Child Abuse & Neglect 51 (2016) 31–40

Contents lists available at ScienceDirect

Child Abuse & Neglect

Research article

Does the impact of child sexual abuse differ from maltreated but non-sexually abused children? A prospective examination of the impact of child sexual abuse on internalizing and externalizing behavior problems☆

Terri Lewis*, Erika McElroy, Nicole Harlaar, Desmond Runyan

The Kempe Center for the Prevention and Treatment of Child Abuse and Neglect, University of Colorado, Department of Pediatrics, School of Medicine, USA

ARTICLE INFO

Article history:
Received 27 August 2015
Received in revised form
20 November 2015
Accepted 21 November 2015
Available online 20 December 2015

Keywords:
Maltreatment
Longitudinal
Child sexual abuse
Gender

ABSTRACT

Child sexual abuse (CSA) continues to be a significant problem with significant short and long term consequences. However, extant literature is limited by the reliance on retrospective recall of adult samples, single-time assessments, and lack of longitudinal data during the childhood and adolescent years. The purpose of this study was to compare internalizing and externalizing behavior problems of those with a history of sexual abuse to those with a history of maltreatment, but not sexual abuse. We examined whether gender moderated problems over time. Data were drawn from the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) at ages 4, 6, 8, 10, 12, 14, and 16 ($N = 977$). The Child Behavior Checklist was used to assess internalizing and externalizing problems. Maltreatment history and types were obtained from official Child Protective Services (CPS) records. Generalized Estimating Equations (GEE) were used to assess behavior problems over time by maltreatment group. Findings indicated significantly more problems in the CSA group than the maltreated group without CSA over time. Internalizing problems were higher for sexually abused boys compared to girls. For sexually abused girls internalizing problems, but not externalizing problems increased with age relative to boys. This pattern was similar among maltreated but not sexually abused youth. Further efforts are needed to examine the psychological effects of maltreatment, particularly CSA longitudinally as well as better understand possible gender differences in order to best guide treatment efforts.

Child sexual abuse (CSA) remains a significant problem with world-wide prevalence rates ranging between 8–31% for girls and 3–17% for boys (Barth, Bermetz, Heim, Trelle, & Tonia, 2013). In the United States, a large national survey conducted in 2008 indicated 12% of girls and 7.5% of boys under the age of 18 had experienced some form of sexual victimization (Finkelhor, Turner, Ormrod, & Hamby, 2009). A recent literature review reported CSA prevalence rates of 16.8% for women and 7.9% for men (Putnam, 2003). Discrepancies in rates are largely a function of informant differences (i.e., official Child

☆ This study was supported by grants CA-90CA1401, 90CA1433, and 90CA1467 from the Administration for Children and Families, and grant 1 R01 HD039689 from the National Institute of Child Health and Development.

* Corresponding author at: The Kempe Center for the Prevention and Treatment of Child Abuse and Neglect, 13123 E. 16th Ave., B390, Aurora, CO 80045, USA.

http://dx.doi.org/10.1016/j.chiabu.2015.11.016
0145-2134/

Protective Services reports versus individual self-reported history), samples (e.g., clinical versus community), definitional differences, and/or methodological differences.

Regardless of the source of reports, a large body of empirical research indicates significant short and long-term effects for CSA including post-traumatic stress disorders and symptoms, depression, suicide, sexualized behaviors, and neurobiological effects (De Bellis, Spratt, & Hooper, 2011; Paolucci, Genuis, & Violato, 2001; Putnam, 2003). Adult outcomes associated with a history of CSA include poor physical health, higher prevalence of DSM disorders (Putnam, 2003), and psychosomatic physical complaints and conditions (Leeb, Lewis, & Zolotor, 2011; Ross, 2005). However, efforts to identify specific pathways from CSA to negative outcomes or a specific syndrome of symptoms have not resulted in any uniform or consistent findings across samples (Kendall-Tackett, Williams, & Finkelhor, 1991). This may be due in large part to the heterogeneous and diverse nature of CSA experiences, contexts of abuse, and potential moderating and mediating factors (Paolucci et al., 2001; Putnam, 2003).

