

# Isabelle Daigneault, PhD Clinical psychologist

Trauma and resilience in sexually  
abused adolescents under child  
protection

# Previous Studies

- Symptoms - Syndromes
- Resilience
- Evolution (remediation or deterioration)

# Study goals

## 1. Describe

- Symptoms and syndrome
- Resilience
- Evolution after one year

## 2. Explore associated factors

## 3. Explore validity of a new measure

# Participants (T1)

- 30 adolescents = 13 to 17 years old
- Severe sexual abuse (81%)
- Physical (70%) and verbal (63%) violence
- 40% were sexually revictimized
- Under CPS for average 3.6 years
- Last abuse was 3.3 years prior to study
- 53% treatment (43% individual)

# Measures Resilience and complex PTSD

Multidimensionnal  
Trauma, Recovery  
and Resiliency  
(**MTRR** - Harvey and  
coll., 2003)

1. Authority over memory
2. Integration of memory and affect
3. Affect regulation and tolerance
4. Symptom mastery and positive coping
5. Self esteem (Self care and self regard)
6. Self cohesion
7. Safe attachment
8. Meaning

# Measures Resilience

23 items from eight domains, exemples :

- Practices and makes effective use of one or more stress management techniques (e.g. relaxation, meditation).
- Is able to accept help and experience help as helpful.
- Finds meaning in life (and in past suffering or trauma).

# Stages of recovery characteristics

1. Security: physical security, symptom mastery and affect tolerance (self destructive behaviors and suicidal intent or gestures)
2. Rememberance and mourning: Coherent and continuous sense of self, trauma work
3. Relations: Active (re)establishment of mutual and egalitarian interpersonnal relationships, and meaning making

# Measures Symptoms

1. TSCC : Anxiety, Depression, PTSD, Sexual preoccupations, Anger and Dissociation (Briere, 1996)
2. YSR : Internalising and Externalising behavior problems (Achenbach, 1991)
3. SIBQ : 21 self destructive behaviors (Sadowsky, 1995)
4. CAPS : Stigmatisation and interpersonal mistrust (Mannarino et Cohen, 1994)

