Children with reported histories of sexual abuse: utilizing multiple perspectives to understand clinical and psychosocial profiles

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**Abstract**

**Objective:** The current study examines multiple empirically based perspectives (i.e., child, caregiver, and clinician) of behavior and functioning as they contribute to the clinical and psychosocial profile of children (aged 5 to 17.5 years) with reported histories of sexual abuse.

**Method:** A large, multi-site data set of children referred into Comprehensive Community Mental Health Services both with and without reported histories of sexual abuse, was examined. Seven hundred and fifty-nine children with a reported history of sexual abuse were compared to 2722 without such a history on caregiver and child reported behavior, clinician rated functioning, diagnosis, demographic variables, and life challenges.

**Results:** The multiple perspectives contributed unique and specific information to regression models: caregiver-reported behavior contributed information about externalizing behavior while child-reported behavior added information about internalizing behavior and clinician ratings about self-harmful behavior. Children with reported histories of sexual abuse were also more likely to be female, Caucasian, and have reported histories of life challenges (e.g., physical abuse, substance use, running away). Child sexual abuse was associated with higher rates of depression and anxiety diagnoses, and lower rates of substance abuse, conduct, and attention deficit disorder diagnoses.

**Conclusions:** The findings indicate that the profile of children entering into Comprehensive Community Mental Health Services with reported histories of sexual abuse, as compared to those without such histories, is complex and best understood via multiple perspectives. Caregiver, child and clinician rated information, when taken together, provide a comprehensive clinical and psychosocial profile around which to plan and implement individualized service plans.

**Author Keywords:** Sexual abuse; Child; Comprehensive Community Mental Health Service; CBCL; CAFAS; YSR