Child sexual abuse and family relations: The effect of sharing the trauma narrative with parents

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Study 1: Examine how interparental and parent-child relationships in families who have experienced CSA differ from interparental and parent-child relationships in families who have not experienced CSA, and how these relational effects are related to...

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Anxiety disorders and symptoms
Study type	Interventional

Summary

ID

NL-OMON37611

Source
ToetsingOnline

Brief title
Child sexual abuse and family relations

Condition

- Anxiety disorders and symptoms

Synonym
emotional and behavioral problems, post-traumatic stress disorder

Research involving
Human

Sponsors and support

Primary sponsor: Vrije Universiteit
Source(s) of monetary or material Support: ZonMW

Intervention

Keyword: Child sexual abuse, Parent-child relationship, Trauma narrative

Outcome measures

Primary outcome

The main parameters of the studies are: child symptoms, child adjustment, parent-child relationship (implicit, explicit and observations), interparental relationship, parenting skills, parental psychopathology, disgust sensitivity, contextual factors and trauma and abuse characteristics.

Secondary outcome

There are no secondary parameters in this study.

Study description

Background summary

Many studies have investigated the influences of parental emotional reactions on children*s adjustment following child sexual abuse (CSA), but few have examined the relational effects of discovery of CSA and parental emotional reactions on its discovery. Specifically, systematic empirical research on the effects of CSA on the parent-child relationship, the interparental relationship, and parenting skills is lacking. Because these relational effects play a crucial role in children*s adjustment to CSA, the purpose of this investigation is to examine the relational effects of discovering CSA on adjustment and treatment outcome among families of CSA survivors. In addition, it is unclear if sharing the trauma narrative with parents is beneficial. We will only include families in which the parents were not the molesters. We expect that in families where CSA has been discovered as compared to families where no CSA took place, the parent-child relationship and the interparental relationship are impaired, and that these relational effects play a crucial role in children*s adjustment to CSA. We hypothesize that sharing the trauma narrative will improve the parent-child relationship and thereby reduce child symptomatology. The results of this study will contribute to the growing literature that aims to identify the ingredients of the optimal treatment for children who experienced CSA.

Study objective

Study 1: Examine how interparental and parent-child relationships in families who have experienced CSA differ from interparental and parent-child relationships in families who have not experienced CSA, and how these relational effects are related to children*s adjustment to CSA. Study 2: Examine the effect of sharing the trauma narrative during therapy with parents on treatment outcome, child adjustment, the parent-child relationship and parenting skills as compared to sharing the trauma narrative with the therapist.

Study design

Study 1 will use a non-experimental design. Study 2 will use a multicenter randomized controlled trial with measurements before, during and after treatment with a follow-up of 6 months.

Intervention

The Horizon intervention for child sexual abuse is a group therapy based on TF-CBT principles. The intervention includes TF-CBT components as described by Cohen, Mannarino and Deblinger (2006), such as psychoeducation, exposure, parenting skills, relaxation and stress management, affective expression and modulation, cognitive coping and processing, trauma narrative, conjoint-parent child sessions and enhancing future safety and development. The differences with TF-CBT are that the Horizon is given in groups instead of individual sessions and the Horizon is abuse focused to address specific symptoms and difficulties associated with CSA.
The main goal of the Horizon is to guide children in processing the traumatic event(s). Children learn to feel and trust their emotions and to trust in others. Horizon components are designed to prevent or reduce negative emotional and behavioral responses to CSA, such as PTSD symptoms, depression, anxiety, and other difficulties related to the traumatic event(s). The Horizon intervention consists of 14 weekly parallel sessions of 90 minutes for parents (nonoffending) and children. Every session focuses on a specific theme, such as emotions, anger management and nightmares.

Study burden and risks

Study 1 will focus on observing the family relations in families who experienced child sexual abuse. These families are referred to different Child and Adolescent Trauma Centers and will receive treatment. Participants of this study will fill in questionnaires and participate in two observational tasks (FIT and AEED) once. This will take approximately a total of 1,5 hours for both parents and children. The observational tasks will take 30 minutes. Children will fill in questionnaires for only 35 minutes. Earlier research showed no

negative effects of the observational tasks and children reported enjoying the FIT and the AEED (Oppenheim et al., 2009; Willemen, Schuengel & Koot, 2011). The questions in the standard clinical diagnostic evaluation may bring up memories of the traumatic event(s) in parents, however parents in a pilot study reported that the supplemental questions within the current study design were relatively easy. Children will be reminded by the questions of the traumatic event(s) in the standard clinical diagnostic evaluation, but not by the supplemental questionnaires. Both parents and children reported in a pilot study that the supplemental questions were easy and light as compared to the standard clinical diagnostic evaluation. Completing the questionnaires will be professionally guided by researchers and trained students. When completing the questionnaires is stressful for parent or child, they have the option to (temporarily) stop. The risks for participating in this study are therefore considered negligible.
Families who also participate in study 2 will have four additional moments of measurement. Three of those measurements will take about an hour and the other measurement will take 20 minutes for the parents and 35 minutes for the children. Weekly measures will take 10 minutes for parent and child. The assessment with questionnaires and observation will take place on a separate day before the treatment starts and after the last treatment session to prevent it from affecting the therapy and to minimally burden parents and children. The families will be randomly assigned to sharing the trauma narrative with therapist condition or sharing the trauma narrative with parent(s) condition. For the last 10 years, sharing the trauma narrative with parents was not included in the Horizon intervention. This Horizon intervention is a Trauma Focused -Cognitive Behavioral Therapy (TF-CBT) (see p. 20 of the research protocol) based intervention and TF-CBT is effective in reducing emotional and behavioural problems and PTSD symptoms (Silverman et al., 2008). Previous research has not provided evidence that adding the sharing TN with parents component to the therapy is more effective then not including this component. Based on theoretical considerations, we expect that sharing with parent(s) is more beneficial by improving the parent-child relationship, but our study has yet to confirm this hypothesis. The risks for participating in this study are therefore considered negligible.
The observational tasks and part of the questionnaires of this study are approved by the METC for the research project of Prof. Dr. F. Lamers-Winkelman (protocol ID 80-82435-98-8010/3). These studies have not been done before and cannot be carried out with adults. The study is therefore group-related.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adolescents (12-15 years)
Adolescents (16-17 years)
Adults (18-64 years)
Children (2-11 years)
Elderly (65 years and older)

Inclusion criteria

Study 1
CSA group:
- The child has experienced some form of child sexual abuse
- The child is between the age of 4 and 16
- Both custodial parents gave written informed consent;Comparison group:
- The child has not experienced some form of child sexual abuse or any other type of child abuse
- The child is between the age of 4 and 16
- Both parents have no history of child abuse;Study 2
- The child has experienced some form of child sexual abuse
- The child is between the age of 4 and 12
- Both custodial parents gave written informed consent
- The child is referred to Horizon group therapy

Exclusion criteria

- The child and /or parent has an intellectual disability
- One of the custodial parents does not give permission to participate in the study

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Single blinded (masking used)
Control:	Active
Primary purpose:	Treatment

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	04-06-2012
Enrollment:	555
Type:	Actual

Ethics review

Approved WMO Date:	25-04-2012
Application type:	First submission
Review commission:	METC Amsterdam UMC
Approved WMO Date:	21-02-2013
Application type:	Amendment
Review commission:	METC Amsterdam UMC

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL38753.029.11