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The relationship between child sexual abuse and academic achievement in a sample of adolescent psychiatric inpatients[☆]

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Abstract

Objectives: To examine the relationship between sexual abuse and academic achievement in an adolescent inpatient psychiatric population. Individual factors expected to influence this relationship were measured to explore the way they each interacted with sexual abuse and its relationship to academic achievement.

Method: Eighty-one adolescent psychiatric inpatients participated in the study (aged 12–18 years: $M = 16.0$). Participants were administered tests of academic achievement (dependent variable) and intelligence, and completed a number of self-report measures of their experience of different types of maltreatment, their perception of the parenting they received, socio-economic status, substance abuse, and psychopathology.

Results: Hierarchical regression analysis revealed that intelligence was the main predictor of academic achievement (uniquely explaining 26% of the variance). A number of interaction effects were also significant indicating that intelligence, substance abuse, internalizing behavior problems, externalizing behavior problems all influenced the relationship between sexual abuse and academic achievement.

Discussion: Examining the impact of sexual abuse is complex because it is typically an experience embedded in a range of other risk factors, such as poverty, family dysfunction, and other types of maltreatment. This study demonstrated coexistence between sexual abuse and a number of other variables, including other maltreatment types and parental overprotection, underscoring the requirement for complex models of research that more accurately reflect the experience of abused children.

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Introduction

It is well established that sexually abusive experiences in childhood can contribute to both short- and long-term maladjustment in adolescence. One maladjusted outcome that has been proposed to be associated with child sexual abuse (CSA) is poor academic achievement (Reyome, 1994). On average, adolescents who have experienced CSA have consistently been found to display lower psychometric test scores on cognitive, academic achievement, and memory assessments compared to nonsexually abused age-matched control groups (Friedrich, Einbender, & Leucke, 1994; Rust & Troupe, 1991; Sadeh, Hayden, McGuire, Sachs, & Civita, 1994). In addition, adolescents who have experienced CSA have been shown to display increased school absenteeism (Leiter & Johnson, 1997), grade retention (Reyome, 1994), and greater involvement in special education programs (Reyome, 1994). An important question, then, is whether poor academic achievement can be predicted by a history of child sexual abuse and if so, whether educational remediation programs could protect children against the broader risk factors associated with child sexual abuse.

Despite the fact that there is a clear association between CSA and academic achievement in adolescents, it would be premature at this stage to conclude that CSA is a *predictor* of poor academic achievement. Most studies, to date, have used bivariate correlational designs. Correlational designs show the association between two variables, but not the degree to which one particular factor can be predicted from another or several other factors (Tabachnick & Fidell, 2000). By examining the relationship between CSA and academic achievement using correlational methods, researchers have failed to measure and account for the concomitant factors expected to influence both CSA and academic achievement. Indeed, many victims of sexual abuse are asymptomatic throughout their lives despite traumatic early experiences (Baker & Duncan, 1985). Heterogeneity in CSA outcomes is suggestive of a complex interaction between numerous child risk and resiliency factors.

Prior related research suggests that there are several inter-related factors that could explain (albeit in part) the relationship between CSA and poor academic achievement in adolescents. First, the literature pertaining to the role of comorbid maltreatment suggests that comorbid child neglect and child physical abuse could explain the association. For example, Ekenrode, Laird, and Dorris (1993) demonstrated that a significant relationship between CSA and academic achievement in adolescents was explained by the indirect contribution of comorbid neglect. Significant correlations between physical abuse, IQ, and test scores have been demonstrated (Kinard, 2001; Perez & Widom, 1994). Further, there is an independent body of literature establishing the detrimental effect of both neglect and physical abuse on academic achievement in children and adolescents (Kendall-Tackett & Ekenrode, 1996; Wordarski, Kurtz, Gaudin, & Howling, 1990).

Second, researchers focusing primarily on consideration of coexisting family functioning have concluded that the combination of family factors and CSA act together to produce a maladjusted outcome in adult and adolescent samples (Higgins & McCabe, 2000). In regard to an adolescent inpatient sample, researchers have documented high rates of family dysfunction, characterized by distorted family communications, discordant family relations, lack of warmth from primary care givers, overprotection, and inadequate supervision and control (Wrate, Rothery, McCabe, Aspin, & Bryce, 1994). While the relationship between CSA and academic achievement has not yet been examined in an adolescent psychiatric inpatient population, it is logical to conclude that poor family functioning could contribute to such a relationship.

Third, a large body of research examining proposed “effects” of CSA has shown that cognitive impairment is not uncommon in sexually abused children and adolescents (Glutting, Youngstrom, Ward, Ward, &

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