

November 2011

An Examination of the Contextual Environment of Families with Sexually Abused Adolescents

Javonda D. Williams

The University of Alabama School of Social Work, jwilliams11@sw.ua.edu

Debra Nelson-Gardell

The University of Alabama School of Social Work, dnelson@sw.ua.edu

Follow this and additional works at: <http://digitalcommons.library.tmc.edu/jfs>

Recommended Citation

Williams, Javonda D. and Nelson-Gardell, Debra (2011) "An Examination of the Contextual Environment of Families with Sexually Abused Adolescents," *Journal of Family Strengths*: Vol. 11: Iss. 1, Article 6.
Available at: <http://digitalcommons.library.tmc.edu/jfs/vol11/iss1/6>

The *Journal of Family Strengths* is brought to you for free and open access by CHILDREN AT RISK at DigitalCommons@The Texas Medical Center. It has a "cc by-nc-nd" Creative Commons license" (Attribution Non-Commercial No Derivatives) For more information, please contact digitalcommons@exch.library.tmc.edu

An Examination of the Contextual Environment of Families with Sexually Abused Adolescents

Acknowledgements

The data utilized in this publication were made available by the National Data Archive on Child Abuse and Neglect, Cornell University, Ithaca New York. The data from the Substantiation of Child Abuse And Neglect Reports Project were originally collected by John Doris and John Eckenrode. Funding support for preparing the data for public distribution was provided by a contract (90-CA-1370) between the National Center on Child Abuse and Neglect and Cornell University. Neither the collector of the original data, funding agency, nor the National Data Archive on Child Abuse and Neglect bears any responsibility for the analyses or interpretations presented here.

Families are often considered the primary context of human development (Bronfenbrenner, 1986; Perrino, González-Soldevilla, Pantin, & Szapocznik, 2000). Family dynamics and family factors have been consistently associated with adolescent developmental outcomes (Pederson & Revenson, 2005; Williams, Conger, & Blozis, 2007). Family characteristics such as family socioeconomic status, single-parent families, and parental substance abuse have specifically been correlated with deleterious adolescent response to adverse life circumstances (Barrett & Turner, 2006; Neumann, Barker, Koot, & Maughan, 2010; Williams et al., 2007). Walsh (1996) extensively studied families and individuals who experienced positive life outcomes despite significant risk. She found that the families who successfully overcame adversity had the following: affirming belief systems, effective communication patterns, flexible relationships, and the availability of external resources and the capacity to use them.

A child or adolescent's reaction to sexual abuse is one specific area that is particularly sensitive to family dynamics and family relationships. Sexual abuse is generally defined as the employment, persuasion, inducement, enticement, or coercion of any child to engage in any sexually explicit conduct for the purpose of producing any visual depiction of such conduct or the rape, molestation, prostitution, or other form of sexual exploitation of children or incest with children (Crosson-Tower, 2002). Many adolescents who have been sexually abused experience a wide range of psychosocial problems (Feiring & Taska, 2005; Kaplow, Dodge, Amaya-Jackson, & Saxe, 2005; Kisiel & Lyons, 2001; Molnar, Buka, & Kessler, 2001; Putnam, 2003). However, some children appear to have no clinically significant symptoms at all (Finkelhor & Berliner, 1995).

Clinicians and researchers have attempted to identify key determinants that impact children's reactions to sexual trauma. Initially, this investigation focused on individual characteristics (i.e., a child's personality and temperament) and abuse-related variables (i.e., duration or frequency of the abuse). However, individual and abuse-related characteristics have been shown to be unpredictable indicators of sexual abuse trauma (Chaffin, Wherry, & Dykman, 1997; Feiring, Taska, & Lewis, 2002; Hazzard, Celano, Gould, Lawry, & Webb, 1995; Shapiro & Levendosky, 1999; Tremblay, Hébert, & Piché, 1999). Therefore, the focus of more recent inquiry has shifted to include the child's contextual environment to provide some consistent explanation for the variation of reaction to childhood sexual abuse.

There has been a considerable amount of attention focused on family variables and family-focused intervention strategies as a key determinant in children's reactions to sexual victimization (Daigneault, Hébert, & Tourigny, 2007; Mannarino & Cohen, 1996; Reinemann, Stark, & Swearer, 2003). Several family-related variables such as maternal support and family communication dynamics have been established as strong predictors of post-abuse adjustment (Deblinger, Hathaway, Lippman, & Steer, 1993; Kinard, 1996; Leifer, Shapiro, & Kassem, 1993; Mannarino & Cohen, 1996; Paradise, Rose, Sleeper, & Nathanson, 1994). These findings provide some guidance in understanding the role of family-related variables in adolescent reaction to sexual trauma. The literature, however, has not yielded a dominant theoretical framework to assist in organizing contextual family variables or determining the influence of the family's contextual environment on adolescent reaction to sexual victimization.

