

ABSTRACT

Child sexual abuse (CSA) has been found to associate to robust long-lasting negative effects, including externalizing symptoms, but long-term outcomes may be influenced by the family context as well as the CSA itself. The main goal of this study is to investigate the influence of parental emotional support in the association between CSA and externalizing symptoms. A non-clinical sample of 975 adults completed measures of CSA, parental emotional support and externalizing symptoms. Nineteen percent of the sample reported CSA. Results indicated that CSA and parental emotional support both predicted anger, suicidality and tension reduction behavior (TRB), and highlighted that CSA was a significant moderator of the relation between parental support and externalizing symptoms (i.e., TRB and anger). Careful examination of the interactions revealed that the relation between parental support and externalizing symptoms was only significant in the non-abused group; emotional support only predicted externalizing symptoms in non-victims of CSA. Findings suggest that CSA is a risk factor for externalizing symptoms and may have lasting negative effects on psychological functioning independent of parental emotional support during childhood.

INTRODUCTION

- It is well documented that childhood sexual abuse (CSA) is associated with a wide range of robust and long-lasting psychological outcomes such as externalizing symptoms (Briere & Elliot, 2003).
- However, the impacts of CSA alone remain unclear and the scientific literature indicates that the effects of CSA might be determined by the social context in which the child evolved, especially the characteristics of his/her family (Garbarino & Kostelny, 1992).
- CSA survivors might come from dysfunctional or supportive families and subsequent adult impairment may be influenced by the family context as well as the CSA itself. Some studies even suggest that the nature of families contributes to long-term negative effects over and above a history of CSA (Bhandari et al., 2011).
- Results of Godbout et al. (2013) suggest that parental support specifically related to CSA disclosure may counteract the negative outcomes associated in adult survivors, but more studies are needed to clarify the impacts of general parental support in the relation between CSA and the long-term adjustment of survivors.

OBJECTIVE

To examine the influence of parental emotional support in the association between CSA and externalizing symptoms. This study examines parental support as a potential moderator of the effects of CSA.

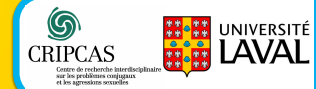
Child Sexual Abuse and Subsequent Adult Symptoms: The Role of Parental Emotional Support

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METHOD

Participants

975 participants
Women: 73.5%
Men: 26.5%

Mean age

23.9 years (SD = 7.72)

Recruitment

Online: 46.1%
Canadian University: 53.9%

Measures

Child sexual abuse
Contact sexual abuse
Prior to age 14
(Runtz, 2002)

Parental emotional support
Psychological Maltreatment Review
(Briere, Godbout, & Runtz, 2012)

Externalizing symptoms
Trauma Symptom Inventory-II
(Briere, 2011)
• Anger
• Tension reduction behavior (TRB)
• Suicidality
• Sexual Disturbance

RESULTS

Note. * $p < .05$. ** $p < .01$. *** $p < .001$.

Prevalence of CSA

	Total	Women	Men
%	18.8%	22.0%	9.7%
(n)	(183)	(158)	(25)

CSA characteristics

Frequency	1	24.6%
	2 to 5	26.8%
	More than 5	23.5%
Perpetrator	Parental figure	18.6%
	Family member	28.4%
	Stranger	6%
Nature of the CSA	Touching	90.7%
	Oral sex	29.5%
	Penetration	25.1%
	Physical force	37.2%

Independent sample t-test Non-CSA and CSA

	Non-CSA M (SD)	CSA M (SD)	t
Anger	7.90 (5.44)	9.82 (6.14)	-3.76***
TRB	3.66 (3.78)	6.40 (5.50)	-4.75***
Suicidality	1.84 (3.51)	4.61 (5.57)	-6.22***
Sex. dist.	4.38 (4.23)	6.56 (5.65)	-6.18***
Esupport	42.88 (13.12)	33.04 (14.38)	8.97***

ANGER

	B	SE	β
Constant	-.05	.04	
CSA	.35***	.09	.14
Parental support	-.14***	.04	-.14
CSA x Support	.20*	.08	.10
R ² Model 1	.025***		
R ² Model 2	.031*** $\Delta R^2 = .006^*$		

TRB

	B	SE	β
Constant	-.10**	.04	
CSA	.67***	.09	.26
Parental support	-.13***	.04	-.13
CSA x Support	.22**	.08	.11
R ² Model 1	.067***		
R ² Model 2	.075*** $\Delta R^2 = .008^{**}$		

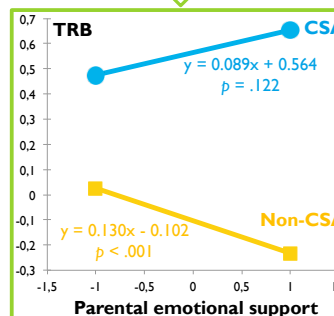
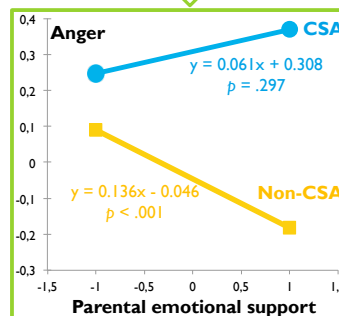
SUICIDALITY

	B	SE	β
Constant	-.10**	.04	
CSA	.58***	.09	.23
Parental support	-.20***	.04	-.20
CSA x Support	.08	.08	.04
R ² Model 1	.097***		
R ² Model 2	.098*** $\Delta R^2 = .001$		

SEXUAL DISTURBANCE

	B	SE	β
Constant	-.08*	.04	
CSA	.43***	.09	.17
Parental support	-.05	.04	-.05
CSA x Support	-.01	.08	-.01
R ² Model 1	.036***		
R ² Model 2	.036*** $\Delta R^2 = .000$		

Examination of the significant interaction between CSA and parental emotional support



CONCLUSIONS

- Survivors of CSA reported more externalizing symptoms and less parental emotional support than non-CSA. CSA and parental emotional support both predicted anger, suicidality and TRB. CSA predicted sexual disturbance, parental emotional support did not.
- Parental emotional support and CSA interacted to predict anger and TRB: The relation between parental support and externalizing symptoms was only significant in the non-abused group. In CSA survivors, parental emotional support was not related to TRB and anger.
- Individuals with emotionally supportive parents tend to show fewer externalizing symptoms, probably because of the positive effects of their supportive environment on the development of a sense of self-worth, emotion regulation strategies and personal control. However, parental support did not protect against subsequent externalizing symptoms in survivors of CSA, suggesting that CSA is a risk factor for externalizing symptoms and may have lasting negative effects on psychological functioning independent of general parental emotional support during childhood.
- Although it may be difficult to separate the impact of family dynamics and CSA, both factors appear to contribute to subsequent externalizing symptoms and should be assessed in relation to adult psychological functioning. Identifying the role of family environment could help develop effective preventive interventions for CSA victims that may prevent the development of negative symptoms. In this study, parental support was measured in a general context; it is not indicative of the support the child experienced in relation to the experienced trauma *per se*. Identifying the role of other types of support is necessary.