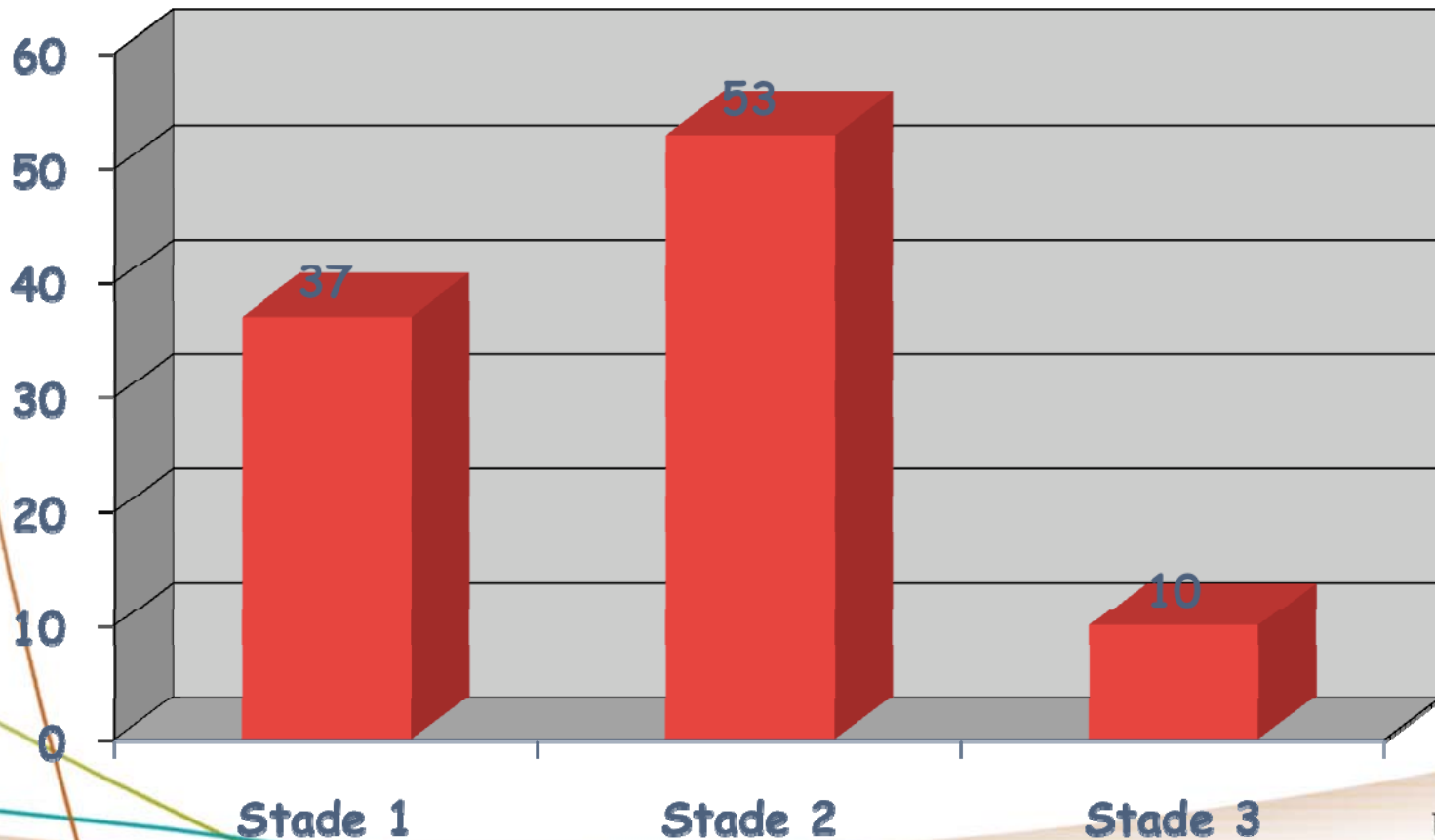


# Results – Symptoms (T1)

- 2.7 Clinical symptoms (YSR and TSCC)
- Internalising, externalising and sexual preoccupations
- 17% no clinical symptom (YSR and TSCC)
- Average of 5.7 self destructive behaviors (SIBQ)
- 33% report suicidal behaviors (YSR)

# Results – Resilience (T1)

## % of participants by stage of recovery



# Results – MTRR (T1)

- Integration of memory and affect and Meaning: highest % in stage 1
- Self esteem and and Self cohesion: highest % in stage 3

# Results – 1 year follow-up (16 adolescents – T2)

General improvement in :

- Three symptoms (Depression, PTSD and anger)
- Four domains (Integration of affect and memory, Self esteem, Safe attachment and Meaning)
- Resilience



However, individual results show that some adolescents deteriorated on 8 MTRR domains and 3 symptoms scales

# Measures Associated factors

1. Sexual abuse: penetration, frequency and time elapsed since end of SA
2. Family adversity: physical and verbal violence, parental physical violence, incarceration of a parent, alcoholism of a parent...
3. Services: Duration of CPS care, number of different caseworkers, individual therapy, number of meetings with CW
4. Disclosure: emotional support, number of people disclosed to




# Results

## Associated factors (T1)

- Time since last SA  Comportements autodestructeurs
- Duration of CPS care  Dissociation et SPT

# Results

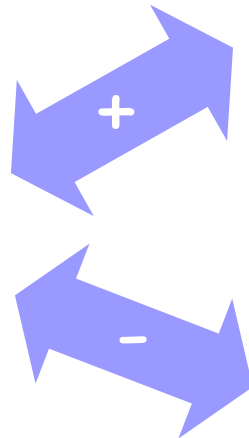
## Associated factors (T1)

- Penetration  Memory, Symptom, Cohesion, Attachement, Meaning and Resilience
- Family adversity  Symptom mastery and Attachement
- Disclosure  Integration, Meaning et Resilience

# Results

## Associated factors (T1)

- Individual therapy



Anxiety, Sexual  
preoccupations,  
Internalising and anger

Affect regulation,  
Symptom Mastery,  
Attachement and  
Resilience



# Results

## MTRR Validity

- Construct validity (p. ex, Attachement and mistrust or Symptom mastery and comorbidity)
- Inter-rater reliability is satisfying for a majority of domains ( $r=,39$  à  $r=,81$ )

