# PSYCHOLOGICAL ADJUSTMENT

The results described in this chapter are based on the children who attended the follow-up interviews and for whom self-report and parent-report psychological testing and clinical ratings by therapists were available. After a univariate and bivariate review of the test scores, we will present a multiple regression analyses using a hierarchical stepwise model. It was employed to determine the relationship between the psychological adjustment of the children at follow-up (criterion) and the multiplicity of personal, situational, and system variables (predictors) that have been hypothesized to have a moderating influence.

As described in the methodology section, there was a fairly high rate of attrition in completed testing, due to the fact that many of the children at follow-up were beyond the norms on the standardized tests used because of their advanced age. For example, the Child Behavior Checklist (CBCL) has norms for children up to age 18 inclusive, and the Child Depression Inventory (CDI) has norms for children under 17 years old. In an attempt to compensate for this problem, another test, the Basic Symptom Inventory (BSI), was added that could be used for the older adolescent and young adults as well at the follow-up. The BSI was chosen as a measure of current emotional distress.

As well, it was difficult to compare the psychological test results of children at the time of referral to the follow-up results because some of the children who came for follow-up had not necessarily completed the testing at referral, and vice versa. As a result, the sample sizes varied from test to test. It is important to remember this when interpreting the results.

The original purpose for including a battery of psychological tests was to evaluate the overall emotional well-being of the children at referral, immediately post- court, and then much later at follow-up. The goal was to assess the extent of abuse-related symptomatology, the additional impact on the child of court proceedings, and the change in symptoms over time. More specifically, as therapists, we hypothesized that we might find residual feelings of anger, fear, self-blame, eroticization, stigmatization, powerlessness, anxiety, and depression.

At the time of initial referral to the Child Witness Project, we were dismayed by the level of distress that was manifested by many of the children. We had found that for some of the children, unrealistic feelings of guilt about the sexual abuse, intrusive thoughts of the abusive incidents and apprehension over the subsequent court proceedings were interfering with their emotional recovery. We had found that many of these children feared revictimization at the time of referral. Others felt empowered, and described feeling better able to protect themselves in the future as a result of their experienc. In a previous study using this sample,[60] the data indicated that feelings of guilt and self-blame about the abuse were associated with symptoms of Post-Traumatic Stress Disorder at referral. At follow-up, we wondered whether the children who had initially experienced these feelings were experiencing them now.

In addition to examining the overall extent of psychopathology (as measured by standard tests) in the sample at follow-up, we were interested in determining the factors associated with changes in emotional adjustment over time. Was there a gender effect, or an age effect? Were the characteristics of the abuse the important factor in determining whether children were able to recover emotionally by follow-up? Was time a healing factor for all children? Were there certain aspects of the criminal justice system experience that had a particularly negative or positive impact on long term post-abuse adjustment?

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[60] D.A. Wolfe, L. Sas & C. Weckerle (1990). Post-traumatic Stress Disorder Among Sexually Abused Children Testifying Before Court. In P.A. Saigh (Chair), *International Perspectives on Post-Traumatic Stress Disorder (PTSD).* Symposium conducted at the Annual Convention of the American Psychological Association, Boston.

## CLINICAL FINDINGS

At the time of the follow-up interviews, many of the children were showing signs of emotional recovery, which was very encouraging. However, there was a number of children who were manifesting emotional distress. In some cases, evidence for this was found in their test results, but it was also apparent in the children's communications with us in interview. As found in the initial evaluation sample at referral, mean scores for most of the standardized tests measuring depression, general fears, specific abuse related-fears, and anxiety, were in the normal range. However, therapists found that individual children were troubled during the interviews and were complaining about a host of problems and symptoms.

### OVERALL PRESENCE OF SYMPTOMS AS MEASURED ON SELF-REPORT MEASURES

As previously noted, children were asked to complete five psychological inventories.

*General Distress Level*: Results on the Basic Symptom Inventory (BSI) were available for 46 out of the 61 children who attended the interviews. As described previously, the BSI is a shortened version of the SCL-90-R which attempts to assess current clinical symptomatology. The General Severity Index (GSI), which is a summary score on the BSI, is reported to provide the most sensitive single indicator of a respondent's distress level, combining information on a number of symptom scales and intensity of distress. Our findings using this measure indicated that just over half of the children at follow-up who completed the BSI were in the normal range, another quarter were in the clinical range and about 15 percent were in the borderline range. In sum, over one third of the 46 children who completed this measure were emotionally upset and showing varying levels of distress at the time of the follow-up interview, as measured by the BSI.

A closer look at those children who were in the clinical range on this measure revealed that there was a trend for children whose cases ended in acquittal to be more likely to score in the clinical range (47 percent) than those whose cases had ended with an adjudication of guilt (16 percent). As well, children whose father figures were the abusers were significantly more likely to fall within the clinical/borderline category on the BSI ($P^2=2.29$, $p<.03$).

*Depression*: Forty-nine children completed the Child Depression Inventory (CDI) at follow-up. The majority of these children were not significantly depressed. However, as was found at the time of referral, about 20 percent of the children were determined to be in the clinical range on this measure of depression.

As described in Chapter Five, examination of the data revealed that the level of depression in children at referral was associated with the availability of mother support and belief at the time of disclosure. Children whose mothers were able to be supportive right from the moment of their disclosure were found to have been less depressed than children whose mothers were ambivalent or unsupportive. As previously found in the literature, and confirmed in our own study, mothers were able to be more supportive in extrafamilial situations of abuse than they were in intrafamilial situations. This support, as we were to find out in this study, was crucial to whether or not children were depressed at follow-up.

