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NONOFFENDING PARENT EXPECTATIONS OF SEXUALLY ABUSED CHILDREN: PREDICTIVE FACTORS AND INFLUENCE ON CHILDREN'S RECOVERY

by

Haig Kouyoumdjian

A DISSERTATION

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For the Degree of Doctor of Philosophy

Major: Psychology

Under the Supervision of Professor David J. Hansen

Lincoln, Nebraska

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BY

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NONOFFENDING PARENT EXPECTATIONS OF SEXUALLY ABUSED CHILDREN: PREDICTIVE FACTORS AND INFLUENCE ON CHILDREN'S RECOVERY

Haig Kouyoumdjian, Ph.D.

University of Nebraska, 2005

Adviser: David J. Hansen

The potential negative effects of adult expectations on children's functioning have been well researched in the psychological literature in a variety of contexts. However, despite the stigma associated with child sexual abuse and the association between adults' negative expectations about children's functioning and adverse outcomes in children, there has been minimal research on the role of parental expectations on the recovery of sexually abused children. To that end, the primary focus of this study was to examine the influence parental expectations had on the functioning of sexually abused children and to better understand the factors that contribute to the development of these expectations. Participants included 63 sexually abused youth and their nonoffending primary caregiver who participated in a larger treatment study. Parental expectations about how sexual abuse will impact their children was shown to be a strong predictor of parents' ratings of children's behavior at pre-treatment while parental expectations of children's overall future functioning was not found to predict parents' ratings of children's behavior. Pre-treatment scores for parental expectations about how sexual abuse will impact their children were not however predictive of parents' ratings of children's behavior at post-treatment. In examining a variety of factors (i.e., child, parent, and abuse variables) that

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may predict parental expectations, results failed to reveal any clearly identifiable predictors of parental expectations about the impact sexual abuse will have on children or parental expectations about the future functioning of their children. In summary, the results of this study highlight the influential role the sexual abuse label has in shaping parental expectations about children's functioning and suggests that factors which contribute to the development of these expectations vary widely among parents. Recommendations for research and intervention are discussed.

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This dissertation marks the end of my long, arduous, exciting, fulfilling, challenging, and humbling graduate career. There were times throughout my doctoral years that I seriously questioned whether it would be possible to complete my training, yet I never swayed in my confidence that becoming a clinical psychologist is what I most wanted. I will be forever grateful to the Clinical Psychology Training Program faculty for their patience, sensitivity, and understanding, as well as the accommodations they made for me during months that I hope I will remember as the most trying times of my life. Without the support from faculty I could never have begun this dissertation, let alone have completed it.

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I would not be completing my doctoral education if my parents had not encouraged me to pursue higher education and made the personal sacrifices necessary to allow me to devote so many years to the joy and privilege of learning. Thanks to them I will spend my life in a career that is personally fulfilling and I will have the opportunity to positively impact people's lives with the work that I do. I am at least as proud of my parents for the opportunities and support they have given me as they are of me for reaching the end of my doctoral education. They are truly an inspiration and I will be eternally grateful for their years of selflessness.

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Nonoffending Parent Expectations of Sexually Abused Children: Predictive Factors and Influence on Children's Recovery

Child sexual abuse is a complex and disturbing societal problem. It has received increased attention by researchers, clinicians, lawmakers, law enforcement personnel, and the general public during recent decades. The substantial research efforts devoted to understanding more about child sexual abuse stimulates the opportunity to ask more and more questions. As such, there is more we need to know about the serious problem of sexual abuse. Before proposing new and important areas of research that can make helpful contributions in our understanding of child sexual abuse, it is necessary to have an understanding of the meaning of child sexual abuse, its prevalence, and the impact it has on victims.

Definition and Prevalence of Child Sexual Abuse

There is no universal definition of any of the words in the term "child sexual abuse" despite the substantial research efforts in this area (Haugaard, 2000). Most definitions of child sexual abuse consist of the specific sexual behaviors involved and the ages of the victim and perpetrator (Browne & Finkelhor, 1986; Wolfe & Wolfe, 1988). In definitions of child sexual abuse, there is some variability in the age range for being considered a "child" (e.g., under 16) and definitions usually emphasize that the sexual activities must have occurred with an older person (generally defined as more than five years older than the child). The behaviors that constitute sexual abuse include a broad range of sexual activities ranging from noncontact (e.g., genital exposure, voyeurism, showing pornography) to contact offenses (e.g., penile penetration, oral sex, genital

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manipulation) (Hansen, Hecht, & Futa, 1998). Additionally, the relationship between the child and the perpetrator are often included to differentiate between intrafamilial (i.e., perpetrator is a family member) and extrafamilial (i.e., perpetrator is not a family member) child sexual abuse.