Bronfenbrenner expanded his Ecological Theory to focus specifically on the contextual environment of families (Bronfenbrenner, 1986). He discussed a framework that organized the external systems that impact families. In using this approach, the researcher describes the family's contextual environment in terms of proximity to and level of interaction with the family members. In this investigation, we used this framework to examine the impact of the contextual environment of the family on post-abuse adjustment of sexually abused adolescents.

Literature Review

Ecological frameworks have been used to predict child and adolescent reaction to various issues including child maltreatment, parental illness, and community violence (Cummings et al., 2010; Fitzgerald et al., 2008; Pedersen & Revenson, 2005). Williamson, Borduin, and Howe (1991) found that ecological contexts were significantly associated with adolescent maltreatment and adolescent reaction to maltreatment. The literature consistently suggests that family climate and context influence sexual abuse and post-abuse adjustment (Edmond, Auslander, Elze, & Bowland, 2006; Mannarino & Cohen, 1996).

Ecological Theory

Bronfenbrenner's (1979) Ecological Theory organizes the human environment into several interacting and dynamic systems. In 1986, Bronfenbrenner extended this discussion to focus specifically on families. The "family ecological" framework emphasizes the "external influences that affect the capacity of families to foster healthy development of their

children” (p. 723). These external systems are organized in terms of “distance” from the family. In the current study, we examine how the external influences of the family impact the families’ capacity to foster the recovery of sexually abused adolescents.

The Mesosystem. The mesosystem includes the systems or outside interactions that are the “closest” to the family. This system focuses on the interaction between “the principal settings” of human development (Bronfenbrenner, 1986, p. 723). The mesosystem describes the interactions between the family (parents and children) and the systems that are primarily involved in their development. Mesosystemic variables are the variables that involve both parents and the children. Examples of mesosystems include schools, churches, and daycare facilities. In the current study, school engagement and adolescent peer groups represented mesosystemic variables.

School is arguably one of the most influential social environments for families with children (Li, Lynch, Kalvin, Liu, & Lerner, 2011). Predictably, Werner and Smith (1992) found that the level of commitment to school activities was positively associated with youth having a meaning for life. Greater school engagement has also been associated with higher levels of well-being and a lower likelihood of delinquency (Mahatmya & Lohman, 2011; Tyler, Johnson, & Brownridge, 2008). Extracurricular activities and school engagement have been found to serve as buffers for at-risk children and deleterious outcomes. Maltreated children have been found to have poorer school outcomes, including lower levels of school engagement (Holt, Finkelhor, & Kaufman Kantor, 2007; Shonk & Cicchetti, 2001).

Peer relationships are particularly influential during adolescence (Li et al., 2011; Sontag & Graber, 2010). Werner (2000) found that children who could successfully navigate peer relationships had better life outcome than the children who could not engage peers. Appropriate social skills have often been named as an influential protective factor in developing personal resilience (Wilcox, Richards, & O’Keeffe, 2004). Werner (2005) reported that being “sociable” or having appropriate social skills have been associated with successful coping in high-risk children from infancy to adulthood. This association has been replicated in three large-scale longitudinal studies (Farber & Egeland, 1987; Lösel & Bliesener, 1990; Werner & Smith, 1992).

The Exosystem. The exosystem is conceptualized as the environments or systems that are “distanced” from the family. This term is

used primarily to describe the variables that include larger environments that children mostly have an indirect involvement with via their parents. Examples of exosystemic variables are parental work and parental peer relationships, community differences, race, ethnicity, and social class. In the current study, parental social support, family socioeconomic status, parental educational level, community safety, and community size represented exosystemic variables.

Werner (2000) stated that families who thrive despite difficult circumstances are often enhanced by community support systems that reinforce and reward competencies and provide children with positive role models. Such enhancement is distinctly pertinent during adolescence. Parental support and distress, particularly maternal support and distress, have been established as being strong predictors of post-abuse adjustment (Deblinger et al., 1993; Heriot, 1996; Kelley, Whitley, & Campos, 2011; Kendall-Tackett, Williams, & Finkelhor, 1993; Kinard, 1996; Lee, Bellamy, & Guterman, 2009; Leifer et al., 1993; Mannarino & Cohen, 1996). Paradise et al. (1994) reported that more problematic behavior in sexually abused children was associated with higher overall severity of the mother's psychiatric symptoms and poorer family integration. Rind, Tromovitch, and Bauserman (1998) found that family environmental factors were a stronger predictor of psychological adjustment than childhood sexual abuse.

Socioeconomic advantages and related variables such as parental educational level have historically been associated with child outcomes. Wright and Masten (2005) list high socioeconomic status as a protective factor for children who experience adversity. Conversely, poverty or lack of financial resources is often considered one of the greatest risk factors for at-risk adolescents (Felner, 2005; Kelley et al., 2011). Neighborhood disadvantage has been associated with levels of socio-emotional functioning. Duncan, Brooks-Gunn, and Klebanov (1994) found more externalizing aggressive behavioral problems among children in low-income neighborhoods. Neighborhood or community variables are specifically important to adolescents, as they often have more autonomy and spend more unsupervised time in the community (Leventhal & Brooks-Gunn, 2000). Adolescents in affluent neighborhoods tend to have more academic success than adolescents in less advantaged communities (Herrenkohl et al., 2001). These findings support resource and collective socialization theories that suggest access to quality services (i.e., high-quality schools, health care, etc.) contributes to the development of social competence (Fraser et al., 2005; Tyler et al., 2008). The locale

or size of the community have also often been associated with access to high-quality services (Wright & Masten, 2005).

