Children and Youth Services Review 73 (2017) 165–172

Contents lists available at ScienceDirect

Children and Youth Services Review

journal homepage: www.elsevier.com/locate/childyouth

Psychotherapeutic care for sexually-victimized children – Do service providers meet the need? Multilevel analysis

Sabine Weber [a,b], Markus A. Landolt [b,c], Thomas Maier [e], Meichun Mohler-Kuo [f], Ulrich Schnyder [g], Andreas Jud [d,*]

[a] Child Protection Team, University Children's Hospital Zurich, Steinwiesstrasse 75, 8032 Zurich, Switzerland
[b] Department of Psychosomatics and Psychiatry, University Children's Hospital Zurich, Steinwiesstrasse 75, 8032 Zurich, Switzerland
[c] Division of Child and Adolescent Health Psychology, Department of Psychology, University of Zurich, Binzmuhlestrasse 14, 8050 Zurich, Switzerland
[d] School of Social Work, Lucerne University of Applied Sciences and Arts, Werftestrasse 1, Postfach 2945, 6002 Lucerne, Switzerland
[e] Psychiatric Services of St. Gallen North, Zurcherstrasse 30, 9501 Wil, Switzerland
[f] Epidemiology, Statistics and Prevention Institute, University of Zurich, Hirschengraben 84, 8001 Zurich, Switzerland
[g] Department of Psychiatry and Psychotherapy, University Hospital Zurich, University of Zurich, Culmannstrasse 8, 8091 Zurich, Switzerland

ARTICLE INFO

Article history:
Received 27 September 2016
Received in revised form 16 December 2016
Accepted 16 December 2016
Available online 18 December 2016

Keywords:
Child sexual victimization
Child sexual abuse
Psychotherapeutic care
Psychotherapy
Multilevel analysis

ABSTRACT

Objectives: Surprisingly little is known on the decision to refer sexually-victimized children to psychotherapy. Previous research on service provisions for victims of child maltreatment has analyzed the impact of case characteristics, like child or caregiver functional levels, lack of social support, and socioeconomic status. Findings, however, show that the decision to provide services is not only needs-driven, but also affected by external factors like provincial legislation, institutional policies, and the availability and accessibility of services. By analyzing characteristics behind the decision to refer sexually-victimized children to psychotherapy at the case and institutional level, we aimed to disentangle the complex interplay of factors driving this decision.
Methods: The data for this analysis were drawn from the first nationally-representative agency survey on reported child sexual victimization (CSV) in Switzerland. Over a 6-month data-collection period, 165 child protective services, 87 penal authorities and 98 agencies in the health and social sector documented a total of 911 incidents of CSV. Multilevel logistic regression was applied to analyze factors at both the case and contextual level.
Results: The main finding was that the severity of consequences was strongly associated with the probability of psychotherapeutic service referrals (OR = 10.4; $p < 0.001$). However, one bias was identified at the individual level: sexually-victimized children born in Switzerland were more likely to be referred to psychotherapy than immigrant children. Institutional disparities in the decision to refer a sexually-victimized child to psychotherapy were large (median OR = 3.83), with penal authorities referring significantly fewer cases to psychotherapy than specialized agencies in the health and social sector. What exactly was driving the difference between psychotherapy referral in different types of agency remains largely unexplained.
Conclusions: Future research should invest in scrutinizing contextual factors of child protective service decisions. As we operationalize the need for psychotherapy as proxy-rated consequences of victimization, routine screening for mental health needs using standardized measures for children in contact with child protection agencies should be implemented, to help frontline workers to identify the psychotherapeutic needs of victimized children.