Consistent with the clinical literature, the girls had been somewhat more likely (30 percent) than the boys (ten percent) to be in the clinical range on the CDI at time of referral, and this trend continued at follow-up. Mean scores on the CDI were higher for girls, but not significantly so. Level of depression at follow-up was statistically uncorrelated with levels of maternal emotional support following disclosure, number of sexual victimizations over lifetime, and the stress index. However, t-scores for the CDI respondents who were 16 or under were positively correlated with age ($r=.71$, $p<.01$) indicating that the younger children were least depressed.

When children first came to the Child Witness Project for court preparation, regular case

conferences were held. Therapists frequently noted that familial abuse put a much greater strain on children's family systems, often resulting in less support from the non-offending parent(s), a lessening of their ability to deal competently with the criminal justice system, and greater and more diverse personal repercussions. Children abused within the context of an intrafamilial situation were more likely to be depressed at follow-up, but the difference in mean scores was not significant.

At follow-up, children whose cases ended with a conviction had lower mean CDI scores, although the difference was not significant. The attitude of the children towards their past involvement in the criminal justice system were associated with whether or not they had been depressed at time of referral. Children who had been depressed at that time were more likely at follow-up to remember wanting to stop the court process after their disclosure, and were more likely to remember regretting ever having ever told about the abuse. Their earlier depression may well have made it more difficult for them to be involved in the court process, and they remembered this at follow-up.

*Changes in Level of Depression:* We found it encouraging that an examination of the raw scores for the CDI showed that 66 percent of the children's scores improved over time. This was true of 90 percent of those children who had been clinically depressed at the time of their initial referral to the Child Witness Project, possibly regression toward the mean. As we expected, there were abuse and system factors that appeared to be correlated with their level of depression at follow-up compared with how they were feeling when they were first referred, but none was significant.

*Item Analysis:* Whether or not the accused person was found guilty of the sexual abuse was found to be significantly correlated with several key individual items on the CDI pertaining to how children viewed their future. Whether or not children felt things would work out for them in the future was highly related to court outcome. Fifty percent of the children whose cases resulted in the accused being found guilty or pleading guilty reported that they felt things would work out for them in the future. This compared to only 17 percent for children whose cases had resulted in an acquittal ($P^2=7.71$, $p<.02$). As we described in Chapter Seven, a number of the children whose cases ended in a non-adjudication of guilt alluded to the disappointment of the not guilty verdict by the judge, and the resultant impact it had on their lives. It would appear that negative court outcomes contributed to the pessimistic views of their futures held by some of these children.

*Internalizing and Externalizing Behavioural Symptomatology:* Forty-two children were administered the Youth Self-Report (YSR) at the follow-up. This represented 70 percent of the sample. The mean t-score for the sample on the Total Competence Scale of the YSR was 46.82, with a standard deviation of 11.16. The total competence t-score represents the sum of the raw scores for the activities and social scales. Although the mean was in the normal range, the range in scores for the follow-up sample was large (21 to 69), indicating that there were some children who were significantly below the normal range in their level of social competency, when compared to same aged peers, while others were doing very well.

Twelve children obtained t-scores in the clinical (t-score of >70) or borderline (t-score of 67 to 70) range on the Total Competence Scale. This group represented nearly one third of the 42 children who completed the YSR. It became obvious that some of the children had significant difficulties participating in the social aspects of life, and their self-descriptions indicated lower levels of social competence and activities than their peers. Some children were unable to partake in normal social activities.

With respect to the presence of self-reported behaviour problems, the mean t—score for the sample on the Total Behavior Problem Scale was 53.33, with a standard deviation of 11.33, again in the normal range. Only eight (20 percent) children scored in the clinical range on this scale which measures, among other factors, delinquent and aggressive behaviour. According to their results, these eight children were apparently having difficulty controlling their behaviours, they felt angry, and they acknowledged that this anger was spilling out in inappropriate ways at home and in their community. For a few, the acting out behaviour at times had brought them into conflict with the law.

In the area of internalizing behaviours, the mean t-score on the Internal Behavior Problem Scale of the YSR was 52.57. This scale measures the presence of withdrawn behaviour, somatic complaints and anxious-depressed behaviour. Once again, there were 12 children who scored in the clinical range on this scale, suggesting symptoms consistent with child sexual abuse syndrome. Within the Internalizing Scale, the mean t-score for the sample on the Somatization Subscale was in the clinical range (59.99, with a range of 51 to 86). The types of somatic complaints varied greatly among these children and included headaches, stomach aches, heart palpitations, nausea, shaking, and the like.

## Presence of Post-Traumatic Stress

Forty-seven children completed the Children's Impact of Traumatic Events Scale — Revised (CITES-R) at the time of the follow-up. An examination of the items endorsed by these children revealed a host of symptomatology. Over 40 percent of the children reported that they always avoided situations that reminded them of their abuse. Another 35 percent indicated that they frequently avoided such situations. An alarming 68 percent of the children who completed the CITES-R at follow-up reported feeling scared when reminded of their abuse. Intrusive thoughts of their abuse were being experienced frequently by over 20 percent of these children, and less frequently by another 20 percent. According to the literature on post-traumatic stress, most symptomatology starts to lessen after four months, but in some cases continues unabated. There were a few children for whom this was the case.

The effect of court adjudication on the continuing presence of some clinical symptoms consistent with post-traumatic stress was significant. Two thirds of the children whose cases did not result in adjudication of guilt, and who completed the CITES-R at follow-up, reported thinking about the abuse when they did not want to (intrusive thoughts), as compared to about one third of the children where there was an adjudication of guilt ($P^2=7.39$, $p<.02$).

