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Effects of the child–perpetrator relationship on mental health outcomes of child abuse: It's (not) all relative[☆]



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ABSTRACT

The present study was conducted to better understand the influence of the child–perpetrator relationship on responses to child sexual and physical trauma for a relatively large, ethnically diverse sample of children and youth presenting for clinical evaluation and treatment at child mental health centers across the United States. This referred sample includes 2,133 youth with sexual or physical trauma as their primary treatment focus. Analyses were conducted to ascertain whether outcomes were dependent on the perpetrator's status as a caregiver vs. non-caregiver. Outcome measures included psychiatric symptom and behavior problem rating scales. For sexual trauma, victimization by a non-caregiver was associated with higher posttraumatic stress, internalizing and externalizing behavior problems, depression, and dissociation compared to youth victimized by a caregiver. For physical trauma, victimization by a non-caregiver was also associated with higher posttraumatic symptoms and internalizing behavior problems. The total number of trauma types experienced and age of physical or sexual trauma onset also predicted several outcomes for both groups, although in disparate ways. These findings are consistent with other recent studies demonstrating that perpetration of abuse by caregivers results in fewer symptoms and problems than abuse perpetrated by a non-caregiving relative. Thus, clinicians should not make a priori assumptions that children and adolescents

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who are traumatized by a parent/caregiver would have more severe symptoms than youth who are traumatized by a non-caregiver. Further exploration of the role of the perpetrator and other trauma characteristics associated with the perpetrator role is needed to advance our understanding of these findings and their implications for clinical practice.

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Exposure to traumatic events in childhood has been associated with a myriad of adverse consequences throughout the lifespan, including detriments to physical health, mental health, and quality of life (Holbrook et al., 2007); and a number of studies have demonstrated that poly-traumatization increases risk of maladaptive outcomes. Most notably, these findings have been elucidated in the Adverse Childhood Experiences (ACE) studies (Anda et al., 2006). The field of child traumatic stress has now moved beyond simply examining the frequency of traumatic experiences to investigating the mechanisms by which details of the traumatic experience affect outcomes. Important trauma details previously identified in the literature include type of trauma, age of exposure, duration, frequency, severity, and degree of threat (Bulik, Prescott, & Kendler, 2001; Keiley, Howe, Dodge, Bates, & Pettit, 2001; Manly, Kim, Rogosch, & Cicchetti, 2001). One trauma detail in particular that has received considerable attention, specifically in the area of child maltreatment, is the relationship of the perpetrator to the child survivor.

The first generation of studies examining the closeness of survivor–perpetrator relationships initially focused on individuals who experienced sexual trauma during childhood. A review of several early studies of sexual trauma survivors demonstrated that a ‘close’ relationship with the perpetrator is associated with more serious, long-term effects (Kendall-Tackett, Williams, & Finkelhor, 1993), although the authors noted variation in the definition of closeness across studies (e.g., counting fathers and step-fathers as equally close). These findings contributed, in part, to the theoretical basis for subsequent studies of betrayal trauma theory (BTT; Freyd, 1994, 1996), which posits that the impact of high betrayal traumas (i.e., physical, emotional, or sexual trauma perpetrated by an emotionally close, necessary individual in the child’s life, which might include a parent or a close relative) results in poorer outcomes over time in comparison to similar trauma perpetrated by a more emotionally distant individual or stranger. Although generally supporting the relationship between perpetrator closeness and adverse outcomes, two early reviews of child sexual abuse pointed out that many studies have failed to demonstrate an effect of perpetrator–child relationship on child symptoms (see reviews by Beitchman, Zucker, Hood, & DaCosta, 1991; Browne & Finkelhor, 1986). More recent studies have also failed to find that relationship closeness (Hébert, Collin-Vézina, Daigneault, Parent, & Tremblay, 2006) or familial relationship (Maikovitch-Fong & Jaffee, 2010) predicts child mental health outcomes. In line with the points highlight by Kendall-Tackett et al. (1993), one criticism of investigations focusing on perpetrator–child relationships has been the operationalization of ‘closeness’ based solely on demographic variables, such as biological relationship (e.g., biological father, step-father) or marital status of the parents (Dubowitz, 2009; Yancey & Hansen, 2010), rather than the child’s emotional and physical dependency on the perpetrator. These investigations recommended that future studies define perpetrators according to the degree of the caregiving responsibility, emotional closeness, or dependency, rather than kinship category.

Application of demographically based definitions of the child–perpetrator relationship diverge significantly from the recommendation of Kendall-Tackett et al. (1993) to focus on the degree of caregiving responsibility rather than kinship status. Studies that have followed the definitional strategy endorsed by Kendall-Tackett et al. (1993) have found varying results regarding the influence of the child–perpetrator relationship on mental health outcomes. For example, Leahy, Pretty, and Tenenbaum (2004) found that adults who reported sexual trauma by a perpetrator in a relationship of trust, guardianship, or authority had more severe posttraumatic and dissociative symptoms than adults who reported abuse by other perpetrators, although further qualitative analyses indicated that emotional manipulation of the child survivor, rather than the perpetrator relationship itself, may differentiate between survivors with clinical and non-clinical levels of symptoms. In contrast, Sadowski et al. (2003) found that girls who reported sexual trauma by a stranger were more likely to experience Major Depressive Disorder, Separation Anxiety Disorder, and impairment of general functioning compared to girls who reported sexual trauma by a ‘parent figure’. Such equivocal results highlight the need for theoretical models and definitional consistency to guide research toward a better understanding of the role of the child–perpetrator relationship (Lawyer, Ruggiero, Resnick, Kilpatrick, & Saunders, 2006).

Recent BTT studies have expanded their scope to examine other forms of trauma in addition to sexual trauma, such as physical and emotional maltreatment. In fact, a number of studies have found that high betrayal traumas, which could potentially include sexual, physical, and/or emotional victimization, are significantly related to higher symptoms of anxiety, depression, dissociative tendencies, posttraumatic stress, suicidality, panic, anger, and physical health complaints compared to similar traumas perpetrated by a stranger or emotionally distant individual (DePrince, 2005; Edwards, Freyd, Dube, Anda, & Felitti, 2012; Freyd, Klest, & Allard, 2005; Goldsmith, Freyd, & DePrince, 2012; Martin, Cromer, DePrince, & Freyd, 2013; Tang & Freyd, 2012). Although the focus of these studies has been placed on adverse outcomes of traumatic experiences in childhood, the generalizability of these findings to treatment-seeking, trauma-exposed children and adolescents is somewhat problematic for two reasons. First, the majority of BTT studies have been conducted with community samples of adult survivors who retrospectively reported their child trauma histories. The trajectory of these participants’ responses to child trauma is thus widely unknown as they were not seeking treatment for trauma-related concerns and did not report on their functional impairment during childhood. Measures of betrayal trauma have also exclusively focused on emotional

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