


San Francisco General Hospital Department of Psychiatry
GRAND ROUNDS
Child and Adolescent Services
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12:00-1:00 pm/ SFGH 7M30 A & B



Clinical and Psychosocial Characteristics of Youth with Abuse Histories Served in Community Mental Health Programs

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* Thank you for your interest in this presentation. Please note that analyses included herein are preliminary. More recent, finalized analyses can be found in: Walrath, C., Ybarra, M., Sheehan A., Holden, W., Burns, B. Youth with Histories of Multiple Types of Abuse Served in Community Mental Health Programs: Understanding their Clinical and Psychosocial Characteristics. Manuscript under review, or by contacting CiPHR for further information.



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Context

- Child abuse and neglect is one of the most delicate issues faced by service providers, as sensitivity, confidentiality, and willingness to disclose become very real points of consideration.
- In a child mental health service environment where effective individualized service planning and case management dominate, it is essential that the needs and challenges of referred youth be fully understood.




Estimated Rates of Child Abuse

- In 2002:
 - 2.3 children per 1,000 were reportedly physically abused and
 - 1.2 children per 1,000 were sexually abused (DHHS, 2004).
- An estimated 50% to 81% of maltreated children have experienced multiple types of abuse (Bolger & Patterson, 2001; Garnefski & Diekstra, 1997; Manly, Cicchetti, & Barnett, 1994).
- 2.4% of adult males and 6.7% of adult females reported multiple abuse types in childhood (MacMillan et al., 1997).




Clinical and Psychosocial Characteristics Associated with Child Abuse

- Higher rates of emotional and behavioral problems (e.g., Bolger & Patterson, 2001; Burns et al., 2004; Kolko, 2002; Toth, Cicchetti & Kim, 2002).
- Physical abuse has been linked to increased externalizing symptomatology (e.g., Kolko, 2002)
- Sexual abuse has been linked to emotional problems, suicidality, aggressive/criminal behavior, and addiction/risk behaviors (e.g., Garnefski & Arends, 1998). Additionally, poor peer relations, social withdrawal, sensitivity to others and sexual behavior (Young et al., 1994).



Characteristics that influence impact of abuse

- Developmental stage, severity, chronicity, frequency, and type of maltreatment (e.g., Lynch & Cicchetti, 1998; Manly et al., 1994; Manly, Kim, Rogosch, & Cicchetti, 2001; Smith & Thornberry, 1995).
- Multiple abuse types is associated with:
 - More emotional problems, thoughts or acts of suicide, aggressive and addiction/risk behavior (Garnefski & Diekstra, 1997) and more problems on caretaker-reported indices of behavior, personality, and social and cognitive functioning (Manly et al., 2001) than those with sexual abuse histories alone.
- Higher prevalence of Post Traumatic Stress Disorder (PTSD) than sexual or physical abuse alone for children seeking abuse-related treatment (Dykman et al., 1997).



Service Access and Treatment Options

- 16% of children age 2 through 14 who were subject to investigated reports of maltreatment by child welfare agencies received mental health specialty services in the preceding 12 months (Burns et al., 2004).
- Factors that affect treatment options:
 - Type of abuse – 15% of physically abused and 33% of sexually abused children received child treatment services within 6 months of intake by a children's service agency for physical or sexual abuse (Kolko, Baumann, & Caldwell, 2003).
- Earlier onset and more severe abuse is associated with longer treatment episodes among sexually abused girls (Horowitz, Putnam, Noll, & Trickett, 1997).



Study Rationale

This investigation expands upon earlier research by including the simultaneous comparison of single and multiple subtypes of abuse.

This study examines the demographic, psychosocial, clinical and service history characteristics of youth with reported histories of sexual, physical, and multiple abuses as compared to youth with no abuse history.



Study Methodology

- Data were collected by communities funded in 1997 and 2000 (45 sites) as part of the national evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program.
- Sample Selection Criteria:
 - 1) Inclusion in the longitudinal outcome study of the national evaluation (N= 5,735).
 - 2) Valid data for abuse history, sex, age, household income, and race/ethnicity (N=5,048).
 - 3) Valid data for at least 85% of the variables included in the analyses (This resulted in a final sample of 4,358 youth and adolescents).

4,358 ⇒ Study Sample

Study sample contained slightly younger, more Caucasian and fewer 'other' races, and more non-abused youth.