Nightmares and sleep disturbances continued to be a problem for many children as well. About 25 percent of the children who completed the CITES-R said that they had nightmares about the abuse at least some of the time. Interestingly, at follow-up we found a relationship between the incidence of these nightmares and the nature of the abuse experience. Of the children who completed the CITES-R at follow-up, 18 percent of the victims of intrafamilial abuse reported having frequent nightmares of the abuse, compared to none of the extrafamilial abuse victims ($P^2=6.38$, $p<.04$). This finding was independent of the intrusiveness of the actual acts committed or the duration of the abuse. Perhaps the violation of trust that marked the abusive relationship in intrafamilial cases was the most significant factor. In addition to the betrayal of trust and the dispelled myth that home was a safe place for these children, these children also faced emotional triggers of the abuse (for example, pictures of the abuser in photo albums, family gatherings where conversations about the abuser took place, etc.). All this combined to increase the traumatization of these children, resulting in long-term presence of nightmares.

Overall for the follow-up sample, there was a significant improvement in the mean score on the Intrusive Thoughts Scale from referral to follow-up ($t=2.86$, $p<.007$), suggesting that, in general, children were less preoccupied with memories of their abuse years later. However, there was a significant elevation for the children who completed the CITES-R at follow-up on the Personal Vulnerability Scale ($t=2.06$, $p<.05$). This disturbing result indicated to us that some of the children even four years after referral to the Child Witness Project were more concerned with general vulnerability of children to sexual abuse, and the risk for personal harm to themselves. A common theme expressed by these children during interviews was their perception of the world as unsafe for children.

The encouraging finding however, was that there was also a trend for some of the children to feel more empowered on a personal level. What we did not understand was that these feelings of empowerment appeared to be independent of their personal victimization histories. The number of sexually abusive episodes with different perpetrators reported by these children was not significantly correlated with their feelings of empowerment at follow-up. Many children described feeling more able to take action

against a potential abuser. This was true as well for children who had been revictimized since our initial involvement with them. Perhaps their feelings of empowerment were due to a positive experience with the criminal justice system, and the realization that by telling someone about the abuse, charges were laid and something was done. Or perhaps it represented a false sense of bravado.

## CHILDREN'S FEARS

The presence of specific abuse-related fears and, sometimes, of more generalized fears, is noted in the literature as consistent with sexual abuse. In our sample, children described a range of abuse-related fears, such as fear of men, fear of strange places, fear of sex, fear of being touched, fear of naked bodies, etc. Unfortunately, these fears, both reality-based and irrational, were present both at referral and at follow-up for a great many children. We were interested in finding out under what conditions these fears increased or decreased.

The Sexual Abuse Fears Evaluation (SAFE), which is a subscale on the FSSC-R, and the Children's Impact of Traumatic Events Scale - Revised (CITES-R), measure a number of abuse-related fears that children may have in the aftermath of their sexual abuse. At follow-up, 41 children completed the SAFE as part of the test battery. A comparison of their fears expressed at the time of referral to the fears they expressed at follow-up revealed that some significant changes had occurred in the nature and intensity of the reported fears. Three fears that were targeted in the study and were contained in either the SAFE or CITES-R were as follows: 1) a fear of talking to police; 2) a general fear of not being believed; and, 3) a general fear of being blamed.

About 45 percent of the children at the time of referral to the Child Witness Project had endorsed an item that measured fear of talking to the police. Closer examination of possible factors associated with this fear revealed that twice as many victims of intrafamilial abuse were afraid as were victims of extrafamilial abuse ($P^2=7.34$, $p<.025$). One hypothesis is that intrafamilial abuse victims were more likely to be afraid to talk with police because of the disclosure aftermath they had just experienced; that is, they may have been concerned about the impact their disclosure was having on their family system.

At follow-up, the outcome of the prosecution appeared to be associated with whether children were afraid to talk to the police. Nearly one third of the children whose cases did not result in an adjudication of guilt reported that they feared talking to police as compared to only six percent of those where there was an adjudication of guilt ($P^2=6.30$, $p<.04$). Could it be that for many of these children, acquittals made them wary of talking to police as an entry point in the criminal justice system? The implications of court outcome for reporting of subsequent victimization is an area that needs to be explored further.

Fear of being blamed is an emotion that can prevent a child from disclosing. Our results suggest that there was a shift over time in whether or not children reported fear of being blamed unfairly. At the time of referral, well over one third of the children worried about being blamed unfairly. However, this fear decreased significantly to 15 percent at the follow-up.

Court outcome, in addition to having an impact on children's fears of talking with the police, and being blamed by others for things that happened, also appeared to have an important effect on fears of not being believed at follow-up. Ninety percent of the children who completed testing at folllow-up and whose cases did not result in adjudication of guilt, reported a fear of not being believed, as opposed to 56 percent of the children whose cases ended in an adjudication of guilt ($P^2=10.11$, $p<.006$). The external validation by the courts of the occurrence of abuse seemed to help dispel some of these latter children's fears of not being believed about sexual abuse. The reality, however, was that in some cases even if there was external validation and belief by the court, the families of some children continued to deny that the abuse really happened.

## Parent Reports of Internalizing and Externalizing Behaviours

Due to a high rate of attrition on the Child Behavior Checklist (CBCL) parent- rated data were available on only a subset of 25 cases for both referral and follow-up. Therefore, although consistent with other test results, these findings are based on a smaller sample and thus caution should be exercised in generalizing to the whole sample.

