

Running Head: CHILDREN WITH REPORTED HISTORIES OF SEXUAL ABUSE

Children with reported histories of sexual abuse: Utilizing multiple perspectives to understand  
clinical and psychosocial profiles

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## Introduction

An estimated 1.3/1000 children between the ages of birth to 18 have been sexually abused (National Clearinghouse on Child Abuse and Neglect Information, 1999). For some, child sexual abuse is associated with higher rates of mental health and behavioral problems (for a review of the literature and meta-analysis see Kendall-Tackett, Meyer-Williams & Finkelhor, 1993; Rind, Bauserman, Tromovitch; 1997, respectively). From a service provider perspective, how children with histories of sexual abuse compare to other children in a clinical population may be of particular interest. Effective planning and case management services for children with sexual abuse histories necessitates a thorough understanding their psychosocial profiles, including demographic, diagnostic and psychosocial information.

Analyses were based on data from the national evaluation of the Comprehensive Community Mental Health Services for Children and their Families Program, which was funded through the Child, Adolescent and Family Branch of the Center for Mental Health Services (CMHS) of the federal Substance Abuse and Mental Health Services Administration. In 1993 and 1994, 22 sites were awarded grants to develop system of care services in their communities. Each was developed to be a family driven, multi-agency, and community based system of care for children with serious emotional disturbance and their families (Center for Mental Health Services, 1997; 1998; 1999; 2000).

Data from the national evaluation offer an opportunity to better understand, in a large national multi-site clinical sample, the specific challenges and characteristics of children who have reported sexual abuse as compared to those who have not. This investigation replicates and expands upon earlier research, with its primary purpose to simultaneously investigate youth, caregiver and clinician reports of behavior and functioning in an attempt to identify their unique contributions to the psychosocial profile of children who report histories of sexual abuse. (Beitchman, Zucker, Hood, DaCosta & Akman; 1991; McGee et al., 1995).

## **Method**

### *Data Source & Sample Selection*

Mandated by Congress, data for the national evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program were collected between 1994 and 1999 (Center for Mental Health Services 1997; 1998; Holden, Friedman & Santiago, 2001). Current study participants were selected from children and families participating in the longitudinal outcome study component of the national evaluation (N=3,479). Outcome study criteria included that the child was between five and 17.5 years of age at the time of service referral, had no siblings enrolled in the evaluation, and that the caregiver had consented to their own and child's participation in the study. Additional criteria for inclusion in the current study sample includes complete data on all variables of interest: (1) gender, (2) age, (3) race/ethnicity, (4) primary diagnosis, (5) reported history of sexual abuse, (6) challenging individual life experiences (i.e., history of sexual abusiveness, physical abuse, having a sibling in foster care, psychiatric hospitalization, running away, drug or alcohol abuse, and suicide attempts), and (7) Child and Adolescent Functional Assessment Scale (CAFAS) scores (Hodges, 1994), (8) Child Behavior Checklist (CBCL) scores (Achenbach, 1991a), and (9) Youth Self Report (YSR) scores (Achenbach, 1991b) for required for children aged 11 and over. Data was collected from the caregiver and child either via self-report or interview at entry into service.

### *Data Analysis*

Descriptive analyses were first performed to quantify bivariate, unadjusted associations between reported history of sexual abuse and psychosocial profiles. Next, logistic regression was used to identify significant correlates and account for the difference in odds of reported history of sexual abuse. The first regression included all subjects and entered all CAFAS and CBCL subscales as well as all life challenge variables. Based upon results generated via backward stepwise regression, a parsimonious model was identified. The second regression

included all factors entered in the first regression with an additional inclusion of YSR subscale measurements for children 11 years and older (based upon age requirements for completion of the YSR). Again, parsimony was established based upon backward stepwise regression.

Variables retained in each final multiple logistic model were based upon significant contribution, measured by Z tests with a  $p=0.05$  cut-off point.

## **Results**

Twenty-two percent ( $n=759$ ) of the children reported a history of child sexual abuse, however, reasons for referral were rarely related to sexual abuse. Children in the current study sample were referred for services from multiple sources. Mental health professionals (24%) were the most common referral source for youth in the current study sample followed by the schools (20%), family (17%), child welfare (15%) and juvenile justice (11%). Other sources accounted for 13% of the referrals. Psychosocial indicators were assessed for significant differences in odds of sexual abuse history, and selected results are selected below.

The first parsimonious logistic model explaining the difference in report of previous child sexual abuse, includes all youth in the sample ( $N=3,370$ ). Compared to males 11 years of age and older, females are more than 4 times as likely to have a reported history of sexual abuse; males under the age of 11 are 70% more likely to have a reported history of sexual abuse. An increased likelihood of reported sexual abuse is associated with each of the seven life challenging experiences (i.e., history of sexual abusiveness, physical abuse, having a sibling in foster care, psychiatric hospitalization, running away, drug or alcohol abuse, and suicide attempts). Youth rated moderately to severely impaired on the CAFAS self-harm scale are 33% more likely to report a history of sexual abuse compared to youth without self-injurious challenges. A similar increased odds of reported sexual abuse is observed for youth with impaired behavior towards others. Additionally, caregiver-reported social problems on the CBCL are associated with a 25% increased odds of reported history of sexual abuse.

The second analysis was restricted to children 11 years and older to allow the additional inclusion of youth report of behavior on the YSR (n=1,733). Each life challenging experience remains significantly associated with sexual abuse history as does Clinician-rated self-harmful behavior and caregiver-rated social problems. Child report additionally indicates that somatic problems are related to a 60% increased likelihood of previous sexual abuse and report of aggression problems is related to a 51% increased likelihood of sexual abuse.

## **Discussion**

The critical findings from this study involve the unique contributions of the caregiver, child, and clinician perspective in the compilation of a comprehensive psychosocial profile for youth entering system of care services. Sensitivity, confidentiality, and willingness to disclose child sexual abuse and related issues are very real points of consideration during an intake assessment. The results of the current study indicate however, that these three perspectives may uniquely contribute to a comprehensive clinical and psychosocial profile. If service providers are to most effectively plan and case manage services for children with reported sexual abuse histories, multiple perspectives of behavior problems and ratings should be considered a necessity rather than a luxury.

Future studies may consider comparative analyses of individualized service plans and case management procedures that were informed via single versus multiple reporting perspectives. In addition, studies involving the comparison of children who have reported histories of sexual abuse with children who have combined reported histories of sexual and physical abuse would enhance the understanding of psychosocial profiles at intake in an effort to develop and implement individualized service plans.

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