The purpose of this study is to use Bronfenbrenner's (1986) family ecological framework to examine how the family's contextual environment influences adolescent reaction to sexual abuse. We specifically expect that the mesosystemic (more proximate) variables will be more influential than the more distant exosystemic variables. We formulated two hypotheses to represent the two separate systemic levels of interest (mesosystemic and exosystemic):

1. We hypothesize that sexually abused adolescents who have lower levels of school engagement and poorer peer relationships will report increased psychological distress (mesosystemic).
2. We hypothesize that sexually abused adolescents whose caregivers report lower levels of social support, lower socioeconomic status, lower levels of community safety, and larger community size (communities that provide more access to services, resources, and social networks) will report increased psychological distress (exosystemic).

Method

This correlational study used cross-sectional pre-existing data from the National Survey of Child and Adolescent Well-Being (NSCAW) Wave I (Dowd et al., 2002). The NSCAW sample was selected using a two-stage stratified sample design. The first stage consisted of dividing the United States into nine sampling strata, and the second stage involved division based on the area's child protective services agency. The sample was drawn from cases investigated/assessed by local child protective services (CPS) agencies and includes both opened and closed cases. It includes both children who were in in-home and out-of-home care. The sample was selected from children and families who entered the child welfare system within a 15-month period (Oct. 1999-Dec. 2000). The sample size for the total dataset is 5,504 children who were in "in-home" placements (ages 0 to 16) from 97 child welfare agencies nationwide. The sample was then filtered to the 688 children who were sexually abused. Finally, the sample was filtered to include only adolescents ages 11-16. The final sample size was 237.

The majority of the sample (n=237) was female (80%). The ages of the participants ranged from 11-16 (40% ages 11-12, 52% ages 13-14, and 8% ages 15-16). One-quarter (25%) of the youth were African American, 47% Caucasian, 20% Hispanic and 8% other. Roughly half of

the caregivers of the adolescents in the study (49%) had a high school diploma, 26% had not earned a high school diploma, 10% had an associate's degree, 6% had an undergraduate degree, and 9% had a graduate or professional degree. Slightly more than half (51%) of the caregivers were reported to be in the "low" socioeconomic status category, 32% were reported to be in the "middle" category, and 16% were reported to be in the "high" category.

Those who bring new research questions to existing datasets are often challenged by how the data originally were gathered. We "constructed" a contextual model based on the family ecological theory using the variables or measures available in the original dataset. The variables are presented in the framework of the family ecological theory: Mesosystemic (school engagement and peer relationships) and Exosystemic (parental social support, parental education, family socioeconomic status, community safety, and community size).

Measures for Current Study

Mesosystem.

School engagement. School engagement was measured by the Drug Free Schools outcome study questions from the Drug Free Schools and Communities Act of 1986. These questions were formatted to report the student's disposition toward school and learning (e.g., "How often do you hate being in school?"). This 11-item scale obtained an alpha coefficient of .903 in this present study. Scores ranged from 15-45, the mean was 32.50, and the standard deviation was 5.77.

Peer relationships. Selected items from the Loneliness and Social Dissatisfaction Questionnaire for Young Children measured quality of peer relationships (Asher, Hymel, & Renshaw, 1984). This 17-item Likert scale instrument was designed to assess peer relationships and level of social adjustment. The internal consistency has been reported to be .90, and internal reliability ranges from .83-.91. Children were asked to rate their peer experiences in school (e.g., "I have lots of friends at school"). In the current investigation, this scale obtained an alpha coefficient of .983. Scores ranged from 1-8, the mean was 4.06, and the standard deviation was 1.45.

Exosystem.

Caregiver support. The caregiver perception of social support was measured using adapted items from The Duke-University of

North Carolina Functional Social Support Questionnaire (Broadhead, Gehlbach, de Gruy, & Kaplan, 1988) and the Sarason Social Support Questionnaire-3 (Sarason, Levine, Basham, & Sarason, 1983; Sarason, Sarason, Shearin, & Pierce, 1987). The Duke-University of North Carolina Functional Social Support Questionnaire consists of two scales, confidant support and affective support. This measure has acceptable 2-week test-retest reliability ($r = .66$) and demonstrated construct and concurrent validity. In the seven Likert scale items selected for the current study, caregivers were asked how satisfied they were with the current support they receive (e.g., "How satisfied are you with the amount of help and support you get with taking care of your children?"). In the current study, this measure obtained an overall alpha coefficient of .948. The scores ranged from 5-30, the mean was 16.73, and the standard deviation was 7.91.