1. Introduction

Sexual violence against children and adolescents (child sexual victimization CSV; Averdijk, Mueller-Johnson, & Eisner, 2011; Barter, McCarry, Berridge, & Evans, 2009) is a global problem that affects millions of children and adolescents worldwide (Barth, Bermetz, Heim, Trelle, & Tonia, 2013; Stoltenborgh, Bakermans-Kranenburg, Alink, & van IJzendoorn, 2015). The reported prevalence of CSV in Europe is 9.6%: 13.4% in girls and 5.7% in boys (Sethi & World Health Organization, 2013). A nationally-representative study in Switzerland identified at least one type of child sexual abuse event in 40.2% of girls and 17.2% of boys (Mohler-Kuo et al., 2014). Roughly 2.68 cases of CSV per 1000 children and adolescents are disclosed annually to agencies in Switzerland (Maier, Mohler-Kuo, Landolt, Schnyder, & Jud, 2013). Child sexual victimization is strongly associated with multiple forms of other negative childhood experiences (Maniglio, 2009, 2013). Posttraumatic stress disorder (PTSD), depression and other psychiatric problems are among the major consequences of CSV (e.g., Irish, Kobayashi, & Delahanty, 2009).

* Corresponding author.
E-mail address: andreas.jud@hslu.ch (A. Jud).

http://dx.doi.org/10.1016/j.childyouth.2016.12.015
0190-7409/

1.1. Who needs psychotherapy after CSV?

Not all children and adolescents who have been sexually victimized go on to develop significant psychiatric symptoms and/or problem behaviors. Therefore, the challenge is to determine which children are in need of further specialized services like psychotherapy after CSV. There is growing evidence that older sexually-victimized children and adolescents are more symptomatic at assessment than younger victims (e.g., Briere & Elliott, 2003; Feiring, Taska, & Chen, 2002; Feiring, Taska, & Lewis, 1999a), whereas the conventionalization of PTSD in young children is not yet well established. Consistent with this finding is some evidence supporting the delayed onset of depressive symptoms or PTSD (e.g. Teicher, Samson, Polcari, & Andersen, 2009; Smid, Mooren, van der Mast, Gersons, & Kleber, 2009). Additionally, as the literature indicates, a higher frequency of victimization and the lack of social support are linked to increased psychiatric symptoms (e.g., Briere & Elliott, 2003; Kendall-Tackett, Williams, & Finkelhor, 1993; Ullman, Peter-Hagene, & Relyea, 2014).

There is a considerable body of literature indicating that psychotherapy addresses the mental health problems of sexually-victimized children (e.g., Cohen, Mannarino, Murray, & Igelman, 2006; Gillies, Taylor, Gray, O'Brien, & D'Abrew, 2013; Meca, Alcázar, & Soler, 2011). One published meta-analysis tested the effectiveness of psychological interventions for child maltreatment and detected that, on average, psychologically-treated participants appeared to be functioning better than 71% of their non-treated counterparts in areas like cognitive functioning and child behavior (Skowron & Reinemann, 2005). In particular, cognitive-behavioral approaches (CBT) help to reduce the negative consequences of sexual victimization among children and adolescents (Benuto & O'Donohue, 2015). Previous research suggests that this approach is successful for preschool children (Scheeringa, Weems, Cohen, Amaya-Jackson, & Guthrie, 2011), as well as school-aged children (e.g., De Arellano et al., 2014; Goldbeck, Muche, Sachser, Tutus, & Rosner, 2016).

1.2. Factors influencing frontline worker decisions to provide services

While there is a lack of research on factors driving the decision to refer victims of CSV to psychotherapeutic care, there is broad evidence that several case characteristics influence the decisions of child protection agencies regarding service referrals, as in decisions to place children in out-of-home care. Case characteristics associated with increased referrals to services are household moves (e.g., Fluke, Chabot, Fallon, MacLaurin, & Blackstock, 2010), poverty (e.g., Coulton, Korbin, Su, & Chow, 1995; Lery, 2009), single parenting (e.g., Ben-Arieh, 2010; Zuravin & DePanfilis, 1997), child behavior or mental health issues (e.g., Burns et al., 2004; Jud, Fallon, & Trocmé, 2012), impaired caregiver function (e.g., Fluke et al., 2010) and prior reports to child protection services (e.g. Leslie, Hurlburt, Landsverk, Barth, & Slymen, 2004). Concerning the age of the child, the literature is contradictory, with both younger age and adolescence associated with an increased number of referrals to services (e.g., Horwitz, Hurlburt, Cohen, Zhang, & Landsverk, 2011; Rivaux et al., 2008). Additionally, there is some evidence that the association between race or ethnicity and mental health service use may point to potentially-biased decision-making: immigrants appear to be less likely to both seek and receive services (e.g., Abe-Kim et al., 2007; Huang, Yu, & Ledsky, 2006; Straiton, Reneflot, & Diaz, 2014). Furthermore, male gender is associated with the increased use of mental health services (e.g., Leslie et al., 2000). However, girls seem more likely to be referred to mental health services if they have been sexually victimized (e.g., Maschi, Perez, & Gibson, 2010).