Measures and Indicators

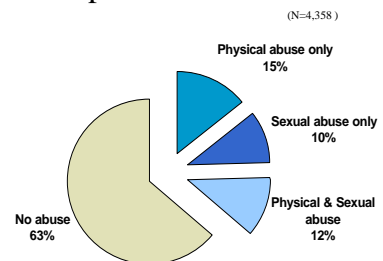
Lifetime history of abuse	Physical abuse Sexual abuse
Demographic characteristics	Age Gender Race/ethnicity Household income
Prior Service Utilization (last 12 months)	Outpatient School-based Residential placement/psychiatric hospitalization Day treatment Alcohol or substance abuse treatment
Youth and Family Problem Behaviors and Risk Factors (lifetime)	Youth: running away, suicide attempt, substance use, and sexually abusive behavior Family: mental illness, substance abuse, domestic violence
Child Behavior and Functioning	Child Behavior Checklist Child and Adolescent Functional Assessment Scale

Statistical methods

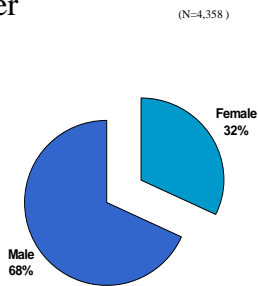
- First, missing data were imputed using best-set regression techniques (StataCorp, 2000).
- Next, cross-tabulations were computed to understand the unadjusted relationship between abuse status and participant characteristics. Chi-square tests were used to examine the statistical difference in distribution across the four groups of child abuse.
- Last, a parsimonious multinomial logistic regression model was identified using likelihood ratio tests for significant ($p < .05$) contribution to the overall model.
 - Because of clinical significance, functioning and behavioral problems were 'forced' into the model irrespective of statistical significance

Characteristics of the study sample

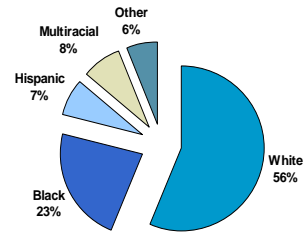
Characteristics of study sample: Lifetime prevalence of Child Abuse



Characteristics of study sample: Gender



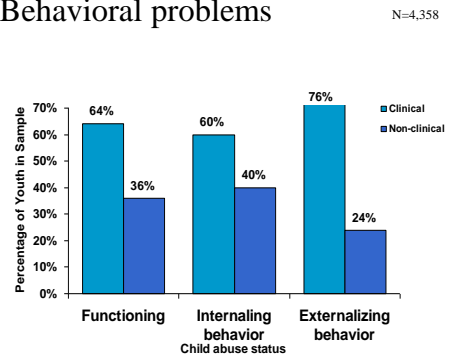
Characteristics of study sample: Race



Additional Characteristics of study sample

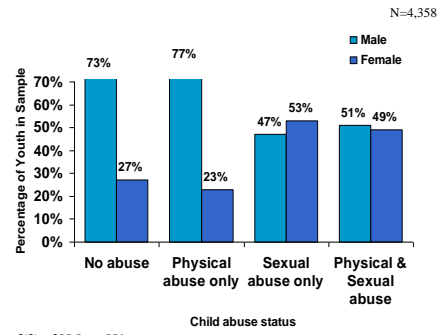
- Mean age: 12.3 years (SD = 3.1)
- Household income at/below poverty level (\$15,000): 46%

Characteristics of study sample: Behavioral problems



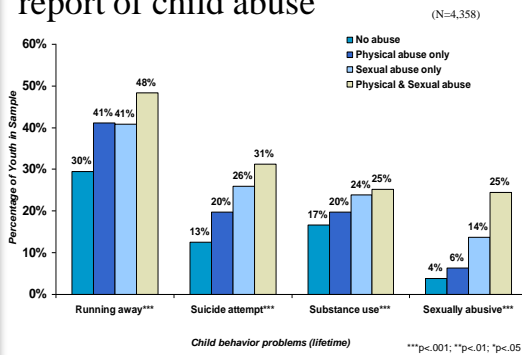
Findings: Characteristics of children based upon report of child abuse