Community size, community safety, socioeconomic status, and parental education. The level of safety and community violence was measured by adapted questions from the Philadelphia Family Management Study Parent Interview Schedule (Furstenberg, 1990). Size or locale of the families' county, socioeconomic status, and parental education were gathered in the demographic section of the dataset.

Psychological distress. Psychological distress was measured by raw scores on the Child Behavior Checklist (CBCL, Achenbach, 1991). This widely used, 140-item Likert scale instrument provides standardized descriptions of competencies, adaptive functioning, and behavioral problems based on caregiver observations. Mean test-retest reliability ranged from .88-.90 for 8- to 16-day intervals. Criterion-related validity for the CBCL is based on multiple regression analyses and indicates that 2% to 33% of the variance on individual scales is accounted for by referral status (Flanagan, 2005). In the current sample, internal consistency ranged from .55-.90 for competence and adaptive scales and from .71-.97 for the DSM-oriented scales (American Psychiatric Association [DSM, IV-TR], 2000). The current sample had a mean of 61.42 and a standard deviation of 11.91; this is consistent with the normative mean of 58 and standard deviation of 10 (Achenbach, 1991).

Analysis

The authors used sequential regression to test the influence of the mesosystemic variables and the exosystemic variables. This analysis allowed choice about the order of entry of the variables based on the family ecological framework. The results of this analysis allowed us to

observe the unique contribution of the systems of variables by assessing the change in the R^2 values (ΔR^2). The blocks were arranged according to the family ecological model and assessed in terms of what each block (or system) added to the equation at its point of entry in order to determine an equation with the most significant predictor variables.

The investigators used SPSS REGRESSION and SPSS EXPLORE to determine if the data violated the assumptions of regression. Square root transformations and log transformation were not successful in correcting for the skewness and kurtosis for the caregiver social support and community safety scales (Tabachnick & Fidell, 2001). These scales were recoded into ordinal scales in an attempt to obtain a normal distribution within this variable. These recoded scales then yielded normally distributed histogram plots. The Mahalanobis distance was used to assess for outliers. With $p < .001$ as criterion for the Mahalanobis distance, no outliers among the cases were detected, $N=237$.

Results

The correlations between the variables ranged from .01-.48. Table 1 displays the unstandardized regression coefficients (B) and intercept, the standardized regression coefficients (β), and R , R^2 , and change in R^2 after entry of all the variables. The R^2 in each of the blocks was significantly different zero. After all of the variables were entered into the equation, $R^2 = .20$, $F(3, 23) = 4.22$, $p < .000$. The adjusted R^2 value of .15 illustrates that about 15% of the variability of the psychological distress of sexually abused adolescents is predicted by mesosystemic and exosystemic variables.

In the first block that included peer relationships and school engagement (mesosystemic variables), the $R^2 = .09$, $F(2, 223) = 12.40$, $p < .000$. In block 2 with the exosystemic variables in the equation (parental social support, parental education, community safety, community size, and family socioeconomic status), the $R^2 = .20$, $F(11, 223) = 2.56$, $p = .004$. These results indicate that about 15% of the variability in the symptoms of sexually abused adolescents is predicted by peer relationships, school engagement, parental social support, parental education, community safety, community size, and family socioeconomic status.

Table 1

Summary of Sequential Regression Analysis for Mesosystemic Variables

Block 1					
Variable	B	SE B	β	Means	SD
School	-.585	.148**	-.283	4.06	1.45
Peer	.269	.605	.033	32.50	5.77
Block 1 R^2	.096*				

Summary of Sequential Regression Analysis for Exosystemic Variables

Block 2			
Variable	B	SE B	β
Social Support 1	-.730	2.04	-.026
Social Support 2	-4.74	1.75**	-.192
Parent ed. 1	-4.79	1.84**	-.171
Parent ed. 2	-.330	2.61	-.008
Parent ed. 3	3.80	3.14	.078
Parent ed. 4	2.95	3.50	.054
Community Safe 1	1.62	2.57	.040
Community Safe 2	1.44	2.06	.043
SES 1	2.69	1.69	.106
Block 2			
Variable	B	SE B	β
SES 2	.218	2.25	.007
Community Size	1.11	1.68	.041
Block 2 R^2	=.20**		
ΔR^2	= .10		
Adjusted R^2	=.15		
** $p \leq .01$			

Discussion

The results of this study indicate that the family's contextual environment significantly influences adolescent reaction to sexual abuse. Each systemic level had significant variables. School engagement was the only significant mesosystemic variable. Parental social support and parental educational levels were significant exosystemic variables.

This study's results support previous findings that suggest that the family's contextual environment significantly impacts adolescent development and reaction to potentially traumatic events (Cummings et

al., 2010; Fitzgerald et al., 2008; Pedersen & Revenson, 2005; Williamson et al., 1991). The variables that were significantly predictive in the current study are also consistent with many other findings in the current literature. School engagement and participation with school activities have consistently been associated with positive developmental outcomes for adolescents, and they were significant in the current study as well (Holt et al., 2007; Tyler et al., 2008; Werner & Smith, 1992).

