

APSAC Research-to-Practice Brief

Study Title: Depressive Symptom Trajectories Among Sexually Abused Youth: Examining the Effects of Parental Perpetration and Age of Abuse Onset

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Introduction:

Prior research has indicated adolescent depression isn't uniform in nature, but variable in the pattern that it follows for an individual. Child sexual abuse (CSA) has been linked to the development of adolescent depression symptoms. However, other abuse factors, such as parental perpetration and age of abuse onset, may strongly influence how depression symptoms develop due to an enhanced sense of betrayal and developmental period vulnerability.

The authors of the current study aimed to identify patterns of adolescent depressive symptom development in youth who were sexually abused. They also sought to test how parental perpetration and age of abuse onset are associated with the patterns of depression development.

Hypotheses:

The authors hypothesized they would find different trajectories of depression symptom development and that parental perpetration (defined as perpetration by a biological parent or step-parent) would predict heightened depressive symptom patterns compared with nonparental perpetration. No specific predictions were made about what kinds of associations would emerge between the depression trajectories and age of abuse onset due to the inconsistent and sparse research literature on the topic.

Subjects:

Data from the National Survey of Child and Adolescent Well-Being 1 (NSCAW-1) were used for this study. In the NSCAW-1 CSA subset, research assistants conducted interviews

with 444 sexually abused youth whose cases had been reported to child protective services (CPS). Interviews occurred at four time points over the course of six years beginning from two to six months after abuse investigations closed. Level of depressive symptomology was measured through a standardized self-report inventory from the child. Researchers used growth mixture modeling to identify patterns of the severity of depressive symptoms and rate of change of symptomology.

Findings:

Three patterns of adolescent depressive symptom trajectories emerged from the data: rising, falling, and flat. Twelve percent of the sample followed *rising* trajectories, with moderate depressive symptoms at Wave 1 of testing, high depressive symptoms at Waves 2 and 3, and moderate depressive symptoms at Wave 4. Adolescents with rising trajectories were older at abuse onset, more likely to have a parental perpetrator, and more likely to be male.¹

Eight percent of the sample followed *falling* trajectories, with high depressive symptoms at Wave 1, moderate depressive symptoms at Wave 2, low depressive symptoms at Wave 3, and moderate depressive symptoms at Wave 4. Adolescents in this category were more likely to have a parental perpetrator, were younger at the age of abuse, and were more likely to be female. Individuals in this category experienced a rise in symptoms at about the age of 12.

Finally, 79% of CSA victims followed the *flat* trajectory with consistently low levels of depression symptom scores, supporting the idea that most abused individuals won't develop high, lasting pathology. Those in this category were older at abuse onset, more likely to have a nonparental perpetrator, and were more likely to be male.

Recommendation:

Practitioners may overestimate the stability of their client's pathology and this study helps show that a number of dynamic depression symptom trajectories can occur (and re-occur) in populations of sexually abused youth. Clients who are sexually abused by parents may present with more difficult cases and may experience an increase in symptomology in adolescence. Clinicians who work with CPS-referred adolescents should consider periodic

¹ Figure 1 in this article mistakenly suggests that adolescents in the rising trajectory were younger at abuse onset, contradicting the text of the article. An erratum was published in the February 2019 issue of *Child Maltreatment* noting the error.

screening of their clients as depression symptoms may be variable throughout development.

Results of this study also indicate that the depressive symptom trajectories of maltreated youth may vary from trajectories found in typical community youth, suggesting that care be taken when attempting to compare these two groups.

Bottom Line:

Depression symptoms in youth who have been sexually abused ebb and flow in different patterns over time. In this study, those with elevated, curved patterns of depression symptoms were more likely to have experienced parental perpetration and those who were younger at the time of abuse had an increase in symptoms as they neared adolescence. The majority of maltreated youth, however, demonstrated resiliency and low levels of depressive symptomology. This is good news for clinicians who can use this information to bring hope to their clients and their clients' caregivers on the likely outcomes for depression symptoms after experiencing sexual abuse.

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About the Research-to-Practice Brief Author

Katie Steck, MA, works as an education coordinator at The Younique Foundation. She currently develops online resources for survivors to heal from childhood sexual abuse and also for parents and caregivers to decrease the risk of sexual abuse in their homes and communities. Katie's background and education are in clinical psychology with an emphasis on stress psychophysiology and additional experience in stress management, addiction, and biomedical research labs.