The children's CBCL scores from pretest (time of referral) and follow-up were collapsed into three categories so that children were assessed as having improved, worsened or stayed the same. Sixty percent of the 25 children whose parents completed the checklist had lower scores than recorded at the time of referral, on the CBCL Total t-score, suggesting that there was a tendency for them to demonstrate lower levels of behavioural and emotional problems.

Of the 25 children rated, a little over one half of the children (n=13) were found to be in the normal range with respect to their t-scores both at the time of referral and the time of follow-up. Twenty percent were in the clinical range at both points, and a very few (eight percent) of the children had moved from the normal range at referral to the clinical range at follow-up. Sixteen percent of these children had move from the clinical range into the normal range, indicating a significant improvement since referral.

What was associated with this movement in the CBCL scores? From our analysis, it appeared that an adjudication of guilt was an important factor in whether children were seen to be manifesting behavioural and emotional symptomatology at follow-up, according to their parents' observations. In cases where there was no adjudication of guilt, 71 percent of the children worsened as compared to 28 percent of the others ($P^2=4.00$, $p<.04$). From the parents' observations post court, an unsatisfactory court outcome often was associated with an increase in behavioural and emotional symptomatology.

The other important factor that appeared to be related to the presence of difficulties in children at the follow-up was the identity of the abuser who had victimized the child. Children abused by a family member were less likely than children who experienced extrafamilial abuse to improve on their CBCL scores at follow-up. Perhaps the ongoing family turmoil surrounding the disclosure, as well as the difficulty coming to terms with the abuse, were contributing to symptomatology of the intrafamilial abuse victims.

The nature of the abusive incidents that were perpetrated against the children was also found to be a factor associated with behavioural and emotional problems at follow-up. For the seven children who had had a "penetration offence" committed against them, five had worsened according to their scores on the CBCL.

Overall, for this small subsample, parents were reporting a fair amount of emotional and behavioural disturbance several years after court was over; in particular for cases where there were acquittals, where there was an intrusive assault, and most importantly, where the abuser had been closely related to the child.

# CLINICAL RATINGS OF ADJUSTMENT AT FOLLOW-UP

The Clinical Judgment Rating Scale was developed specifically for this follow-up study in order to provide an outcome measure on all of children who came for follow-up interview, not just the maximum of 46 children who completed all of the tests. It essentially encompasses all aspects of a child's current life circumstances and, as such, allows for a more global understanding of the child's functioning at follow-up, as well as allowing for a clinical prognosis for the child in the future.

## Psychometric Properties of the Therapist Rating Scale

The Clinical Judgment Rating Scale involved ten areas: family relationships, peer relationships, community connectedness, school and job goals, life circumstances, self-esteem, mood and affect, coping strategies, and significant life stressors. In addition, a scale on future clinical prognosis was included, enabling therapists to gather and weigh all the information available to them in determining the child's potential for healthy adjustment in the future. Correlations between scores on all ten subscales were performed and results indicated that scores for each of the subscales were highly correlated with the total score (.90). The standard item alpha was .97, and the overall inter-item correlation was .76.

*Concurrent Validity*: Clinical ratings of children by therapists were found to be negatively correlated with self-reports of depression as measured by the Child Depression Inventory ($r=-.618$, $p<.001$). That is, poor ratings of overall adjustment on the rating scale were more likely in children who expressed higher feelings of depression at follow-up in the independent testing. As well, clinical ratings of children were negatively correlated with general levels of psychological distress as measured by the Basic Symptom Inventory GSI score ($r=-.441$, $p<.033$), indicating that a high level of distress was correlated with a low therapist rating on the Clinical Judgment Rating Scale total score.

Clinical ratings of children were found to be positively correlated with Youth Self Report and Child Behavior Checklist (parent report) measures of social competence; specifically, the t-score on the Social Competence Scale of the YSR and the CBCL, respectively ($r=.434$, $p<.036$; $r=.545$, $p<.01$). Clinical ratings were also negatively correlated with the presence of behaviour problems as measured by the Total Behavior Problem score on the CBCL ($r=-.572$, $p<.001$).

Clinical ratings were negatively correlated with feelings of personal vulnerability as measured by the CITES-R ($r=-.3198$, $p<.034$), and positively correlated with feelings of empowerment on the CITES-R ($r=.3838$, $p<.011$).

In summary, clinical ratings by therapists provided assessments of the children that were consistent with findings obtained in the independent psychological tests administered at the time of follow-up. Based on these findings, we were confident that the therapists' clinical ratings of the children were validated by the standardized testing.

## RATINGS ON THE CLINICAL JUDGMENT RATING SCALE

The following discussion provides anecdotal information derived from therapist rationales for all ten subscale ratings (see Table 25 for subscale means and standard deviations). A review of the scores for the follow-up sample suggested that there was great variability. Some of the children were doing very well and were rated highly by the therapist who interviewed them, and others were not.

Table 25
**Means and Standard Deviations of Subscales for Clinical Judgment Rating Scale**

| Variable | Mean | Standard Deviation |
|---|---|---|
| CJFAMILY | 3.61 | 1.60 |
| CJPEERS | 3.61 | 1.43 |
| CJCOMCON | 3.68 | 1.60 |
| CJSCHJOB | 3.41 | 1.45 |
| CJLIFE | 3.61 | 1.79 |

| | | |
|---|---|---|
| CJSELFES | 3.59 | 1.63 |
| CJMOOD | 3.75 | 1.55 |
| CJFUTURE | 3.58 | 1.46 |
| CJCOPING | 3.54 | 1.49 |
| CJSTRESS | 3.22 | 1.59 |
| CJTOTAL | 35.47 | 13.99 |

The overall mean score for the 61 children on the Clinical Judgment Rating Scale was 35.47, with a standard deviation of 13.99. The range of possible scores was 10 through 70, with the highest CJTOTAL score (most well adjusted) obtainable being 70.00, or a score of "7" in each of the ten categories.