These findings offer additional support for the inclusion of school-based services in treatment plans for sexually maltreated children. Participation in extracurricular activities can serve as a fairly accessible service, as school activities are a readily available community resource that may have little to no financial cost to the family. However, in more impoverished neighborhoods, school and community resource scarcity may limit access to this significant service (Herrenkohl et al., 2001). The results of this study suggest that advocacy for extracurricular school services should extend beyond those associated with adolescent academic endeavors. Specifically, these services should be a paramount concern for adolescent mental health and child welfare advocates as well.

Peer relationships were not significantly associated with adolescent reaction to sexual abuse in this study. This finding is not consistent with much of the literature that describes the strong influence of peer relationships on adolescent behavior (Li et al., 2011; Sontag & Graber, 2010). A plausible explanation for peer relationships not being significant could be that sexually abused adolescents often have difficulty in social relationships (Hébert, Tremblay, Parent, Daigneault, & Piché, 2006); therefore, peer relationships may not be as influential.

Parental social support significantly predicted the level of psychological distress of sexually abused adolescents in the current study. This finding is also consistent with the literature (Deblinger et al., 1993; Heriot, 1996; Kelley et al., 2011; Kendall-Tackett et al., 1993; Werner, 2000; Wright & Masten, 2005). Parent support services are traditionally included in most comprehensive sexual abuse treatment plans (Smith & Kelly, 2008). This study's findings reinforce the extension of these services from support groups, like the non-offending parent support groups, to activities related to increasing social support for specific duties associated with family functioning (child care, transportation, cooking housework, etc.).

Although socioeconomic status was not significant in this study, a common proxy for socioeconomic status – parental education – was significant. Parental education is often associated with family access to resources (Felner, 2005; Kelley et al., 2011). Improving family access to

resources is often a consideration in treatment planning for abused children. This study's results affirm this practice and suggest that supporting parental educational improvement (e.g., GED courses and technical training) can positively influence adolescent post-abuse adjustment behavior.

The community descriptive variables (community safety and community size) were not significant in the current study. These results suggest that more distal exosystemic variables may not carry the same predictive weight as variables more proximal to the family. This explanation is consistent with an ecological approach (Bronfenbrenner, 1986) in that the environments that were "closer" to the family had a greater impact on the adolescents' post-abuse behavior.

The current role of the family in sexual abuse treatment services can be seen as ambiguous at best. On one hand, services such as groups for non-offending caregivers are a commonly accepted family intervention (Smith & Kelly, 2008). However, additional support services such as traditional family therapy, parenting classes, economic assistance, life management skills training, education, and employment assistance are often relegated to "case management services" and are sometimes seen as addenda to therapeutic treatment services and not as integral parts of the treatment process. This limited focus on family involvement in the treatment process serves as the premise for an exogenous view of the family's role in treating sexually abused adolescents. The current study's findings suggest that family-focused treatment plans that include family assessment and family case management services can increase the potential benefit of therapeutic services for sexually abused adolescents.

Limitations/Future Research

The current study examined the impact of the contextual environment of the family-impacted adolescent reaction to sexual abuse. This study's findings suggest that the contextual environment significantly influences an adolescent's response to sexual maltreatment. However, there are several notable limitations to this study.

One such limitation is the small portion of variance explained by the proposed model. This limitation is potentially attributable to measurement error. One of the disadvantages of using secondary data analysis is the absence of exact, standardized measures for specific variables such as socioeconomic status or peer relationships. Also, because the dataset was not originally collected to examine family contexts, there were more exosystemic variables available than mesosystemic variables in the

database. Another limitation is that the psychological distress measure (the CBCL) reported only the caregiver's observations. The absence of professional observations or self-report may not accurately reflect the adolescents' levels of psychological distress. The study is also limited due to the cross-sectional design. There is no way to know which variables may have been "causes" and which may have been "effects." The parental social support scale and community safety scales were rigorously recoded to meet the assumption of normality; therefore, these scales should be interpreted with caution.

Despite the limitations, the benefits of using a large dataset outweigh the limitations in what can be learned. In fact, these limitations provide useful direction for future studies. Future research endeavors should include more specific measures of family environmental and community level variables. Ideally, future research will focus on examining environmental influences on post-abuse adjustment. Also, potential study in this area should investigate the efficacy of family and community-level interventions versus traditional individual and group therapy with sexually abused children and their families.