# Conclusions

- Important symptomatology
- 83 to 90% in early recovery stages or presenting important clinical level symptomatology requiring treatment
- MTRR is a promising instrument to:
  - assess and document needs
  - study resilience
  - measure treatment impact

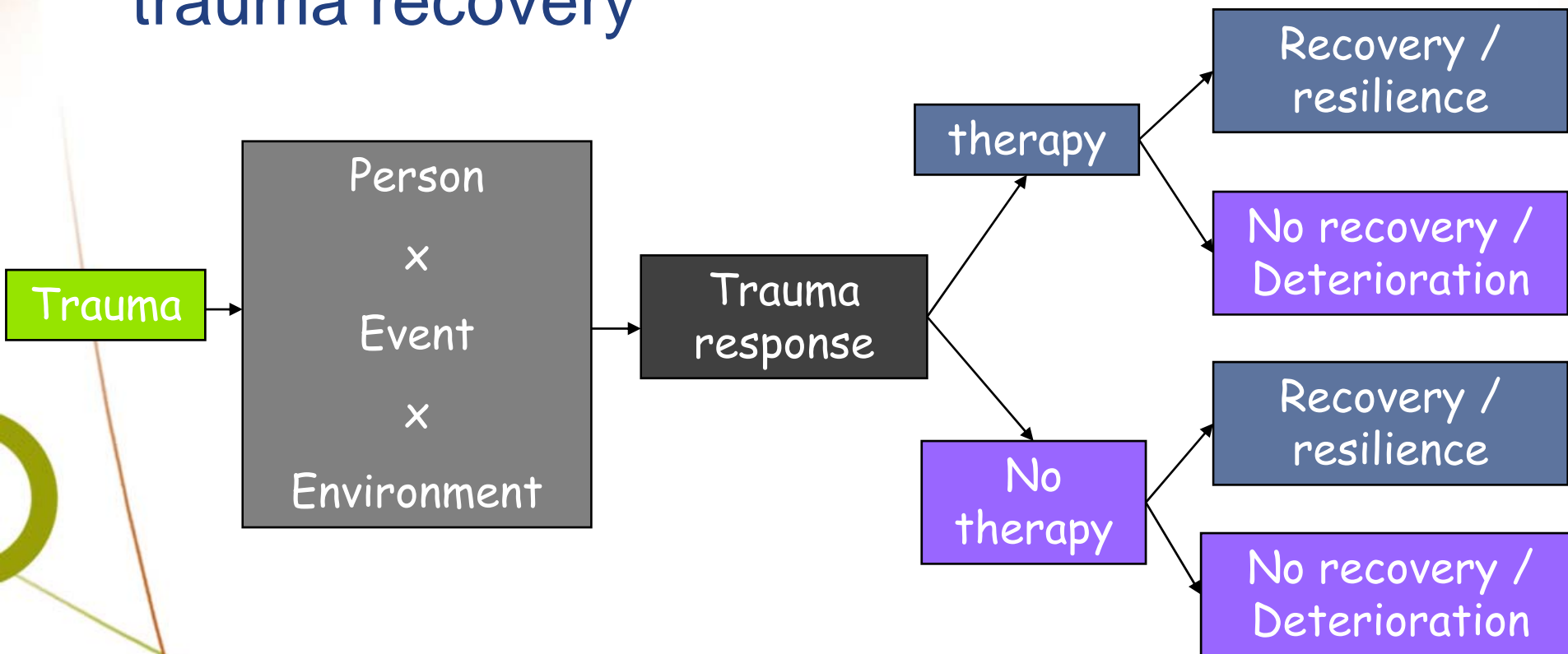
# Questions ?

- [Isabelle.daigneault@umontreal.ca](mailto:Isabelle.daigneault@umontreal.ca)

# Second study

# Varied impacts and trajectories

## Ecological view of psychological trauma and trauma recovery



# Goals

1. Describe resilient/ non-resilient pathways of SA adolescents
2. Assess predictive value of three sets of variables in distinguishing resilient from non-resilient trajectories

# Participants

- 78 girls between 12 and 17 ( $14.5 \pm 1.3$ )
- 2 specialized treatment centers
- Substantiated intrafamilial SA
- 68% of SA involved penetration
- Average duration = 1.5 years ( $\pm 2.5$ )
- 72% report additional family violence
- Follow-up at 22.4 weeks ( $\pm 8.9$ )

