Sexual Abuse History, Internalizing Symptoms, and Social Problems in Youth

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Introduction

- The purpose of this study is to examine how Child Sexual Abuse (CSA) history and details are associated with the expression of social/psychological issues such as depression, anxiety, and social problems such as loneliness and peer acceptance.
- Exploring these variables is important as few studies have investigated how specific details of abuse affect the expression of these symptoms, which, if left untreated, can increase risk of suicidality, dissatisfaction with relationships, and further issues with self-esteem as CSA victims age (Li et al., 2012; Mullen et al., 1994).
- This study examines how victim’s relationship to the perpetrator, total number of times abused, and type of abuse affects symptoms.

Background

- Internalizing symptoms (depression, anxiety, etc.) can be difficult to identify, and receive less attention.
- Research has indicated a rise in youth depression and anxiety over the last decade raising concerns about possible causes and treatments.
- Youth who have experienced CSA are shown to have significantly higher rates of depression, anxiety, and suicidal ideation when compared to those who have not experienced CSA.
- CSA is associated with increased social difficulty; studies suggest that poor social functioning is associated with depressive and anxiety symptomatology in youth.
- Given rising anxiety and depression coupled with concerns associated with CSA and the importance of socialization in childhood, it is important to understand the relationship between these variables to improve outcomes following CSA.

Materials & Methods

- Participants were 286 children ages 7-17 and caregivers who participated in treatment through a local Child Advocacy Center.
- Caregivers completed Child Behavior Checklist and Youth ages 11-17 completed the Youth Self-Report.
- The Anxious/Depressed, Withdrawn/Depressed, and Social Problems Subscales were examined.
- Abuse history variables were coded into a binary system.
- t-test analyses were conducted.

Results & Discussion

Relationship to Perpetrator

- On the CBCL Anxious/Depressed subscale participants with extramalilial perpetrators (N = 134, M = 64, SD = 10.46) had significantly higher scores compared to intrafamilial perpetrators (N = 152, M = 60.98, SD = 9.998), t(257) = -2.44, p = .016.
- The CBCL Social Problems subscale demonstrated that those with extramalilial perpetrators (M = 61.75, SD = 10.373) had significantly higher scores than those with intrafamilial perpetrators (M = 58.40, SD = 9.357), t(271) = -2.80, p = .005.
- On the YSR Social Problems subscale those who had extramalilial perpetrators (M = 64.29, SD = 12.41) reported significantly higher scores than those with intrafamilial perpetrators (M = 58.91, SD = 8.82), t(129) = -2.86, p = .005.
- There were no significant differences for the CBCL Withdrawn/Depressed subscales, or the YSR Anxious/Depressed and Withdrawn/Depressed subscales.

Total Number of Times Abused

- On the YSR Withdrawn/Depressed subscale there was a significant difference between those who experienced abuse once (N = 86, M = 61.80, SD = 10.66) reporting higher scores than those who experienced abuse more than once (N = 126, M = 57.65, SD = 7.00), t(197) = 2.28, p = .025.
- There were no significant differences for YSR Anxious/Depressed or Withdrawn/Depressed subscales.
- There were no significant differences on the CBCL Anxious/Depressed, Withdrawn/Depressed subscales, or Social Problems Subscales.

Type of Abuse

- There were no significant differences found on the CBCL or YSR when comparing those who experienced penetrative to those who experienced non-penetrative abuse.

Conclusions

- These findings add to the limited literature available about how abuse details correlate with internalizing symptoms and social problems in youth.
- Overall findings were mixed across CSA history variables in relation to symptom expression.
- Future work with a more diverse population, and deeper investigation into CSA history variables would be valuable.