Summary of Parent Measures

<table>
<thead>
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<th>Scale</th>
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<th>Mean (SD)</th>
<th>Cutoff N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CTQ</td>
<td>Emotional Abuse</td>
<td>124</td>
<td>11.57 (5.96)</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>124</td>
<td>9.24 (4.74)</td>
<td>28 (22.58%)**</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>124</td>
<td>10.07 (7.08)</td>
<td>39 (31.45%)**</td>
</tr>
<tr>
<td>Emotional Neglect</td>
<td>124</td>
<td>11.50 (5.59)</td>
<td>52 (41.94%)**</td>
</tr>
<tr>
<td>SCL-90-R (Symptom Total)</td>
<td>182</td>
<td>45.81 (11.49)</td>
<td>14 (7.69%)**</td>
</tr>
</tbody>
</table>

**Note: extreme to severe criteria for the CTQ is ≥ 1 (Very, Very Severe).