# Measures

## Resilience

- Absence of two broad-band clinical symptom categories at Time 1 and Time 2 (YSR - Achenbach, 1991)
  - Internalized (anxiety/depression, social withdrawal, somatization)
  - Externalized (delinquency and aggressivity)



# Measures

## SA-related factors

- Age at onset
- Duration
- Relationship to perpetrator
- Severity (penetration vs. no penetration)

# Measures

## Familial factors

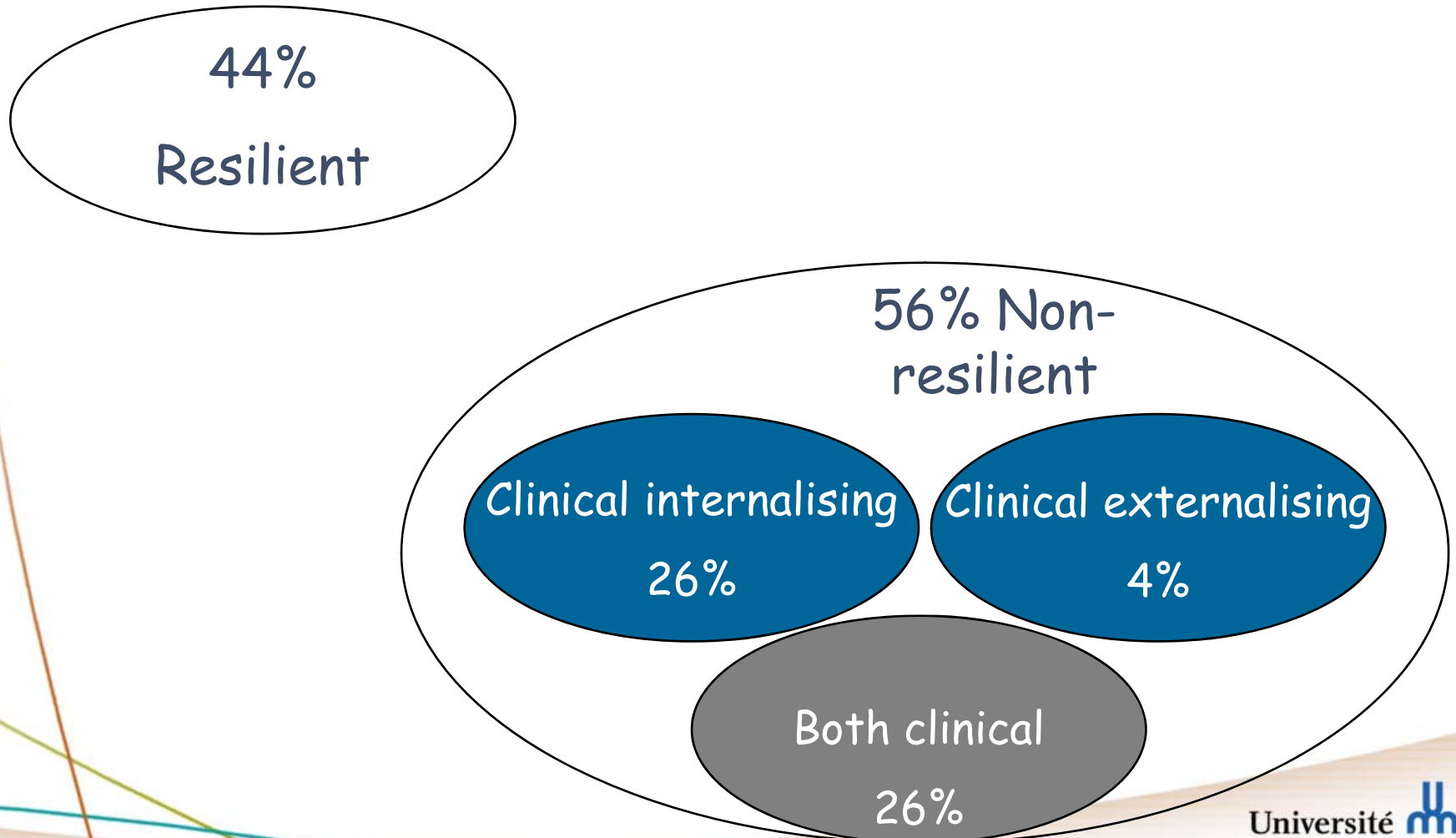
- Concomitant family violence (psychological and physical)
- Quality of the parent/child relationship (CAM - Giuli and Hudson, 1977)
- Maternal support (positive and negative reactions, four types of support, CISS - Sandler, Wolchik et Braver, 1984)