*Family Situation*: Sixty-eight percent of the children rated on this subscale scored below the midpoint in the area of family relations, receiving scores of only "1", "2" or "3" on a seven-point rating scale. These ratings were to a large extent based on indications of conflict, estrangement, unresolved anger, and lack of trust which were themes presented by many of the families in interview, in particular for victims of intrafamilial abuse. Therapists were concerned by the level of discord in some of the families, and the repercussions this had for those children. It was clear that in many cases, families had a history prior to the disclosure of dysfunctional relationships; that is, they lacked resources to cope with the stress of the disclosure, and they were multiply disadvantaged. In other cases, difficulty achieving a sense of homeostasis and family harmony due to unresolved bitter feelings surrounding the abuse was responsible for a weakening of the family system. This was often more marked in cases of intrafamilial abuse.

*Peer Relations*: Seventy percent of the children were rated very low in their peer relations, with nearly one third of the children scoring in the lowest two categories on the seven-point rating scale. These children were judged to have difficulties relating to peers. They were encountering difficulty dealing with intimacy in their relationships and coping with the need to maintain a high level of guardedness. Some of these children had histories of poor peer relations that preceded their abuse; for others, an intense need to bury their abusive pasts led to social withdrawal and isolation. Some children described having nothing in common with their school peers, as they felt they had gone through so much in their lives. A few children admitted in interview that questions from peers about their abuse were anxiety provoking and confirmed their need to withdraw. Out of a need to put their pasts behind them, a few children sought out new friendships and moved away from their old friends, or chose to develop friendships with other children who had been abused as they had.

*School/Job Adjustment and Goals*: When interviewed, about half of the children were judged to be coping well with school or jobs. However, the other half were judged to be having significant problems in school or in their workplace. Some of they children described feeling directionless, unable to motivate themselves to do anything in their lives. Concentration had been a problem while at school, in that many of the children reported that intrusive thoughts interfered with their ability to pay attention in class and thereby brought their grades down. Others had had poor school histories prior to the abuse and this remained consistent. Therapists found some children to have no personal goals, remaining almost frozen; however, the extent to which the abuse they suffered contributed to this paralysed state varied from child to child. Certainly, there were some children who were reacting to all that had transpired as a result of the abuse and its aftermath. For these particular children, this lethargy settled in after court was over, when the relief that they expected to feel did not materialize.

*Community Connectedness*: Reaching out and being involved in the community presented a difficult hurdle as well. A number of the children and their families were judged by therapists to be withdrawn from their community and involved in few activities or social events. Therapists noted that some families had

moved so many times they did not feel a part of their current neighbourhoods. This lack of connectedness and social isolation was, for some, a long-term life style. Unfortunately, this isolation made these children and their families more vulnerable, and support less available.

*Life Stressors*: As discussed in the chapter on life stressors immediately post-disclosure and since court, the life circumstances for many of these children and their families were filled with stress and tragedy. It is as though there was a cloud hovering over their lives, and one sad event followed another. Nearly 50 percent of the children were given low ratings by therapists on their life circumstances. A tremendous amount of chaos, tension and adversity existed in the lives of some of the children. For these children, the abuse and the court process presented as just one of many stressors, highlighting the fact that some of these children were very vulnerable. At case conferences, when Project therapists were discussing their clinical ratings in the research group, descriptions of the traumatic events in the lives of some of the children brought a feeling of sadness to those in the group.

*Self Esteem*: Seventy percent of the children were judged to be suffering from low self-esteem. Therapists noted that a few of the children were unable to see good qualities in themselves, that they felt 'marked' and not worthy of attention. In talking with some of them, therapists had the sense that the children believed they had been abused because of some deficiency in their personality. For others, the poor self-esteem predated the abuse and could have made them vulnerable to the victimization. For a few children, their low self-esteem was fed by feelings of responsibility, shame and even guilt for somehow not stopping the abuse.

It is important to note that low self-esteem is a characteristic not uncommon in the general population of adolescents. In a survey of young women in Canada, commissioned by the Canadian Advisory Council on the Status of Women,[61] only 83 percent of girls and 92 percent of boys between the ages of 13 to 16 said they felt good about themselves. For those that reported not feeling good about themselves, the researchers found that there was a link between their self-assessments and the extent of satisfaction with their lives.

*Coping Strategies*: Therapists found that children differed significantly in their use of personal coping strategies to deal with stress. Over 80 percent were rated by the clinicians as not having healthy methods for dealing with stress. Some of the methods identified by the children for dealing with the aftermath of their abuse included denial, avoidance and repression. Some of the children reported being quite adept at putting their past abusive experiences away from their conscious thought, but admitted that in their sleep, or when they were tired or overstressed by other daily living matters, they were unable to do so. It was during these times that a flood of memories would surface again. Others used alcohol, or drugs to numb their feelings in an attempt to help them cope with their life circumstances.