Due to the variability in definitions of sexual abuse, as well as the variation in methodologies used in prevalence research studies (e.g., sampling techniques, measurement issues, reporting methods), the prevalence of child sexual abuse can only be estimated (Paolucci, Genuis, & Violato, 2001). A recent national study of child abuse and neglect statistics found that 12.5% or 123,000 children and adolescents had substantiated instances of sexual abuse (U.S. Department of Health and Human Services, 1999). In this study, females were found to be three times more likely to be sexually abused than males (U.S. Department of Health and Human Services, 1999). A recent estimate of the prevalence for child sexual abuse was found to be 22.3% among women and 8.5% among men (Gorey & Leslie, 1997). It is important to remember that estimates are only based on those cases that are reported to authorities and it is believed that the majority of child sexual abuse incidents are not reported (Leventhal, 1998). Despite the methodological inconsistencies in prevalence research studies of sexual abuse, it is clear that the occurrence of childhood sexual abuse is all too common in our society.

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Impact of Child Sexual Abuse

There is extensive research literature on the consequences of child sexual abuse (e.g., Bauserman & Rind, 1997; Briere & Elliot, 1993; Browne & Finkelhor, 1986; Faller, 1993; Finkelhor, 1990; Jumper, 1995; Kendall-Tackett, Williams, & Finkelhor, 1993;

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Neumann, Houskamp, Pollock, & Briere, 1996; Putnam, 2003; Rind & Tromovitch, 1997). A major challenge in child sexual abuse research is being able to understand the complex network of cause and effects (Merrill, Thomsen, Sinclair, Gold, & Milner, 2001). This task is especially difficult because research on the consequences of child sexual abuse has several methodological problems. Specifically, problems with inadequate control groups, variability in definitions of child sexual abuse, weak dependent measures, and confounding of abuse with other pathogenic factors hinder the progress in better understanding the effects of sexual abuse (Nash, Hulsey, Sexton, Harralson, & Lambert, 1993; Paolucci et al., 2001). Despite these limitations, an accrual of research in this area has linked child sexual abuse with an increased risk for mental health problems (e.g., Kendall-Tackett et al., 1993; Paolucci et al., 2001; Putnam, 2003; Spaccarelli & Kim, 1995). However, evidence suggests there is no prototypical "set" of symptomatology resulting from child sexual abuse and substantial individual variability in symptom presentation exists (Brown & Finkelhor, 1986; Bulik, Prescott, & Kendler, 2001; Faller, 1993; Nash et al., 1993; Putnam, 2003). Consequently, empirical research has investigated several factors that may contribute to the development of symptomatology in children who have been sexually abused. Some of the factors that have been examined are characteristics of the abuse (e.g., severity, perpetrator's relations to the child, duration of sexual contact), characteristics of the child victim (e.g., age at onset of the abuse, coping strategies), and factors surrounding the abuse (e.g., responses of significant people in child's life, legal proceedings) (Brown & Finkelhor, 1986; Conte & Schuerman, 1987; Everson, Hunter, Runyan, Edelsohn, & Coulter, 1989; Kendall-

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Tackett et al., 1993, Morrow, 1991; Sirles, Smith, & Kusama, 1989; Spaccarelli & Kim, 1995).

Although many sexually abused children exhibit a variety of symptoms, some children display little to no symptomatology (Bal, De Bourdeaudhuij, Crombez, & Van Oost, 2004; Beutler, Williams, & Zetzer, 1994; Dubowitz, Black, Harrington, & Verschoore, 1993; Finkelhor & Berliner, 1995; Kendall-Tackett et al., 1993; Putnam, 2003; Spaccarelli & Kim, 1995). In fact, it is estimated that 21-49% of children are asymptomatic following disclosure of child sexual abuse (Kendall-Tackett et al., 1993). There are several possible explanations for these children's asymptomatology. First, some of these children may present with symptoms that are not directly assessed or the symptoms may go undetected (Kendall-Tackett et al., 1993). Second, these children may have a delay in their symptom presentation such that symptoms become present during critical periods later in their life (e.g., puberty, childbearing) (Olafson & Boat, 2000). Third, the effect of the abuse may be masked, meaning children may not have processed the abuse experience or are suppressing their emotions associated with the abuse (Bal et al., 2004). Another possibility is that children who do not develop any symptomatology are those who experience less damaging sexual abuse or may be well-functioning children with substantial protective factors, such as strong family and social support (Falshaw, Browne, & Hollin, 1996; Kendall-Tackett et al., 1993; Olafson & Boat, 2000). Despite many children not experiencing any deleterious effects of sexual abuse, the majority of children do experience mental health problems as a result of sexual abuse.

