

McPherson P, Scribano PV. Barriers to Successful Completion of Psychotherapy in Child Sexual Abuse. Pediatric Academic Societies Annual Meeting, Toronto, Canada, 2007.

Background- Child sexual abuse (CSA) often requires psychological treatment to address the symptoms of victim trauma. Barriers to entry and completion of counseling services exist, and can compromise long term well-being. An integrated medical and mental health evaluation and treatment model of a child advocacy center (CAC) has the potential to reduce the typical barriers to mental health treatment

Objective- 1) To describe characteristics between CSA patients who do not engage in mental health treatment services and those who do after referral; and 2) To identify associated factors of mental health treatment adherence.

Design/Methods- A retrospective cohort study was conducted of CSA patients (ages 3-16 years) who were referred to ongoing mental health services following a CAC assessment. The outcome variables were: successful linkage to treatment, and completion of treatment (>12 sessions). Independent variables included: demographics, abuse characteristics (disclosures, abuse severity), therapist gender and ethnicity, child protective services (CPS) disposition of the abuse allegation, and filing of criminal charges. Data was abstracted from the CAC electronic health record and case tracking system (which includes medical, mental health, CPS and law enforcement data) and the Behavioral Health billing database.

Results- Two hundred two subjects were evaluated. Subjects were: predominately female (75%), Caucasian (54%), and almost half receiving Medicaid (46%). Mean age was 8.8 +/-4.04 years. There were no differences in demographic characteristics, abuse details, therapist gender or ethnicity, CSP disposition or filing of criminal charges. Medicaid ($p<.0001$), more than one patient in household ($p=.06$) and gender ($p=.24$) were included in the model. Successful treatment linkage was independently associated with Medicaid recipients with AOR 4.7 (2.5, 8.9). Included in the model for completion of treatment was Medicaid ($p=.001$) and gender ($p=.006$). Medicaid payer (AOR 0.13 (0.4, 0.45) and female gender (AOR 0.23 (0.05, 1.07) were negatively associated with completion of treatment.

Conclusions- Lower SES (Medicaid) is positively associated with linkage to treatment but negatively associated with successful completion. In contrast to previous reports, efforts at our CAC seem to overcome linkage barriers in this population. However, barriers remain which hamper successful completion of treatment in this population.