Conclusions

The current study's results have relevant clinical implications. Specifically, the results of this study provide some direction for clinicians who provide treatment for sexually abused adolescents and their families. This study's results support contextually sensitive treatment planning for family intervention. Given the complex nature of the human environment and the immeasurable interactions of the subsystems involved in behavior, holistic, ecologically sensitive therapeutic interventions would presumably be preferable to interventions that are tailored to fragmented pieces of the human subsystem. There is very little argument that family should be involved in the treatment of sexually abused adolescents. However, how to involve the family is not as evident. The results of the current study can provide some guidance on how to provide services that can substantially influence post abuse adjustment. These findings suggest that family-based case management services in conjunction with individual and group therapeutic interventions can provide benefits beyond those which can be obtained with therapeutic alone. This current study expands our understanding of how the family environment, not only individual family member characteristics (e.g., personality, temperament, and coping strategies), can be used to understand adolescent reaction to sexual victimization.

References

- Achenbach, T. M. (1991). *Manual for the Child Behavior Checklist/4-18 and 1991 Profile*.
- American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders Text Revision* (4th ed.). Washington, DC: Author.
- Asher, S. R., Hymel, S., & Renshaw, P. D. (1984). Loneliness in children. *Child Development, 55*, 1456-1464.
- Barrett, A. E., & Turner, R. J. (2006). Family structure and substance use problems in adolescence and early adulthood: Examining explanations for the relationship. *Addiction, 101*(1), 109-120.
- Broadhead, W. E., Gehlbach, S. H., de Gruy, F. V., & Kaplan, B. H. (1988). The Duke-UNC functional social support questionnaire: Measurement of social support in family medicine patients. *Medical Care, 26*, 709-723.
- Bronfenbrenner, U. (1979). Contexts of child rearing: Problems and prospects. *American Psychologist, 34*, 844-850.
- Bronfenbrenner, U. (1986). Ecology of the family as a context for human development: Research perspectives. *Developmental Psychology, 22*(6), 723-742.
- Chaffin, M., Wherry, J. N., & Dykman, R. (1997). School age children's coping with sexual abuse: Abuse stresses and symptoms associated with four coping strategies. *Child Abuse & Neglect, 21*(2), 227-240.
- Crosson-Tower, C. (2002). *Understanding Child Abuse and Neglect* (5th ed.). Boston: Allyn and Bacon.
- Cummings, E., Schermerhorn, A. C., Merrilees, C. E., Goeke-Morey, M. C., Shirlow, P., & Cairns, E. (2010). Political violence and child adjustment in Northern Ireland: Testing pathways in a social-ecological model including single- and two-parent families. *Developmental Psychology, 46*(4), 827-841.
- Daigneault, I., Hébert, M., & Tourigny, M. (2007). Personal and interpersonal characteristics related to resilient developmental pathways of sexually abused adolescents. *Child and Adolescent Psychiatric Clinics of North America, 16*(2), 415-434.
- Deblinger, E., Hathaway, C., Lippmann, J., & Steer, R. (1993). Psychosocial characteristics and correlates of symptom distress in nonoffending mothers of sexually abused children. *Journal of Interpersonal Violence, 8*, 155-168.
- Dowd, K., Kinsey, S., Wheelless, S., Thissen, R., Richardson, J., & Mierzwa, F., & Biemer, P. (2002). National survey of child and

- adolescent well-being: National Data Archive on Child Abuse and Neglect (NDACN) Dataset Number 111: Introduction to the wave 1 general and restricted use releases. Ithaca, NY: Author.
- Drug Free Schools and Communities Act, 20 U.S.C. § 3211 (1986).
- Duncan, G. J., Brooks-Gunn, J., & Klebanov, P. K. (1994). Economic deprivation and early childhood development. *Child Development*, *65*, 296-318.
- Edmond, T., Auslander, W., Elze, D., & Bowland, S. (2006). Signs of resilience in sexually abused adolescent girls in the foster care system. *Journal of Child Sexual Abuse*, *15*(1), 1-28.
- Farber, E., & Egeland, B. (1987). Invulnerability among abused and neglected children. In E. J. Anthony & B. Cohler (Eds.), *The invulnerable child* (pp. 253-288). New York, NY: Guilford.
- Felner, R. D. (2005). Poverty in childhood and adolescence. In S. Goldstein & R. B. Brooks (Eds.), *Handbook of resilience in children* (pp. 125-147), New York, NY: Kluwer Academic/Plenum Publishers.
- Feiring, C., & Taska, L. S. (2005). The persistence of shame following sexual abuse: A longitudinal look at risk and recovery. *Child Maltreatment*, *10*(4), 337-349. doi:10.1177/1077559505276686
- Feiring, C., Taska, L., & Lewis, M. (2002). Adjustment following sexual abuse discovery: The role of shame and attributional style. *Developmental Psychology*, *38*, 79-92.
- Finkelhor, D., & Berliner, L. (1995). Research on the treatment of sexually abused children: A review and recommendations. *Journal of the American Academy of Child and Adolescent Psychiatry*, *34*, 1408-1423.
- Fitzgerald, M. M., Schneider, R. A., Salstrom, S., Zinzow, H. M., Jackson, J., & Fossil, R. V. (2008). Child sexual abuse, early family risk, and childhood parentification: Pathways to current psychosocial adjustment. *Journal of Family Psychology*, *22*(2), 320-324.
- Flanagan, R. (2005). Review of the Child Behavior Checklist. In R. A. Spies & B. S. Plake (Eds.), *The sixteenth mental measurements yearbook* (pp. 8-16). Lincoln, NE: Buros Institute of Mental Measurements.
- Fraser, M. W., Galinsky, M. J., Smokowski, P. R., Day, S. H., Terzian, M. A., Rose, R. A., & Guo, S. (2005). Social information-processing skills training to promote social competence and prevent aggressive behavior in the third grade. *Journal of Consulting and Clinical Psychology*, *73*(6), 1045-1055.

