



Research article

Caregiver perceptions about mental health services after child sexual abuse[☆]



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ABSTRACT

The objective of this study was to describe caregiver perceptions about mental health services (MHS) after child sexual abuse (CSA) and to explore factors that affected whether their children linked to services. We conducted semi-structured, in-person interviews with 22 non-offending caregivers of suspected CSA victims < 13 years old seen at a child advocacy center in Philadelphia. Purposive sampling was used to recruit caregivers who had ($n = 12$) and had not ($n = 10$) linked their children to MHS. Guided by the Health Belief Model framework, interviews assessed perceptions about: CSA severity, the child's susceptibility for adverse outcomes, the benefits of MHS, and the facilitators and barriers to MHS. Interviews were audio-recorded, transcribed, coded, and analyzed using modified grounded theory. Recruitment ended when thematic saturation was reached. Caregivers expressed strong reactions to CSA and multiple concerns about adverse child outcomes. Most caregivers reported that MHS were generally necessary for children after CSA. Caregivers who had not linked to MHS, however, believed MHS were not necessary for their children, most commonly because they were not exhibiting behavioral symptoms. Caregivers described multiple access barriers to MHS, but caregivers who had not linked reported that they could have overcome these barriers if they believed MHS were necessary for their children. Caregivers who had not linked to services also expressed concerns about MHS being re-traumatizing and stigmatizing. Interventions to increase MHS linkage should focus on improving communication with caregivers about the specific benefits of MHS for their children and proactively addressing caregiver concerns about MHS.

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Child sexual abuse (CSA) is an important cause of morbidity in children. In 2013, there were over 60,000 cases of substantiated CSA (U.S. Department of Health and Human Services, 2015). Sexually abused children are at risk for poor mental health outcomes, including depression, post-traumatic stress disorder, anxiety, and suicidality (Brown, Cohen, Johnson, & Smailes, 1999; Schilling, Aseltine, & Gore, 2007; Walker et al., 1999). Mental health services (MHS) have been shown to be beneficial in addressing some of these negative outcomes (Cohen, Deblinger, Mannarino, & Steer, 2004; Cohen & Mannarino, 1996; Cohen & Mannarino, 1997; Deblinger, Mannarino, Cohen, & Steer, 2006; Macdonald, Higgins, & Ramchandani, 2006), but one-third to one-half of children do not link to MHS after CSA (Haskett, Nowlan, Hutcheson, & Whitworth, 1991; Lane, Dubowitz, & Harrington, 2002; Lippert, Favre, Alexander, & Cross, 2008; McPherson, Scribano, & Stevens, 2012; Tingus, Heger, Foy, & Leskin, 1996).

Prior studies have identified factors associated with MHS linkage after CSA, such as child demographics, behavior, abuse type, and agency involvement (Haskett et al., 1991; Lane et al., 2002; Lippert et al., 2008; McPherson et al., 2012; Tingus et al., 1996). Caucasian children and children ages 7–13 were more likely to link to MHS than children who were Hispanic, African American, or outside of this age range (Tingus et al., 1996). Children with behavioral problems (Lane et al., 2002), a history of penetrating and repeated CSA (Tingus et al., 1996), abnormal physical findings (Lane et al., 2002), out of home placement (Tingus et al., 1996), and greater agency involvement (Tingus et al., 1996) were also more likely to link to MHS. These findings provide some information about child- and systems-level predictors of MHS linkage, but do not explain why caregivers do or do not link their children to MHS. This latter information is crucial for professionals who seek to improve MHS linkage and outcomes after CSA.

Assessing caregiver perspectives about MHS can provide an empirical basis for interventions to increase services linkage after CSA. Yet few studies have utilized this approach. Prior research with caregivers of CSA victims suggests that practical barriers may be a key deterrent to MHS linkage, despite caregivers' understanding of its relevance. One study showed that caregivers declined therapy most commonly due to reasons such as work conflict and inaccessibility of the therapy agency (Lippert et al., 2008). Moreover, another study revealed that among caregivers who did not link their children to MHS after CSA, lack of knowledge about where to access MHS and concerns about MHS cost were identified as the primary barriers, endorsed by 33% and 29% of the caregivers respectively (Lane et al., 2002). In addition to practical barriers, perceptions about MHS may influence whether or not caregivers link their children to services. Lippert et al. (2008) found that caregivers who did not link their children to MHS after CSA, as compared to caregivers who did, were less likely to report that therapy was beneficial for emotional help or change and were more likely to endorse discomfort disclosing personal information to a therapist. Despite these efforts to identify barriers to MHS linkage after CSA, a comprehensive, theory-based understanding of the factors affecting linkage to services is lacking.

The Health Belief Model is a psychological model that has been used to explain and predict a variety of health related actions, including utilization of mental health services (Janz & Becker, 1984; Rosenstock, 1966; Sakai et al., 2014). The Health Belief Model posits that uptake of health services is influenced by the following constructs: perceived severity of and susceptibility for acquiring a condition, perceived benefits and barriers to taking action, cues to action, and demographic and sociopsychological factors (Janz & Becker, 1984; Rosenstock, 1966). Prior studies have assessed some of these Health Belief Model constructs in relation to MHS linkage after CSA (e.g., demographic and sociopsychological factors, perceived benefits and barriers to MHS) (Haskett et al., 1991; Lane et al., 2002; Lippert et al., 2008; McPherson et al., 2012; Tingus et al., 1996). Yet other factors potentially influencing MHS linkage, such as caregiver perceptions about CSA severity and child's susceptibility for adverse outcomes, have not been well characterized. Furthermore, little is known about the relative importance of these factors in caregivers' decision-making about MHS after CSA.

We sought to extend prior research by applying the Health Belief Model toward understanding the factors affecting MHS linkage after CSA. The objective of our study was to describe caregiver perceptions about MHS after CSA and to explore factors that affected whether their children linked to services. Adapting the Health Belief Model constructs, we aimed to describe caregiver perceptions about: the severity of CSA and susceptibility for adverse outcomes, the benefits of MHS, and the facilitators and barriers to MHS. We anticipated that differences in these perceptions would help explain MHS linkage after CSA; thus, we compared these perceptions between caregivers who did and did not link their children to MHS.

Patients and Methods

We conducted semi-structured interviews of caregivers of suspected CSA victims presenting to the Philadelphia Children's Alliance. Philadelphia Children's Alliance is an urban, non-profit child advocacy center that coordinates a multidisciplinary response to CSA by conducting forensic interviews and providing support services ("Philadelphia Children's Alliance," n.d.). Philadelphia Children's Alliance receives referrals for all cases of suspected CSA in children < 14 years old and select cases of suspected CSA in children > 14 years old reported to Philadelphia's child protective services agency and/or law enforcement. Less commonly, Philadelphia Children's Alliance receives referrals for cases of physical abuse or neglect. Children < 14 years old not seen at Philadelphia Children's Alliance for a forensic interview include non-verbal children, children for whom participation in a forensic interview is against medical advice, and children whose families refuse a forensic interview. During the study period (July 15, 2013 to February 7, 2014), Philadelphia Children's Alliance received over 1,500 case referrals and conducted 955 forensic interviews. Approximately 65% of the children were female, 98% were English speaking, and 72% were Black/African American. Their mean age was 9.4 years old (V. Melvin, personal communication, August 24, 2015).

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