Factors Associated with Participation and Retention in a Group Treatment for Child Sexual Abuse

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BACKGROUND

Child Sexual Abuse (CSA)
- Affected 69,184 children in 2009
- Affects around 2% of girls and 8% of boys.
- Those who experience CSA are diverse, with no defining characteristics.
- CSA can lead to problems with cognitive, social, and emotional functioning.
- Treatment is beneficial for those who attend.
- There is little research about what affects participation and retention.
- Many families stop attending treatment before the sessions have been completed or miss sessions throughout the course of treatment.

Project SAFE (Sexual Abuse and Family Education)
- Clinical and research endeavor of Child Maltreatment Lab at the University of Nebraska-Lincoln.
- Manalyzed, cognitive-behavioral, group treatment for CSA.
- Child, adolescent, and parent groups run concurrently in 90-minute sessions for 12 weeks.
- Covers effects of abuse, coping with feelings, and future goals.

METHODS (CONT.)

Procedures
- Families contacted by Project SAFE clinical coordinator and screened based on criteria for intervention.
- Asked to complete questionnaires that assist therapists in understanding family’s current functioning and response to treatment.

Measures
- Caregivers completed the following measures:
- Demographic Questionnaire: Includes caregiver marital status, family income, ethnic background, employment status, age, and highest degree achieved. For children, includes current grade, current school, ethnic background, and age.
- Child History Form: Unstructured interview that collects relevant abuse-related information (e.g., age of onset of abuse, victim/perpetrator relationship).
- Parenting Stress Index (PSI; Abidin, 1995): 20-item checklist that assesses caregivers’ stress level regarding their role in childcare.
- Symptom Checklist 90-R (SCL-90-R; Derogatis, 1983): 90-item self-report measure used to assess caregiver mental health symptoms.

RESULTS (CONT.)

Parent and Family Functioning

RESULTS

Parent and Family Functioning

Comparison of Parent and Family Functioning Measures and Retention

Participants
- Children
  - 175 children and adolescents who participated in Project SAFE.
  - 144 (82.3%) female, 31 (17.7%) male.
  - Ranged in age from 4.6 to 16.8 years.
- Race/Ethnicity: 80% White, 5.1% Latina/o, 5.1% African-American, 1.1% Native American, 4.6% biracial, and 2.3% multiracial.
- Caregivers
  - 175 nonoffending caregivers who participated in Project SAFE.
  - Ranged in age between 23 to 64 years.
  - Included: 75.9% biological mothers; 13.0% biological fathers; and the remaining 11.1% were step-mothers/fathers, adoptive mothers/fathers, foster mothers/fathers, aunts, uncles, grandparents, and step-grandfathers.
  - Race/Ethnicity: 84.6% White, 1.1% African-American, 6.9% Latina/o, 2.9% biracial, 6% Native American, and 6% multiracial.

Demographics
- Caregiver age:
  - Significantly related to participation, r (166) = .23, p = .003, and retention, F (1, 166) = 7.85, p = .006, Mse = 49.16.
  - Caregiver level of education:
  - Significantly related to participation, r (157) = .20, p = .011, and retention, F (1, 157) = 4.30, p = .04, Mse = 1.79.
  - Married but not separated:
  - Significantly related to participation, F (1, 161) = 9.50, p = .002, Mse = 14.52, and retention, X2(2) = 7.01, p = .01.
  - Income:
  - Significantly related to participation, r (157) = .291, p < .001, and retention, F (1, 157) = 4.30, p = .04, Mse = 1.80.
  - Child’s age:
  - Not significantly related to participation, r (173) = .02, p = .827, or retention, F (1, 173) = .04, p = .84, Mse = 1.303.48.
  - Female gender:
  - Not significantly related to participation, F (1, 173) = 3.02, p = .08, Mse = 14.38, but significantly related to retention, X2 (2) = 6.22, p = .013.

Abuse Severity

Percent of Families Attending at least 8 of 12 Sessions Across Various Abuse Severity Indicators

- No significant relationship found between abuse severity characteristics and participation.

- No significant relationship found between abuse severity characteristics and retention.

CONCLUSIONS

- Many demographic variables may signal that families are likely to experience barriers to treatment attendance.
- When variables are identified clinicians should help families problem solve around barriers early in treatment.
- Funding for transportation costs may be helpful to families.
- Providing on site childcare may reduce barriers for some families.
- While preliminary, current results suggest that abuse severity is unrelated to participation and retention. This supports previous literature suggesting that CSA treatment inclusion guidelines should capture children with a broad range of abuse experiences.
- High levels of caregiver and family stress may impede treatment seeking. Referrals to additional services (either delivered prior to treatment or concurrently) may be necessary to reduce broader difficulties that can interfere with attending treatment focused specifically on difficulties associated with CSA.

FUTURE RESEARCH

- Greater representation of males and diverse ethnic groups.
- Replication in other settings (e.g., other Child Advocacy Centers, as well as fee for service settings).
- More thorough assessment of caregiver mental health.
- Direct measurement of barriers to treatment attendance.