Abuse disclosures resulted in serious repercussions for many of the children, in particular the adolescent female victims of intrafamilial abuse. It was our impression that some of these girls dealt with the emptiness in their lives through becoming pregnant. These adolescent girls were attempting to meet their needs for nurturance and acceptance by having a baby to love and to have love them. Others girls were involved in unsatisfactory relationships, with partners who were not only unsupportive and not understanding of their history of sexual abuse, but were also abusive towards them.

*Clinical Prognosis*: What was most disturbing about this sample of 61 children who attended the follow-up interviews, however, was the guarded clinical prognosis given by the therapists for many of the children. In the case of over half of the children, therapists were concerned for their futures. There appeared to be continuing themes of vulnerability in the lives of some of these children which it was felt may predispose them to difficulties in the future. Therapists worried that the lives of some of these children would continue to be troubled well into adulthood.

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[61] Holmes *et al.* (1992). *Supra*, note 1.

## PREDICTION MODEL

Using the theoretical model described in Chapter One, we attempted to predict positive emotional/social adjustment, as measured by the total score (CJTOTAL) on the Clinical Judgment Rating Scale, using a regression equation into which we entered a series of mediator variables previously cited in the literature on child sexual abuse as correlated with emotional recovery. An early study by Sales *et al.*[62] postulated that three factors ordered in time determine a victim's reaction to sexual assault: preassault variables; assault variables; and, post assault variables. This simplified way of looking at the problem guided our work. Using multiple regression analysis, we set out to weigh the important factors.

A review of the literature suggested that abuse characteristics (nature of abuse, duration of abuse, and relationship of perpetrator to victim) and child characteristics (age, gender, presence of emotional risk factors) were important factors to consider when predicting long-term adjustment of child sexual abuse victims. As noted in the literature review in Chapter One, mother support following disclosure is also a variable that had emerged as important in understanding post-abuse adjustment, and we chose the Parental Reaction to Abuse Disclosure Scale (PRADS) to measure this. In addition, we measured criminal justice stressors associated with the prosecution, long cited in the literature as traumatic for children. These included the act of testifying, repeated adjournments leading to long delays in proceedings, and court outcome.

The extent of sexual victimization of each child was also examined. Whether or not victims had been abused previously and whether they were reabused after their involvement with us were factors taken into consideration. Each child was assigned a score, depending on the number of times they indicated to us they had been a victim of sexual abuse over their lifetime.

Figure 11
**Theoretical Model for Predictors of Child Psychological and Social Adjustment at Follow-up**

[62] E. Sales, M. Baum & B. Shore (1984). Victim Readjustment Following Assault. *Journal of Social Issues, 40*, 117-138.

**Child Characteristics**:

CDI level of depression at time of referral
Feelings of personal vulnerability at referral
Feelings of empowerment at referral
Age of the child
Sex of the child
History of family violence
History of sexual victimization
Length of time to follow-up

**Abuse characteristics**:

Duration
Relationship of child to Abuser
Coercion used
Intrusiveness

**Moderator Variables**:

Maternal reaction to the disclosure
Maternal action following disclosure
Court preparation

**Criminal Justice System Characteristics - Court outcome**:

Testifying
Time in the system

Within each block, variables were entered in a stepwise fashion which allowed for the examination of incremental contribution of each set of variables with the effects of the earlier one. In this way, it was possible to examine the importance of each set of variables in the prediction model. The clinical therapist ratings of each child who attended the follow-up interview (n=60) were used as the criterion in the prediction model.

As described earlier, we were interested in determining the degree of influence each of the variables in the prediction model had on the children's psychological and social adjustment at the time of follow-up. In order to accomplish this, a series of correlations was performed for each set of characteristics. Only those variables that were significantly correlated with CJTOTAL were then entered in the multiple regression analysis.

Table 26
**Correlation Coefficients for Child Characteristics and CJTOTAL**

| | Age | Sex | Depress | Sexvic | Vulnrbl | Empower | Violence | Time |
|---|---|---|---|---|---|---|---|---|
| CJTOTAL | -.080 | -.028 | -.531** | -.303 | -.398** | .384** | -.320* | .023 |

Note: * = p<.01; ** = p <.001

## CHILD CHARACTERISTICS

Although we predicted that time would promote healing, and that those children who were interviewed after a longer period of time since the court resolution would demonstrate a better adjustment emotionally and socially, we did not find this relationship (see Table 26). There was no correlation between length of time since their last court date and therapists' ratings of adjustment. A review of the correlation table also reveals that age and gender of the children were also not related to their clinical ratings at time of follow-up. There was no tendency for younger or older children to do better, or for male or female children to do better.

However, there was a greater likelihood for children who had experienced family violence in their background to be rated lower by therapists at follow-up. Surprisingly, there was no significant correlation between number of victimizations (added to the one for which they were referred) and the adjustment of the children, but there was a trend for those who had fewer victimizations to be rated higher by the therapists.

With respect to the psychological profiles of the children, feelings of depression as measured by the CDI, and feelings of vulnerability and a lack of empowerment as measured by the CITES at time of referral, were characteristics found to be related to therapists' clinical ratings of adjustment years after court. Therefore, these three premorbid psychological measures of the children at referral were entered into a stepwise multiple regression analysis. A review of Table 27 indicates that the only variable to enter the equation was the relationship between depressive feelings on the part of the children at time of referral to the Child Witness Project and later therapist ratings of long-term adjustment. Children whose psychological and social adjustment was rated lower by the therapists at the follow-up were more likely to have been depressed at the time of referral.