# Measures

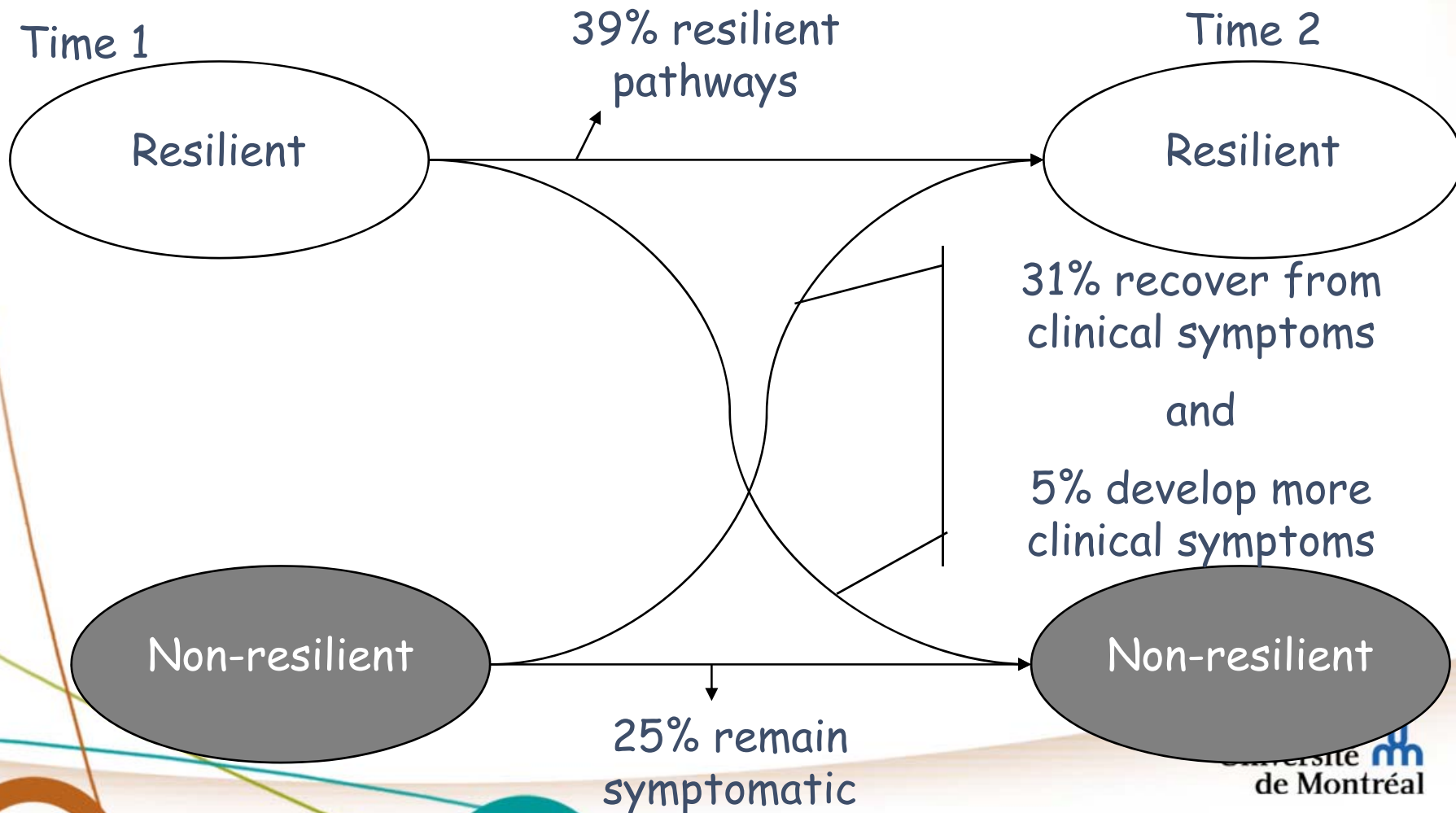
## Personal factors

- Age
- General self-attributions of blame (CAPS - Mannarino, Cohen, & Berman, 1994),
- Specific self-attributions of blame regarding SA (CITES-R, Wolfe, Gentile, Michienzy, Sas, Wolfe, 1992)
- Avoidant and approach coping strategies (Ways of coping, Folkman & Lazarus, 1980)

