

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

Study Authors: Carlson, M.W., Oshri, A.

Student Author of this Brief: Hanna Boussi, MSW Candidate, BSW

Introduction:

This study seeks to understand trajectories of depressive symptoms for sexually abused children under three scenarios: (1) when the perpetrator is a parent, (2) when the perpetrator is not a parent, and (3) based on the age of abuse onset. Data are from the National Survey of Child and Adolescent Well-Being I (NSCAW-I) and included: (1) baseline data collected 2-6 months after investigations were classified as closed, (2) 18 months after, (3) 36 months after the case was closed, and (4) 72 months post-baseline.

Research Questions:

The researchers hypothesized that children who experienced childhood sexual abuse (CSA) would experience more depressive symptoms when perpetration was by a parental figure, defined in the article as a biological mother/father or a stepmother/stepfather. Parental figures did not include grandparents, uncles/aunts, or boyfriends/girlfriends of parents, even if they were living in the home and acting as a parental figure. They also investigated whether victimized youth (children 12 and younger) were at greater risk for heightened symptomatology than victimized adolescents. The study used the relationship between the child and perpetrator as well as the age of abuse onset as moderators when exploring if CSA was associated with higher depressive symptoms in victimized youth. Critically, the authors did not hypothesize if age of abuse onset played a pivotal role in the depressive symptom levels of victimized youth.

Subjects:

Participants were 444 sexually victimized children who were identified from Child Protective Service reports which were collected from the National Survey of Child and Adolescent Well-Being I (NSCAW-I). The researchers interviewed a sample of sexually victimized children, their caregivers, and caseworkers. The interviews were conducted in three forms: face-to-face, computer-assisted personal interviews, and audio computer-assisted self-interview programs to minimize reporting biases.

Findings:

Child sexual abuse was associated with higher depressive symptoms moderated by the child's age at abuse onset and relationship type between child and perpetrator. The study followed three growth

trajectories: falling, rising, and flat to further analyze how histories of CSA predict depressive symptoms during adolescence. Victims of CSA whose perpetrator was a parent were associated with rising and falling trajectories indicating the presence of higher depressive symptoms than those affiliated with the flat trajectory. Additionally, children who were sexually abused at a younger age followed the falling trajectory, whereas children sexually abuse at a later age followed the rising trajectory. Notably, the data suggested that gender played a crucial role in classifying the effects of CSA on depressive symptomatology, with females having an increased risk for a falling trajectory in comparison to males.

Breaking down the sample across the three trajectories, the study found that individuals in all four waves exhibited lower depressive symptoms while remaining in the flat trajectory. Additionally, it is critical to mention that a majority of the sample experienced consistently low depressive symptoms, which could be a strong indicator of high levels of resiliency among sexually victimized youth. The results of the study were consistent with the hypotheses presented by the authors.

Recommendation:

Clinicians should work closely with sexually victimized youth to identify the best course of treatment for coping with the trauma associated with abuse. Since there is a link between child sexual assault and the development of depressive symptomatology, practitioners can closely evaluate if these links are reason to screen repeatedly for depression or related disorders, particularly when factoring in age of abuse onset and parental perpetration. Additionally, policy makers might consider allocating funding for follow-up screenings and assessments with victims of sexual abuse. This is pertinent since CSA victims on the rising trajectory may not require services during the initial screening, however, they may develop symptoms later on.

Bottom Line:

Depressive symptom trajectories vary based on age of abuse onset and parental perpetration. Youth who experienced child sexual abuse at a later age resulted in an increase of depressive symptoms over time when the perpetrator of violence was a parental figure. Conversely, youth who experienced an earlier onset of abuse had a decrease in depressive symptoms over time. Ultimately, consistently low depressive symptoms among the sampled victimized youth may be an indicator of resiliency.

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About the Student Research to Practice Brief Author

Hanna Boussi is a student at the University of Michigan pursuing her Master of Social Work with a specialization of Interpersonal Practice in Health. Hanna received her Bachelor of Social Work from Oakland University in 2018. Hanna is currently an intern at Workit Health, an opioid addiction treatment center which provides Medication Assisted Treatment (MAT). Her main areas of interest

include oncology, substance abuse, mental health, and the impacts that they have on an individual's overall well-being. Hanna is a member of the National Association of Social Work.

This brief was produced as part of a collaboration between a SW708 at the University of Michigan and APSAC. The goal of this project is to teach a real-world application of research translation, offer an early opportunity for professional publication, and introduce students to how professional organizations can serve as an ongoing source of knowledge throughout their careers. By distributing the briefs among child maltreatment and child welfare professionals at all career stages, APSAC seeks to speed the dissemination of evidence-based practices and increase access to applied research findings for front line workers, while also helping to shape policy for organizations. If you would like to bring this project to your classroom, [contact Bri Stormer, MSW](#).