Table 27
**Results of Regression of Child Characteristics on Clinical Ratings: Depression, Empowerment and Vulnerability as Predictors of CJTOTAL**

| | Mult. R | $R^2$ | Adj. $R^2$ | F | p. |
|---|---|---|---|---|---|
| Block One<br>Pre CDI scores | .546 | .298 | .277 | 14.46 | .0006*** |

Note: No variables were entered in Block Two at the PIN to criterion of p<0.1
Note: *** = p<.0001

The results of the multiple regression analysis indicated that when all three variables were entered in a stepwise manner, the pre-court CDI depression score was the strongest predictor of CJTOTAL. Because clinical depression as measured by the CDI appeared to be highly associated with later emotional and general adjustment years after court, it was later used in the overall multiple regression model.

## ABUSE CHARACTERISTICS

The variables that were examined in this set were: duration of abuse; intrusiveness; level of coercion; and, relationship of abuser to victim. Once again, correlations were performed to determine the relationship of each of these variables to CJTOTAL.

Table 28
**Correlation Coefficients for Abuse Characteristics and CJTOTAL**

| | Relationship | Duration | Coercion | Intrusiveness |
|---|---|---|---|---|
| CJTOTAL | r = -.278* | r = -.259* | r = -.067 | r = -.212 |

Note: * = p<.05

Examination of Table 28 shows that there was a low correlation between CJTOTAL and an ordinal measure of the relationship of the abuser to the victim. A less positive CJTOTAL resulted in cases where the abuser, measured on a continuum of relatedness, was closer to the child (p<.035). There was also a low correlation between the duration of the abuse and CJTOTAL, in that the longer the abuse went on, the poorer the clinical ratings of adjustment were for the children.

## CRIMINAL JUSTICE SYSTEM CHARACTERISTICS

Of major interest in this study was the question of whether involvement in the criminal justice system contributed to abuse-related symptomatology in the children. Were the children further traumatized by being in court and testifying, and did this trauma result in long-term negative effects which prevented emotional recovery, and contributed to ongoing emotional difficulties and poor adjustment? In an attempt to answer this question, correlations of three well-identified criminal justice system stressors were performed with CJTOTAL.

Table 29
**Correlational Coefficients for Criminal Justice System Stressors and CJTOTAL**

| | Testifying | Crt. Outcome | Time in CJS |
|---|---|---|---|
| CJTOTAL | r = -.216 | r = .343** | r = .023 |

Note: ** = p<.001

Only one criminal justice system variable was found to be significantly correlated with CJTOTAL: court outcome. Adjudication of guilt for the accused in a child's case was significantly correlated with a higher CJTOTAL score at follow-up. These children were more likely to have been rated as better adjusted emotionally and socially than were the children whose cases ended without an adjudication of guilt. Children whose cases ended in an acquittal for the accused, or in a withdrawal of charges, were more likely to be emotionally troubled and not well adjusted at follow-up, according to the therapists' ratings.

Although we had hypothesized that the longer a child's case was in the criminal justice system, the more negative the impact would be on the child, both in the short and long term, we did not find this to be true of the long term. There was no correlation between CJTOTAL and length of time the children had experienced in the system awaiting court resolution. Nor was it possible to isolate any effect of testifying on overall long-term adjustment as measured in the clinical ratings. However, in interviews, some children recounted bitter memories of testifying. It appears that testifying had its most negative effect on the short-term emotional state of the children, and that this effect either dissipated over time or was meshed with

everything else that had happened to the child.

## MODERATOR VARIABLES

As therapists, we were particularly struck by the great variability in nature and level of support offered by the mothers of the children who presented themselves during the initial court preparation sessions at the Child Witness Project. At the time of initial referral, clinicians had often felt that those children whose mothers had been supportive fared better than those whose mothers had been unsupportive or ineffective in offering support. We chose to examine the relationship between level of mother support, protective action taken, and CJTOTAL. We wondered whether there would be a difference in emotional recovery in children who were well supported through their ordeal.

At the Child Witness Project, we were naturally interested in determining if there were significant differences in the adjustment of children who had received court preparation. Were they better adjusted at follow-up? It is, of course, difficult to isolate the impact of one intervention in the course of events that followed after the disclosure. We did, however, examine the correlation between receiving court preparation and adjustment at follow-up.

Table 30 shows that, indeed, mother support (that is, belief and actions) is highly correlated with CJTOTAL at the time of follow-up. Children whose mothers were supportive and took protective action were significantly more likely to be rated by therapists as being better adjusted at follow-up than those whose mothers were unable to support them. Court preparation on its own did not correlate with CJTOTAL. The positive outcome of preparation (that is, a better understanding of court preparation, and less fear and anxiety) appeared to have an immediate effect, being goal specific and geared to the short term.

Table 30
**Correlation Coefficients for Post-Abuse Moderating Variables and CJTOTAL**

| | Mother Belief in Disclosure | Mother Action | Court Preparation |
|---|---|---|---|
| CJTOTAL | r = .611** | r = .495** | r = .088 |

Note: ** = $p < .001$

## TESTING THE REGRESSION MODEL

Using CJTOTAL as the criterion and choosing the best predictors from each set of child characteristics, reactions to disclosure, and criminal justice system variables, a stepwise multiple regression analysis was carried out. This method allowed us the opportunity to examine the incremental contribution of each variable with the effects of the earlier variables controlled. The following five variables were entered into the regression model: 1) the child's CDI level of depression at referral; 2) history of domestic violence; 3) the relationship between abuser and victim; 4) level of mother support post disclosure; and, 5) court outcome. The results from this regression model are presented in Table 31.

