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Research article

The mediating role of secrecy in the development of psychopathology in sexually abused children[☆]

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ABSTRACT

Although child sexual abuse (CSA) is associated with psychopathology, limited research examined mechanisms through which CSA leads to psychopathology in children. It is generally assumed that CSA is associated with secrecy among children, to our knowledge this assumption has not yet been empirically tested. This gap in our understanding of the aftermath of CSA is surprising in light of abundant evidence linking secrecy to psychopathology among children. The current study examined whether, as compared to children who have not experienced CSA, CSA victims have a greater tendency for secrecy as reported by mothers and children, and whether psychopathology in CSA victims may be explained by their tendency to keep secrets. Sixty-three non-offending mothers and their sexually abused children (68.3% female; *M* age = 10.89) and 48 mothers and their non-abused children (62.5% female; *M* age = 11.17) completed questionnaires on secrecy and psychopathology (i.e., internalizing and externalizing behavior problems). Mothers of abused children perceived higher levels of secrecy and psychopathology in their children as compared to mothers of non-abused children. There were no differences in child-reported secrecy between abused and non-abused children. Mediation analyses revealed that mother-reported secrecy mediated the association between CSA and psychopathology. These findings suggest that secrecy is a potential mechanism underlying psychopathology associated with CSA, which has important implications for treatment of abused children.

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Introduction

Child sexual abuse (CSA) is associated with severe negative short- and long-term mental health outcomes, such as depression, anxiety, and aggressive behavior (e.g., Cutajar et al., 2010; Maniglio, 2009; Trickett, Noll, & Putnam, 2011). Although the detrimental effects of CSA on mental health are well-established, we know little about mechanisms through which CSA leads to psychopathology among children. One factor overlooked in research so far is the role of secrecy in the development of psychopathology in CSA victims. Research consistently shows that many CSA victims conceal their abuse from others

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for a long time (e.g., Hershkowitz, Lanes, & Lamb, 2007; London, Bruck, Ceci, & Shuman, 2005). Secrecy among children and adolescents is reliably linked to a range of psychopathological problems, such as depression, aggression, and somatic symptoms (e.g., Bumpus & Hill, 2008; Finkenauer, Engels, & Meeus, 2002; Frijns & Finkenauer, 2009; Frijns, Keijsers, Branje, & Meeus, 2010). Examining secrecy among CSA victims as a potential mechanism enhances our understanding of why and how CSA may contribute to psychopathology in children. The present study sought to examine whether psychopathology among sexually abused children is, at least partially, explained by their tendency for secrecy. Given the crucial role of parents in the adjustment of children to CSA (for reviews, see Elliott & Carnes, 2001; Yancey & Hansen, 2010), we specifically focused on secrecy in the parent–child relationship in a study involving both parents and children.

Secrecy among CSA Victims

Most CSA victims delay disclosure or never disclose their abuse experiences (e.g., Hershkowitz et al., 2007; London et al., 2005; McElvaney, Greene, & Hogan, 2012; Schönbucher, Maier, Mohler-Kuo, Schnyder, & Landolt, 2012). When disclosure is delayed, it may take weeks and often even years before the abuse is disclosed (Hershkowitz et al., 2007). Although research has mainly focused on the disclosure process of CSA, we know little about secrecy among CSA victims. Examining secrecy is especially important given that disclosure and secrecy are related but distinct concepts (e.g., Frijns et al., 2010). They may occur simultaneously, such as when CSA is disclosed but not all the information is revealed. To illustrate, research shows that disclosure of CSA occurs gradually and may remain incomplete over long periods of time (DeVoe & Coulborn Faller, 1999; McElvaney et al., 2012). Children may disclose some aspects of the abuse and meanwhile keep specific details of the abuse secret (McElvaney et al., 2012). Thus, although children may disclose having experienced CSA, they may keep CSA-related secrets about, for example, specific experiences, feelings, and thoughts at the same time. In sum, the literature on CSA suggests that secrecy is frequent and long-lasting among CSA victims, and may partially persist even after disclosure of CSA.

To our knowledge, researchers have not yet addressed the question whether CSA may be associated with an increased general tendency for secrecy in everyday life. However, the literature provides several indications that CSA may result in a vicious cycle of secrecy among CSA victims, specifically from their parents, which may be related to both child and parental factors. First, research shows that secrecy leads to social withdrawal and isolation through avoiding close relationships with others (Frijns & Finkenauer, 2009; Pachankis, 2007). For example, higher levels of secrecy among adolescents are related to lower levels of parent–child relationship quality and communication (Bumpus & Hill, 2008; Finkenauer et al., 2002; Frijns & Finkenauer, 2009), which in turn may further increase secrecy (Bumpus & Hill, 2008; Keijsers, Branje, Frijns, Finkenauer, & Meeus, 2010; Laird, Bridges, & Marsee, 2013). Thus, keeping CSA a secret may lead to an increased general tendency for secrecy among CSA victims. Second, shame-proneness is associated with elevated levels of secrecy (Pineles, Street, & Koenen, 2006). To illustrate, feelings of shame are associated with tendencies to hide and avoid others (Tangney, Wagner, & Gramzow, 1992). CSA is likely to make children vulnerable to experiencing shame regarding the abuse (Feiring, Taska, & Lewis, 1996), thereby increasing their risk for high levels of secrecy toward others, including their parents. Third, parents may not be responsive and supportive after their child's disclosure of CSA (for reviews, see Bolen, 2002; Elliott & Carnes, 2001). To illustrate, it is estimated that only half of non-offending parents fully support, believe, and protect sexually abused children (Bolen, 2002; Elliott & Carnes, 2001). Negative responses of parents to the disclosure of CSA may predict less willingness of CSA victims to reveal secrets to their parents in the future (Affifi & Steuber, 2010). Taken together, among CSA victims, concealing the abuse, feelings of shame, and negative reactions from parents to revealing (parts of) the abuse may lead to more secrecy in the parent–child relationship.

The Role of Secrecy in the Development of Psychopathology

Although secrecy is prevalent among CSA victims, it is yet unknown whether secrecy may serve as a mechanism through which CSA leads to psychopathological symptoms. This gap in our understanding is surprising in light of abundant evidence showing that secrecy comes at a cost. Cognitive, physical, and social mechanisms are proposed to explain why secrecy may lead to a broad range of psychopathological symptoms. Previous research has predominantly focused on adults, however researchers have argued that these mechanisms may also be applicable to children and adolescents (Finkenauer et al., 2002; Frijns & Finkenauer, 2009).

First, secrecy is suggested to initiate a process of active inhibition and suppression of thoughts, feelings, and behavior to prevent from revealing secrets (Pennebaker, 1989, 1997; Lane & Wegner, 1995). This inhibition of information requires physiological efforts and may directly cause elevated stress levels in the nervous system, contributing to stress-related psychosocial and physical problems over time (Pennebaker, 1997). Also, inhibition and suppression may prevent people from organizing and assimilating information related to reduced understanding and recovery (Pennebaker, 1989, 1997) and may cause thought intrusions (Lane & Wegner, 1995). The preoccupation model suggests that the suppression of secret-related thoughts ironically causes an increase in intrusive thoughts about that particular secret (Lane & Wegner, 1995). This (ironic) increase of thoughts, in turn, increases suppression efforts, which ultimately lead to a vicious cycle of preoccupation with the secret material that may cause stress and psychopathology (Hatzenbuehler, Nolen-Hoeksema, & Dovidio, 2009; Lane & Wegner, 1995; Newth & Rachman, 2001). The preoccupation model and its ill-effects have been confirmed in the

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