Sex by report of child abuse

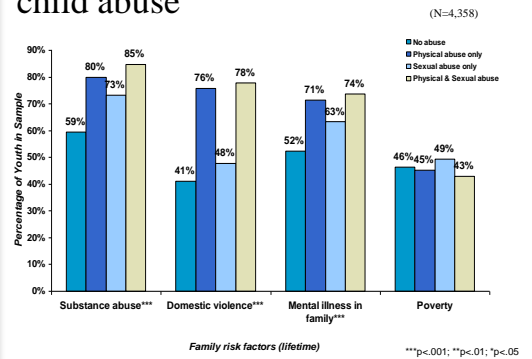


$\chi^2(3) = 208.8, p < .001$

Child Behavior Problems by report of child abuse

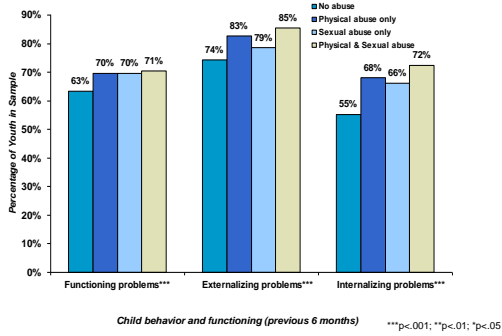


Family risk factors by report of child abuse



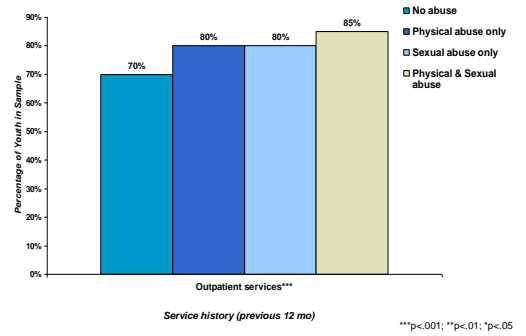
Child behavior and functioning by report of child abuse

(N=4,358)



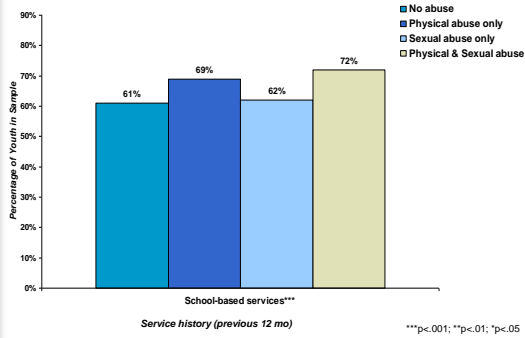
Outpatient service utilization

(N=4,358)



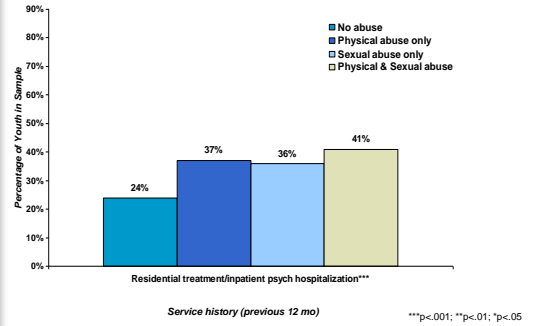
School-based service utilization

(N=4,358)



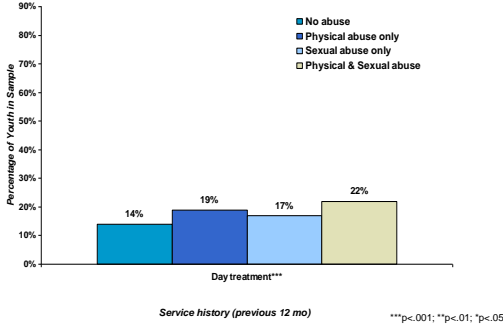
Residential treatment/inpatient psych hospitalization utilization

(N=4,358)



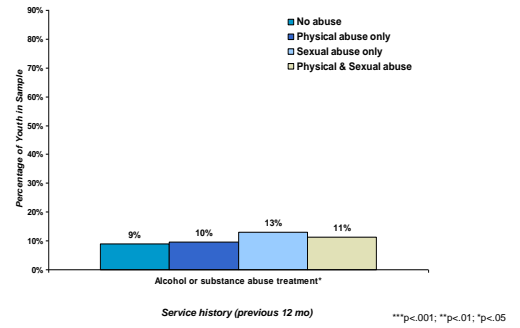
Day treatment service utilization

(N=4,358)



Alcohol or substance abuse treatment utilization

(N=4,358)



Parsimonious multinomial logistic regression model of characteristics significantly associated with the report of child abuse

(N=4,358)

	Physical abuse only (n=633)		Sexual abuse only (n=444)		Multiple types of abuse (n=515)	
	ACOR (95% CI)	P-Value	ACOR (95% CI)	P-Value	ACOR (95% CI)	P-Value
Demographic characteristics						
Female	0.75 (0.60, 0.93)	<.01	3.17 (2.55, 3.94)	<.001	2.73 (2.19, 3.40)	<.001
Race						
White	1.00 (Reference)		1.00 (Reference)		1.00 (Reference)	
Black	0.62 (0.48, 0.80)	<.001	0.53 (0.40, 0.71)	<.001	0.48 (0.36, 0.65)	<.001
Hispanic	0.64 (0.44, 0.93)	<.05	0.60 (0.38, 0.95)	<.05	0.57 (0.36, 0.90)	<.05
Multi-racial	0.85 (0.62, 1.17)	ns	0.66 (0.44, 0.99)	<.05	0.70 (0.48, 1.02)	ns
Other	0.70 (0.46, 1.07)	ns	0.70 (0.44, 1.12)	ns	0.50 (0.31, 0.82)	<.01
Service History (last 12 mos)						
Outpatient services	1.21 (0.96, 1.52)	0.10	1.32 (1.02, 1.72)	<.05	1.75 (1.31, 2.33)	<.001
Residential treatment/inpatient psych hospitalization	1.46 (1.19, 1.79)	<.001	1.35 (1.07, 1.71)	<.01	1.43 (1.14, 1.80)	<.01