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Initial Impact

Research examining the initial correlates of child sexual abuse reveals great variability in children's symptom presentation following sexual abuse. A variety of internalizing (e.g., fear, depression, anger, low self-esteem, anxiety) and externalizing (e.g., aggressiveness, conduct disorder, hyperactivity, delinquency, inappropriate sexual behavior) symptoms have frequently been found in children and adolescents who have been sexually abused (e.g., Bauserman & Rind, 1997; Beitchman, Zucker, Hood, DaCosta, & Akman, 1991; Browne & Finkelhor, 1986; Dubowitz, et al., 1993, Green, 1993; Kendall-Tackett et al., 1993; Ligezinska et al., 1996; Paolucci et al., 2001; Rind & Tromovitch, 1997). An excellent review of literature on the initial impact of child sexual abuse that conveys differences between age groups is by Kendall-Tackett et al. (1993). In their review of 45 studies examining the impact of sexual abuse on children, they identified commonly reported problems among preschool age children to be depression, anxiety, nightmares, and inappropriate sexual behavior. They also found that academic problems, fear, depression, aggression, hyperactivity, and nightmares were commonly reported in school-age children. Common symptoms of adolescents who were sexually abused included depression, promiscuity, substance abuse, self-injurious behavior, and running away (Kendall-Tackett et al., 1993). Although the research literature reveals some consistency of the impact of sexual abuse on children dependent on age groups, there is no consistent pattern of symptom outcome that applies to many or all sexually abused children (Beitchman et al, 1991; Finkelhor & Berliner, 1995; Green, 1993; Kendall-Tackett et al., 1993; Paolucci et al., 2001). Also, with the exception of engaging

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in more inappropriate sexual behavior and experiencing more symptoms of Post-Traumatic Stress Disorder, sexually abused children have not been found to be more symptomatic than nonabused children in the clinical population (Friedrich, 1993; Green, 1993; Kendall-Tackett et al. 1993; Tremblay, Hebert, & Piche, 1999).

Long-Term Impact

Parallel to the outcome of studies examining symptom presentation in children and adolescents following disclosure, adults with histories of child sexual abuse also appear to exhibit substantial variability in their abuse-related symptomatology (e.g., Beitchman et al., 1992; Briere & Runtz, 1988; Browne & Finkelhor, 1986; Green, 1993; Polusny & Follette, 1995; Roberts, O'Connor, Dunn, & Golding, 2004; Stevenson, 1999). In the extant literature, the long-term sequelae of child sexual abuse extend across a wide-range of internalizing, externalizing, and interpersonal difficulties, including depression, anxiety, post-traumatic stress, self-destructive behavior, substance abuse, diminished self-esteem, somatization, social isolation, sexual dysfunction, personality disorders, parenting problems, membership of a nontraditional family type (e.g., single mother), and greater likelihood for revictimization, among others (Beitchman et al., 1992; Burgdorf, Chen, Walker, Porowski, & Herrell, 2004; Fiscella, Kitzman, Cole, Sidora, & Olds, 1998; Greene, 1993; Johnson, 2001; Kendler et al., 2000; Lynskey & Fergusson, 1997; Polusny & Follette, 1995; Rind & Tromovitch, 1997; Roberts et al., 2004; Romans, Martin, & Mullen, 1997; Spataro, Mullen, Burgess, Wells, & Moss, 2004; Simpson & Miller, 2002; Steel, Sanna, Hammond, Whipple, & Cross, 2004; Stevenson, 1999; Wind & Silvern, 1994).

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Taken together, although there does not appear to be a specific syndrome or set of maladjustment problems associated with child sexual abuse, either initially or long-term, child sexual abuse appears to be a nonspecific risk marker for a variety of psychological and interpersonal difficulties. However, some sexually abused children may never experience psychological or interpersonal difficulties associated with their abuse history. Because of the evident variability in child sexual abuse experiences and consequences, numerous factors such as individual abuse characteristic (e.g., severity, duration, identity of the perpetrator), victim characteristics (e.g., age of onset, gender), and protective factors (e.g., family support, family environment) may shape the development and/or maintenance of abuse-related consequences.

Overview of Family Variables that Influence the Functioning of Sexually Abused Children

Importance of Family Environment

To better understand the significant variability in child sexual abuse outcomes, researchers have investigated the influence of possible mediating variables, such as familial factors (e.g., parental distress, caregiving environment), on the development of symptomatology. One reason why this area of research is important is because child sexual abuse affects not only the child victim, but also members of the family. For example, mothers have been reported to experience significantly heightened emotional distress initially after their children's disclosure of sexual abuse (Newberger, Gremy, Waternaux, & Newberger, 1993). This is especially concerning because maternal depression has been associated with greater internalizing and externalizing problems in

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