In addition, there have been few studies to assess the pattern of symptoms in CSA victims over time. Some scholars have suggested CSA victims will exhibit "sleeper effects," showing little distress initially then followed by increased psychopathology over time (Brier, 1992; Gomes-Schwartz, Horowitz, Carcharelli, & Sauzier, 1990). Alternatively, some studies have reported initial high levels of symptomology followed by a decline in symptoms over time or fluctuation of symptoms (see Berliner & Elliott, 2002). In a review of 46 studies, Kendall-Tackett and colleagues reported symptom resolution for two-thirds of sexually victimized children over the first 12–18 months (Kendall-Tackett et al., 1991). However, the majority of extant research relies on adult retrospective reports of CSA or single-time point assessments. This significantly limits the capability to assess consequences prospectively.

Further, contemporary studies indicate that CSA victims experience other types of maltreatment in conjunction with sexual abuse (Finkelhor, Ormrod, Turner, & Hamby, 2005; Scott-Storey, 2011). Thus, the negative effects of CSA may be confounded or further exacerbated by multiple maltreatment types. However, some argue that that CSA constitutes a unique victimization experienced marked by feelings of shame, powerlessness, and boundary violations that may differ as a function of coercion and relationship of the perpetrator to the victim (Noll, 2008). Few studies have controlled for polyvictimization, or have examined outcomes of CSA compared to maltreated, but non-sexually abused youth. Thus we know little about whether sexual victimization constitutes a unique pattern of outcomes different from maltreated, but non-sexually abused children or how much polyvictimization accounts for the negative outcomes documented in CSA victims.

From a longitudinal perspective, there is little extant literature about whether behavioral symptoms may differ by gender of the victim over time. Few studies incorporate male victims of CSA, leaving much to be learned about outcomes for sexually abused boys. Studies, that do compare male and female outcomes of sexual abuse, tend to show mixed evidence of gender differences (Gershon, Minor, & Hayward, 2008). Some studies have failed to find differences in symptomology among sexually abused boys and girls (Maikovich-Fong & Jaffee, 2010). Other studies indicate higher rates of internalizing problems for girls, such as trauma symptoms, psychopathology, and suicide attempts compared to males (Bergen, Martin, Richardson, Allison, & Roeger, 2003; Walker, Carey, Mohr, Stein, & Seedat, 2004), and higher rates of behavioral problems, substance use, disordered eating, suicide attempts/thoughts, and DSM disorders among male victims of CSA (Briggs-Gowan et al., 2010; Garnefski & Diekstra, 1997; Neumark-Sztainer, Story, Hannan, Beuhring, & Resnick, 2000). Differences in study findings may be related to the time at which the assessment was made (adult versus childhood) or differences in the study sample (e.g., clinical, CPS, or community). Further, comparative studies often lack a formal statistical test of gender differences (Gershon et al., 2008). Given the lack of longitudinal assessment of behavioral symptoms in childhood and adolescence, there is still need to assess the potential moderating role of gender differences in behavioral symptoms over time.

In summary, extant literature is limited by the reliance on retrospective recall of adult samples, single-time assessments, and lack of longitudinal data during the childhood and adolescent years. The potential effect of polyvictimization is often unaccounted for, and few studies have examined whether CSA represents a unique pattern of symptoms relative to maltreated, but non-sexually abused children. Boys are typically underrepresented in studies assessing the outcomes of CSA, and the limited gender comparative studies have resulted in mixed findings. The purpose of the current study was to assess behavior problems in a large sample of boys and girls assessed over seven time points from age 4 to 16. Study aims were to examine differences in internalizing and externalizing symptoms of CSA compared to maltreated but non-sexually abused youth, and to assess gender differences in symptoms over time.

Methods

Data for the current study were drawn from Longitudinal Studies of Child Abuse and Neglect (LONGSCAN). LONGSCAN is a multi-site prospective study of the antecedents and consequences of child maltreatment (see Runyan et al., 1998 for detailed information about recruitment and site samples). Face-to-face interviews were conducted separately with child and caregiver participants approximately every two years beginning at child age 4. Beginning at child age 12, interviews were completed using an audio computer self-assisted interview (A-CASI) format. Caregivers provided consent for their participation and that of the child. Youth provided assent for their participant. Each study site received approval from their respective institutional review boards.