- Furstenberg, F. (1990). *Philadelphia Family Management Study: Caregiver interview schedule*. Philadelphia, PA: Population Studies Center, University of Pennsylvania; and Boulder, CO: Institute of Behavioral Science, University of Colorado.
- Hazzard, A., Celano, M., Gould, J., Lawry, S., & Webb, C. (1995). Predicting symptomatology and self-blame among child sex abuse victims. *Child Abuse & Neglect, 19*(6), 707-714.
- Hébert, M., Tremblay, C., Parent, N., Daigneault, I. V., & Piché, C. (2006). Correlates of behavioral outcomes in sexually abused children. *Journal of Family Violence, 21*(5), 287-299.
- Heriot, J. (1996). Maternal protectiveness following the disclosure of intrafamilial child sexual abuse. *Journal of Interpersonal Violence, 11*, 181-194.
- Herrenkohl, T. I., Guo, J., Kosterman, R., Hawkins, J. D., Catalano, R. F., & Smith, B. H. (2001). Early adolescent predictors of youth violence as mediators of childhood risks. *Journal of Early Adolescence, 21*, 447-469.
- Holt, M. K., Finkelhor, D., & Kaufman Kantor, G. (2007). Multiple victimization experiences of urban elementary school students: Associations with psychosocial functioning and academic performance. *Child Abuse & Neglect, 31*(5), 503-515.
- Kaplow, J. B., Dodge, K. A., Amaya-Jackson, L., & Saxe, G. N. (2005). Pathways to PTSD, Part II: Sexually abused children. *The American Journal of Psychiatry, 162*(7), 1305-1310.
- Kelley, S. J., Whitley, D. M., & Campos, P. E. (2011). Behavior problems in children raised by grandmothers: The role of caregiver distress, family resources, and the home environment. *Children and Youth Services Review, 33*(11), 2138-2145.
- Kendall-Tackett, K. A., Williams, L. M., & Finkelhor, D. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin, 113*, 164-180.
- Kisiel, C. L., & Lyons, J. S. (2001). Dissociation as a mediator of psychopathology among sexually abused children and adolescents. *The American Journal of Psychiatry, 158*(7), 1034-1039.
- Kinard, E. (1996). Social support, competence, and depression in mothers of abused children. *American Journal of Orthopsychiatry, 66*, 449-462.
- Leifer, M., Shapiro, J., & Kassem, L. (1993). The impact of maternal history and behavior upon foster placement and adjustment in sexually abused girls. *Child Abuse & Neglect, 17*(6), 755-766.

- Lee, S. J., Bellamy, J. L., & Guterman, N. B. (2009). Fathers, physical child abuse, and neglect: Advancing the knowledge base. *Child Maltreatment, 14*(3), 227-231.
- Leventhal, T., & Brooks-Gunn, J. (2000). The neighborhoods they live in: The effects of neighborhood residence on child and adolescent outcomes. *Psychological Bulletin, 126*(2), 309-337.
- Li, Y., Lynch, A. D., Kalvin, C., Liu, J., & Lerner, R. M. (2011). Peer relationships as a context for the development of school engagement during early adolescence. *International Journal of Behavioral Development, 35*(4), 329-342.
- Lösel, F., & Bliesener, T. (1990). Resilience in adolescence: A study on the generalizability of protective factors. In K. Hurrelmann & F. Lösel (Eds.), *Health hazards in adolescence* (pp. 299-320). New York, NY: de Gruyter.
- Mahatmya, D., & Lohman, B. J. (2011). Predictors of late adolescent delinquency: The protective role of after-school activities in low-income families. *Children and Youth Services Review, 33*(7), 1309-1317.
- Mannarino, A., & Cohen, J. (1996). Family-related variables and psychological symptom formation in sexually abused girls. *Journal of Child Sexual Abuse, 5*(1), 105-120.
- Molnar, B. E., Buka, S. L., & Kessler, R. C. (2001). Child sexual abuse and subsequent psychopathology: Results from the National Comorbidity Survey. *American Journal of Public Health, 91*(5), 753-760.
- Neumann, A., Barker, E. D., Koot, H. M., & Maughan, B. (2010). The role of contextual risk, impulsivity, and parental knowledge in the development of adolescent antisocial behavior. *Journal of Abnormal Psychology, 119*(3), 534-545.
- Paradise, J. E., Rose, L., Sleeper, L. A., & Nathanson, M., (1994). Behavior, family function, school performance, and predictors of persistent disturbance in sexually abused children. *Pediatrics, 93*, 452-459.
- Pedersen, S., & Revenson, T. A. (2005). Parental illness, family functioning, and adolescent well-being: A family ecology framework to guide research. *Journal of Family Psychology, 19*(3), 404-409.
- Perrino, T., González-Soldevilla, A., Pantin, H., & Szapocznik, J. (2000). The role of families in adolescent HIV prevention: A review. *Clinical Child and Family Psychology Review, 3*, 81-96.

