Five Years After Child Sexual Abuse

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and especially my family.
The experience of conducting this research was both emotionally demanding and inspiring. The loss of young people's lives by suicide and AIDS was a tragedy. The struggles of the mothers in disadvantaged families to seek protective action for their children, and the determination of some of the young people to succeed in education and careers in the absence of any support from their families, was an inspiration. Child sexual abuse is a common problem, and early intervention with the child and the family is essential to enhance long-term psychosocial adjustment.

Heather Swanston
Statement of Sources

The work presented in this thesis is, to the best of my knowledge and belief, original. The material contained in this thesis has not been submitted either in whole or in part for any other degree at the University of Sydney or at any other University.

This thesis describes a five year follow-up of sexually abused young people. Intake data were collected by Dr Debby Lynch, Anne Stern and Angela Plunkett. At five year follow-up, I contributed to selecting the measures for the study and designing the questionnaires. I also conducted much of the tracing and contacting of the subjects. I assessed and interviewed most of the young people and my colleague, Jennifer Tebbutt, generally collected data from their parents. Jennifer Tebbutt and I both scored and double-scored the assessments. All analyses contained in this thesis were conducted by myself, with advice from Dr Brian O’Toole.

________________________________________________________

Heather Swanston
The following publications have directly resulted from this work:

**Published papers**


**Published abstracts**

Swanston, HY, Tebbutt, JS, O’Toole, BI and Oates, RK (1997). Children who were abused were more disturbed than their peers after five years. Abstracted in *Evidence-based Nursing*, 1998, 1, 84.

**Papers presented**

**Poster Presented**
Abstract

Introduction
Child sexual abuse is a common problem. Psychological and behavioural problems in children and adults who have experienced child sexual abuse have been associated with the abuse. Little research has been conducted which has been long-term, prospective, involved substantiated sexual abuse, included a control group, took into account mediating factors, utilised multiple data sources, relied on standardised measures and had a high follow-up rate.

Aim
The aims of this study were (1) to compare a cohort of sexually abused young people with a group of their nonabused peers and (2) to establish predictors of psychological and behavioural outcome.

Method
This study was a five year follow-up. It was prospective, involved a sample of children with substantiated sexual abuse, included a control group, took into account mediating factors, utilised multiple data sources, relied on standardised measures and had a high follow-up rate.

Eighty-four sexually abused young people were followed up five years after presenting to Children’s Hospitals’ Child Protection Units for sexual abuse and were compared to a group of 84 nonabused young people of similar age and sex. The two groups were compared on the basis of depression, self-esteem, anxiety, hopefulness, despair, attributional style, behaviour, criminal activity, alcohol and other drug use, dieting, bingeing, vomiting, running away, suicide attempts and ideation and self-injury. Further notifications of young people for child abuse/neglect, young people’s juvenile convictions and compensation they received for the index sexual abuse event were also examined. Significant predictors of outcome were established.
Main findings

Follow-up rates were 81% (n = 68) for abused young people and 89% (n = 75) for those nonabused. Five years after presenting for the sexual abuse, the sexually abused young people were performing more poorly than their nonabused peers on various measures of psychological state and behaviour. Although the abused children had experienced more negative life events (p<.001), were from lower socio-economic groups (p<.0001), had more changes in parent figures (p<.001) and had mothers who were more psychologically distressed (p=.03), multiple regression analysis showed that after allowing for these and other demographic and family factors, there were still significant differences between the groups after the five years. The abused children displayed more disturbed behavior (p=.002), had lower self-esteem (p<.001), were more depressed or unhappy (p<.001) and were more anxious (p=.03) than controls. Sexually abused children had significantly higher levels of bingeing (p=.02), self-injury (p=.009) and suicide attempts (p=.03).