The decision to refer a sexually-victimized child to psychotherapy is not only driven by case characteristics, but also by contextual factors like the nature of the organization, cantonal (provincial) legislation, institutional policies, and the availability and accessibility of services (Baumann, Dalgleish, Fluke, & Kern, 2011; Belanger & Stone, 2008; Gambrill, 2008; Jud et al., 2012; Rivaux et al., 2008; Runyan, Gould, Trost, & Loda, 1981). Previous research on service provision suggests that rural location is associated with the limited availability and accessibility of services (e.g., Belanger & Stone, 2008). On the other hand, findings on urban/rural differences in service referrals are mixed (e.g., Jud et al., 2012).

1.3. Aims of the current study

Although referrals to psychotherapeutic services are assumed to be based on the assessment of needs and problems, there is a remarkable lack of information about the process used to match services with the needs of children, adolescents and caregivers (Barth et al., 2005; DePanfilis & Zuravin, 2001; Gilbert et al., 2009; Jud et al., 2012). This study therefore aims to identify factors associated with referral to psychotherapy after CSV, and to account for the relative effects of case-level and agency-level factors, by analyzing data from a nationally-representative agency survey on reported CSV in Switzerland. Potential predictors of psychotherapy referral were extracted from previous research on service referrals.

1.4. The Swiss child protection system

The complex Swiss child protection system needs to be considered when analyzing and interpreting the present data. In Switzerland, the provision of child protective services is organized according to the political principles of federalism and subsidiarity (Häfeli et al., 2008; Häfeli, 2014). Additionally, private and semi-private agencies both play a role in the supply of child protection services. Thus, services are divided between municipalities, states and the Swiss Confederation, with a distinctive variety of agencies and organizations enhanced by cultural and linguistic disparities in different parts of the country. Service providers can be broadly categorized into three types: public child protective services, penal authorities, and specialized agencies within the social and health sector (Maier et al., 2013).

1.4.1. Public child protection

The Swiss Civil Code (1907) rules call for action in situations wherein parents are “unwilling or unable to remedy the situation” if “the child's well-being is threatened” (art. 307 al. 1). So-called ‘tutelary authorities’ are entitled to establish legal orders to protect the endangered child. Their main instruments of intervention range from admonitions up to the withdrawal of parental responsibility (Hegnauer, 1999). Once a child protection order is installed, frontline workers in specialized child protective services or general social services are mandated to execute the order by assisting the child and his/her family. Some of the child protection authorities are constituted as courts, while others take the form of administrative authorities (Wider, 2013).

1.4.2. Penal authorities

Penal authorities handling cases of severe child maltreatment include the police force, the criminal courts and prosecution agencies, with specialized juvenile courts and juvenile prosecution organizations to enforce juvenile criminal law. Several of the federally-organized police corps have specialized child protection units. To hold perpetrators criminally liable, these institutions are mandated to investigate reported incidents and substantiate each allegation. In accordance with Article 305 of the Swiss Federal Law on the Organization of Federal Penal Authorities (2010), the penal authorities only forward the victim's personal data to victim aid agencies if the victim agrees. These agencies then have the obligation to contact the victim and offer help and counseling free of charge.