- Putnam, F. W. (2003) Ten-year research update review: Child sexual abuse. *Journal of the American Academy of Child & Adolescent Psychiatry, 42*, 269-278.
- Reinemann, D. H. S., Stark, K. D., & Swearer, S. M. (2003). Family factors that differentiate sexually abused and nonabused adolescent psychiatric inpatients. *Journal of Interpersonal Violence, 18*(5), 471-489.
- Rind, B., Tromovitch, P., & Bauserman, R. (1998). A meta-analytic examination of assumed properties of child sexual abuse using college samples. *Psychological Bulletin, 24*, 22-53.
- Sarason, I. G., Levine, H. M., Basham, R. B., & Sarason, B. R. (1983). Assessing social support: The Social Support Questionnaire. *Journal of Personality and Social Psychology, 44*(1), 127-139.
- Sarason, I. G., Sarason, B. R., Shearin, E. N., & Pierce, G. R. (1987). A brief measure of social support: Practical and theoretical implications. *Journal of Social and Personal Relationships, 4*, 497-510.
- Shapiro, D. L., & Levendosky, A. A. (1999). Adolescent survivors of childhood sexual abuse: The mediating role of attachment style and coping in psychological and interpersonal functioning. *Child Abuse & Neglect, 23*(11), 1175-1191.
- Shonk, S. M., & Cicchetti, D. (2001). Maltreatment, competency deficits, and risk for academic and behavioral maladjustment. *Developmental Psychology, 37*(1), 3-17.
- Smith, A. P., & Kelly, A. B. (2008). An exploratory study of group therapy for sexually abused adolescents and nonoffending guardians. *Journal of Child Sexual Abuse, 17*(2), 101-116.
- Sontag, L. M., & Graber, J. A. (2010). Coping with perceived peer stress: Gender-specific and common pathways to symptoms of psychopathology. *Developmental Psychology, 46*(6), 1605-1620.
- Tabachnick, B. G., & Fidell, L. S. (2001). *Using Multivariate Statistics* (4th ed.) Boston, MA: Allyn and Bacon.
- Tremblay, C., Hébert, M., & Piché, C. (1999). Coping strategies and social support as mediators of consequences in child sexual abuse victims. *Child Abuse & Neglect, 23*(9), 929-945.
- Tyler, K., Johnson, K. A., & Brownridge, D. A. (2008). A longitudinal study of the effects of child maltreatment on later outcomes among high-risk adolescents. *Journal of Youth and Adolescence, 37*(5), 506-521. Retrieved from EBSCOhost.
- Walsh, F. (1996). The concept of family resilience: Crisis and challenge. *Family Process, 35*, 261-281.

- Werner, E. E. (2000). Protective factors and individual resilience. In J. P. Shonkoff & S. J. Meisels (Eds.), *Handbook of early childhood intervention* (2nd ed., pp. 115-132). New York, NY: Cambridge University Press.
- Werner, E. E. (2005). What can we learn about resilience from large-scale longitudinal studies? In S. Goldstein & R. B. Brooks (Eds.), *Handbook of resilience in children* (pp. 91-105). New York, NY: Kluwer Academic/Plenum Publishers.
- Werner, E. E., & Smith, R. S. (1992). *Overcoming the odds: High risk children from birth to adulthood*. Ithaca, NY: Cornell University Press.
- Wilcox, D. T., Richards, F., & O'Keeffe, Z. C. (2004). Resilience and risk factors associated with experiencing childhood sexual abuse. *Child Abuse Review, 13*, 338-352.
- Williams, S. T., Conger, K. J., & Blozis, S. A. (2007). The development of interpersonal aggression during adolescence: The importance of parents, siblings, and family economics. *Child Development, 78*(5), 1526-1542.
- Williamson, J. M., Borduin, C. M., & Howe, B. A. (1991). The ecology of adolescent maltreatment: A multilevel examination of adolescent physical abuse, sexual abuse, and neglect. *Journal of Consulting and Clinical Psychology, 59*(3), 449-457.
- Wright, M. O., & Masten, A. S. (2005). Resilience processes in development: Fostering positive adaptation in the context of adversity. In S. Goldstein & R. B. Brooks (Eds.), *Handbook of resilience in children* (pp. 17-37). New York, NY: Kluwer Academic/Plenum Publishers.