Significant predictors of psychological and behavioural outcome were significantly related to family and parent functioning variables. Abuse status was not a significant predictor when offered to each of the predictive models. Significant predictors of outcome included the following intake variables: family functioning, mother’s mental health, whether parents were employed or not, behaviour scores, prior notifications for neglect, history of parental discord and whether there were caregiver changes or not prior to intake. The classification of the index sexual abuse event as indecent assault and whether there were notifications for sexual abuse prior to the index event also significantly predicted outcome. Five year follow-up variables which were significant predictors of outcome were the young person’s age, number of negative life events, attributional style, self-esteem, depression, number of parent changes, anxiety, despair, whether there were notifications for abuse/neglect after intake and having a parent with a history of drug/alcohol problems.
Conclusions

Difficulties associated with child sexual abuse can continue for some years after the abuse event. Child sexual abuse needs to be considered as a possible antecedent of behaviour and psychological difficulties in young people. Treatment and monitoring should continue for some years after the abuse. Treatment may need to be directed more towards young people’s psychological states rather than focusing specifically on the sexual abuse. Family and parent functioning may need to be addressed early in order to prevent some of the behavioural and psychological difficulties associated with the long-term outcome of child sexual abuse.

Keywords

child sexual assault, depression, self-esteem, hope, despair, attributional style, anxiety, behaviour, crime, running away, suicide, self-injury, eating problems, re-victimisation, compensation, life events
Definition of Terms

Cases
Sexually abused young people

Child sexual abuse
For the purposes of this study, *child sexual abuse* is defined as any form of non-consensual physical contact of a sexual nature between a child under the age of 16 years and an abuser of any age.

Controls
Nonabused, or comparison group

Incidence
*Incidence* refers to the number of new cases of a given condition in a single year divided by the number of people at risk (Bland, 1987).

Normal population
The normal population refers to the wider or general population. It is presumed that this population will contain some people who will not have reported child sexual abuse.

Potential predictor
Refers to the possibility that a given explanatory (independent) variable will be statistically significantly related to a given outcome (dependent) variable.

Prevalence
*Prevalence* is defined as the proportion of people with a given condition who have it at a single point in time (Bland, 1987).

Study Intake
Intake, or enrolment, in this study took place during 1988 to 1990 for the abused group, and during 1989 to 1991 for the nonabused group.

Young people
For brevity, the term *young people* has been used throughout this thesis to refer collectively to children, adolescents and/or young adults.

Abbreviations

- 95% CI  95% Confidence Interval
- ANOVA Analysis of Variance
- BDI Beck Depression Inventory
- CBCL Child Behaviour Checklist
- CDI Children’s Depression Inventory
- DOCS Department of Community Services
- EDI Eating Disorders Inventory
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>FAD</td>
<td>Family Assessment Device</td>
</tr>
<tr>
<td>GHQ</td>
<td>General Health Questionnaire</td>
</tr>
<tr>
<td>HOPES</td>
<td>Hunter Opinions and Personal Expectations Scale</td>
</tr>
<tr>
<td>MH</td>
<td>Mantel-Haenszel test for trend</td>
</tr>
<tr>
<td>NSW</td>
<td>New South Wales, Australia</td>
</tr>
<tr>
<td>OR</td>
<td>Odds Ratio</td>
</tr>
<tr>
<td>PBI</td>
<td>Parental Bonding Instrument</td>
</tr>
<tr>
<td>RAHC</td>
<td>Royal Alexandra Hospital for Children</td>
</tr>
<tr>
<td>RCMAS</td>
<td>Revised Children’s Manifest Anxiety Scale</td>
</tr>
<tr>
<td>SES</td>
<td>Socio-economic status</td>
</tr>
<tr>
<td>SPSS</td>
<td>Statistical Package for the Social Sciences</td>
</tr>
<tr>
<td>TRF</td>
<td>Teacher’s Report Form</td>
</tr>
<tr>
<td>VCT</td>
<td>Victims Compensation Tribunal</td>
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<tr>
<td>YSR</td>
<td>Youth Self Report</td>
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