Parsimonious multinomial logistic regression model of characteristics significantly associated with the report of child abuse (CONT)

(N=4,358)

	Physical abuse only		Sexual abuse only		Multiple types of abuse	
	ACOR (95% CI)	P-Value	ACOR (95% CI)	P-Value	ACOR (95% CI)	P-Value
Child Risk Factors (lifetime)						
Running away	1.40 (1.15, 1.70)	<.001	1.28 (1.02, 1.60)	<.05	1.64 (1.31, 2.04)	<.001
Suicide attempt	1.35 (1.05, 1.73)	<.05	1.65 (1.26, 2.14)	<.001	2.13 (1.65, 2.76)	<.001
Sexually abusive	1.42 (0.96, 2.10)	ns	4.62 (3.25, 6.57)	<.001	8.50 (6.19, 11.68)	<.001
Family Risk Factors (lifetime)						
Substance abuse	1.54 (1.23, 1.93)	<.001	1.60 (1.25, 2.05)	<.001	1.97 (1.49, 2.61)	<.001
Domestic violence	3.63 (2.94, 4.48)	<.001	1.05 (0.84, 1.31)	ns	3.89 (3.04, 4.99)	<.001
Mental illness	1.37 (1.11, 1.68)	<.01	1.05 (0.84, 1.33)	ns	1.19 (0.94, 1.52)	ns
Poverty	0.97 (0.80, 1.17)	ns	1.33 (1.08, 1.65)	<.01	1.00 (0.81, 1.24)	ns
Child Behavior and Functioning (last 6 mos)						
Functioning problems	0.90 (0.73, 1.11)	ns	1.03 (0.80, 1.31)	ns	0.78 (0.61, 1.00)	<.05
Internalizing problems	1.25 (1.01, 1.55)	<.05	1.45 (1.13, 1.84)	<.01	1.52 (1.18, 1.96)	<.001
Externalizing problems	1.05 (0.81, 1.37)	ns	0.78 (0.59, 1.04)	ns	0.99 (0.72, 1.36)	ns



Summary: Prevalence of child abuse

Prevalence of child abuse among youth with serious emotional disturbance:

- Over 1/3 have a history of some type of child abuse
- Estimates range between 10 to 15 percent, depending on type of abuse.



Summary: the role of risk factors

The role of risk factors:

- Increasing proportions of child and family risk factors are seen as number of abuses increases
- Youth who experience both sexual and physical abuse are:
 - More likely to engage in risky and problematic behaviors
 - Victimized by domestic violence and substance abuse in other family members




Summary: Service utilization

Outpatient and school-based services were the two most highly utilized across all groups of youth

After adjusting for all other significant characteristics:

- Residential services were associated with between a 35-46% increased conditional odds of sexual and co-abuse
- Outpatient services were associated with increased conditional odds for abuse between 32-75%



Summary: Co-abuse

History of multiple types of abuse, a unique contribution of the current study, was associated with:

- Elevated rates of sexually abusive behavior
- Internalizing problems
- Markers of problems within the family (i.e., domestic violence and substance abuse)

Similarities between sexual abuse and co-abuse:

- more likely to be female
- have histories of sexually abusive behavior
- prior outpatient service use

Similarity between physical abuse and co-abuse:

- More likely to have a family history of domestic violence



Conclusions: Service utilization

As part of the child's service plan:

- **Evidenced-based treatments**
 - **Cognitive behavioral therapy**
 - Sexual abuse (Cohen et al., 2003) and
 - Physical abuse (Kolko, 1996)
 - Creation of CBT program for youth with co-abuse
- **Conflict resolution/anger management training for the caregivers**
- **Family substance use treatment**




Conclusions: Service Capacity

The need for increased

- ✓ **Availability**
- ✓ **Capacity**
- ✓ **Access**

to evidenced-based treatment modalities cannot be over-emphasized




Study Limitations

- ▶ Cross sectional data
- ▶ All data based upon caregiver report
- ▶ Abuse variable was based upon retrospective report, and did not include details (e.g., frequency, duration)
- ▶ Generalizability is limited to populations who are either referred into or actively seeking services from community mental health programs



Implications

- ✓ It is important to identify those youth entering services with histories of multiple types of abuse as this represents a marker for significant individual and family problems that will need to be directly addressed in treatment plans.



Implications

Important questions for the youth mental health field:

- ✓ Adequacy of the existing interventions to treat such youth effectively, and
- ✓ The availability of care assuming that effective interventions can be offered.