# Results - Resilience at Time 1



# Results - Resilient pathways

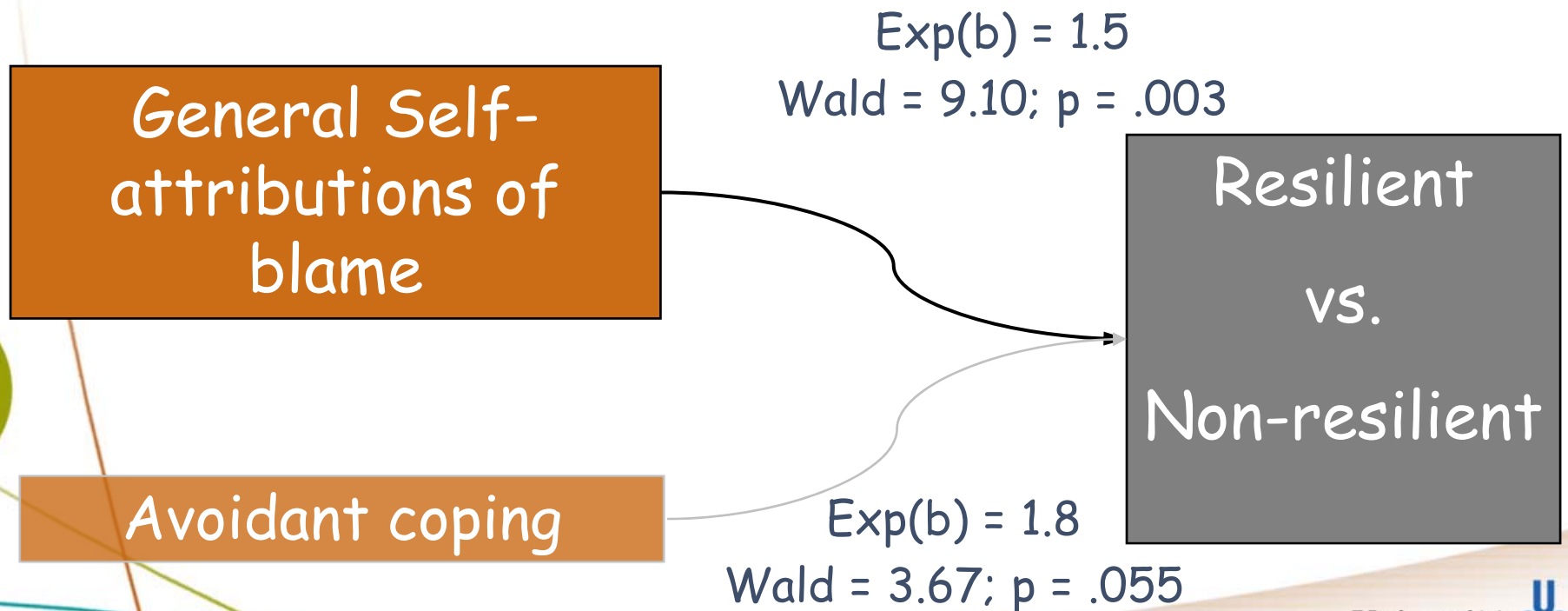


# Results – Correlations

- Family violence (-)
- Conflicts in relationship with mother (-)
- General self-attributions of blame (-)
- Specific self-attributions of blame (-)
- Avoidant coping (-)
- Type of drug use reported (-)

# Results – Logistic Regression

- Model Chi-square = 31.90 ( $p = .000$ )



# Conclusions

- Non-negligible proportion of resilient pathways with “basic” measure
- Resilience measure should be more comprehensive (PTSD, etc)
- SA characteristics are not significant predictors
- Adolescent attributions is the most significant predictor when considering all others simultaneously



# Questions ?

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