Table 31
**Regression of Case Characteristics on Total Clinical Rating: Mother Support, Depression and History of Family Violence as Predictors of CJTOTAL**

| Mult R | $R^2$ | Adj $R^2$ | F | P |
|---|---|---|---|---|

| Block One Mother Support | .602 | .362 | .350 | 30.05 | p<.0001 |
|---|---|---|---|---|---|
| Block Two Depression | .690 | .477 | .456 | 23.71 | p<.0001 |
| Block Three Violent History | .722 | .521 | .493 | 18.55 | p<.0001 |

Results of the multiple regression analysis in Table 31 indicate that the most significant factor related to positive adjustment of the children at follow-up is availability of mother support.

Outcome in court, although previously found to be correlated with adjustment, did not enter into the regression equation. Relationship of abuser to victim, which also previously was found to be related to adjustment, did not enter into the equation. What these results suggest is that although court outcome and identity of the abuser are important factors in whether or not children are well adjusted after their abusive experiences and subsequent court involvement, having mother support moderates the negative impact. Even in the worst scenarios, where the abuser is a significant person in the life of the child (such as a father figure), and the outcome in court is an acquittal, unfailing mother support and protective action enables children to rise above their experiences.

Two other child/family characteristics — level of depression at time of referral and history of violence in the family — entered in blocks two and three, added significantly to the prediction model. It is noteworthy that these three variables were all found to be correlated with each other. Mother's ability to be supportive was found to be related to whether or not there was a history of family violence in the home, suggesting that mother's own history of protecting herself and her feelings of empowerment affected her ability to provide support for her child.

As well, children who were seriously depressed at time of referral were more likely not to have received their mother's support. Although court process variables such as outcome were important factors influencing the adjustment of the children at follow-up, their effect was not as powerful as the support and behaviour of the children's mothers who, by their actions, were able to "soften the blow" and strengthen their children's resolve.

The abuse characteristics such as relationship of abuser to victim, and duration of the abuse, were not as powerful predictors of future adjustment as the availability of mother support for the child.

## PREDICTING FUTURE PROGNOSIS

As part of the Clinical Judgement Rating Scale, therapists assessed the future prognosis of each child. This particular subscale went beyond a measurement of the current level of social and psychological adjustment determined from the questionnaire administered to the children and parents at the clinical follow-up interview. It represented the therapist's clinical opinion of the child's future prognosis and, in a sense, was a measure of their potential for healthy adjustment in the future. In an attempt to assess the relative importance of child characteristics, abuse factors and criminal justice system factors in predicting future prognosis of the children, correlations were carried out between a series of predictor variables and therapist diagnoses of future prognosis as represented by the subscale CJFUTURE.

Table 32
**Correlation Coefficients for Case Characteristics and CJFUTURE**

| | Abuser | Depress. | Victimize. | Mom Support | Intrusive. | Violence |
|---|---|---|---|---|---|---|
| CJFUTURE | .145 | -.453* | -.258 | .604** | -.296 | .366* |

* = p<.01; ** = p<.001

Results of the correlations showed that therapist ratings of future prognosis were not related to the identity of the abuser, nor to the intrusiveness of the abuse. Prognosis was, however, related to the level of depression in the child at time of referral, to the history of family violence in the child's home and, most importantly, to the level of mother support offered by the child's mother post disclosure. Number of previous victimizations was not related to future prognosis.

In the multiple regression analysis, the most significant predictor of future prognosis was the level of mother support post disclosure which was entered in block one. This was followed by the level of depression at time of referral entered in block two, and lastly by a history of family violence entered in block three. None of the other variables entered significantly in the multiple regression analysis.

Table 33
**Regression of Case Characteristics on Clinical Rating of Future Prognosis: Mother Support, Depression and History of Family Violence as Predictors of CJFUTURE**

| | Mult R | $R^2$ | Adj $R^2$ | F | P |
|---|---|---|---|---|---|
| Block One Mother Support | .604 | .369 | .352 | 29.86 | .000 |
| Block Two Depression | .654 | .428 | .406 | 19.14 | .000 |
| Block Three Fam. Violence History | .677 | .459 | .427 | 14.17 | .000 |

Interestingly, there was a relationship found between the level of mother support, and the history of family violence in the home. Marital violence created an atmosphere of fear which made it less likely that mothers were able to be supportive of their children post disclosure. This was particularly true when the child's abuser was also the perpetrator of the family violence.

## HIGHLIGHTS

! At follow-up many of the children were still experiencing significant emotional and behavioural difficulties;

! Depression in children at follow-up was somewhat related to court outcome, in that children were more depressed when there had been no adjudication of guilt;

- Depression in children at follow-up was somewhat related to whether or not their mothers were able to be emotionally supportive of them after the disclosure;

- Nearly 70 percent of the children reported still feeling scared when they were reminded about the sexual abuse they had experienced;

- Twenty-five percent of the children were still experiencing intrusive thoughts of their abuse, but this had significantly decreased since initial referral;

- Intrafamilial abuse victims were more likely to report that they were experiencing nightmares about the abuse than were extrafamilial victims;

- Over time, there was an increase in feelings of personal vulnerability in this sample of children;

- Court outcome was associated with children's fear of not being believed;

- Sixty-eight percent of the children seen at follow-up had significant problems in the area of family relations;

- Seventy percent of the children were found to have problems with peers;

- Seventy percent of the children were rated by therapists as having poor self-esteem;

- A positive court outcome is correlated with better global adjustment at follow-up;

- History of family violence is a strong predictor of adjustment at follow-up; and,

- The most important predictor of adjustment in the children seen at follow-up is the availability of mother support.