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Ashley G. O'Donnell
ago64@msstate.edu

Sabrina DiCarlo
sd1723@msstate.edu

Arazais D. Oliveros
Mississippi State University

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The Impact of Single vs. Poly Victimization by Maltreatment Type on Pre-Treatment PTSD Scores

Ashley O'Donnell, Sabrina DiCarlo, & Arazais D. Oliveros

Introduction

- Research indicates that 21-50% of children who experience maltreatment will develop post-traumatic stress disorder (PTSD) within their lifetime (Schuck & Widom, 2019).
- The type and number of exposures to trauma may influence symptom severity. Specifically, trauma symptom scores of children who experienced child sexual abuse (CSA) were higher among children who endorsed poly-victimization, meaning CSA combined with another form of maltreatment (Racine et al 2022).
- The current study examined the impact of poly-victimization and combined types of maltreatment on children's PTSD scores in an archival dataset from a child advocacy center (CAC) serving children exposed to various forms of trauma

Method

Participants

- 290 children (ages 0 – 18), $M = 8.63$, $SD = 4.661$
- 63.4% female, 35.9% male
- 66.2% Caucasian, 9% Hispanic/Latino, 6.2% African-American, 4.8% Multi-Racial, 0.3% Asian/Pacific Islander, 0.3% American Indian or Alaskan Native

Measures

- Demographic data of child & guardian.
- PTSD symptom scores on UCLA PTSD-RI-5 (range = 0-80, clinical cutoff = 35).

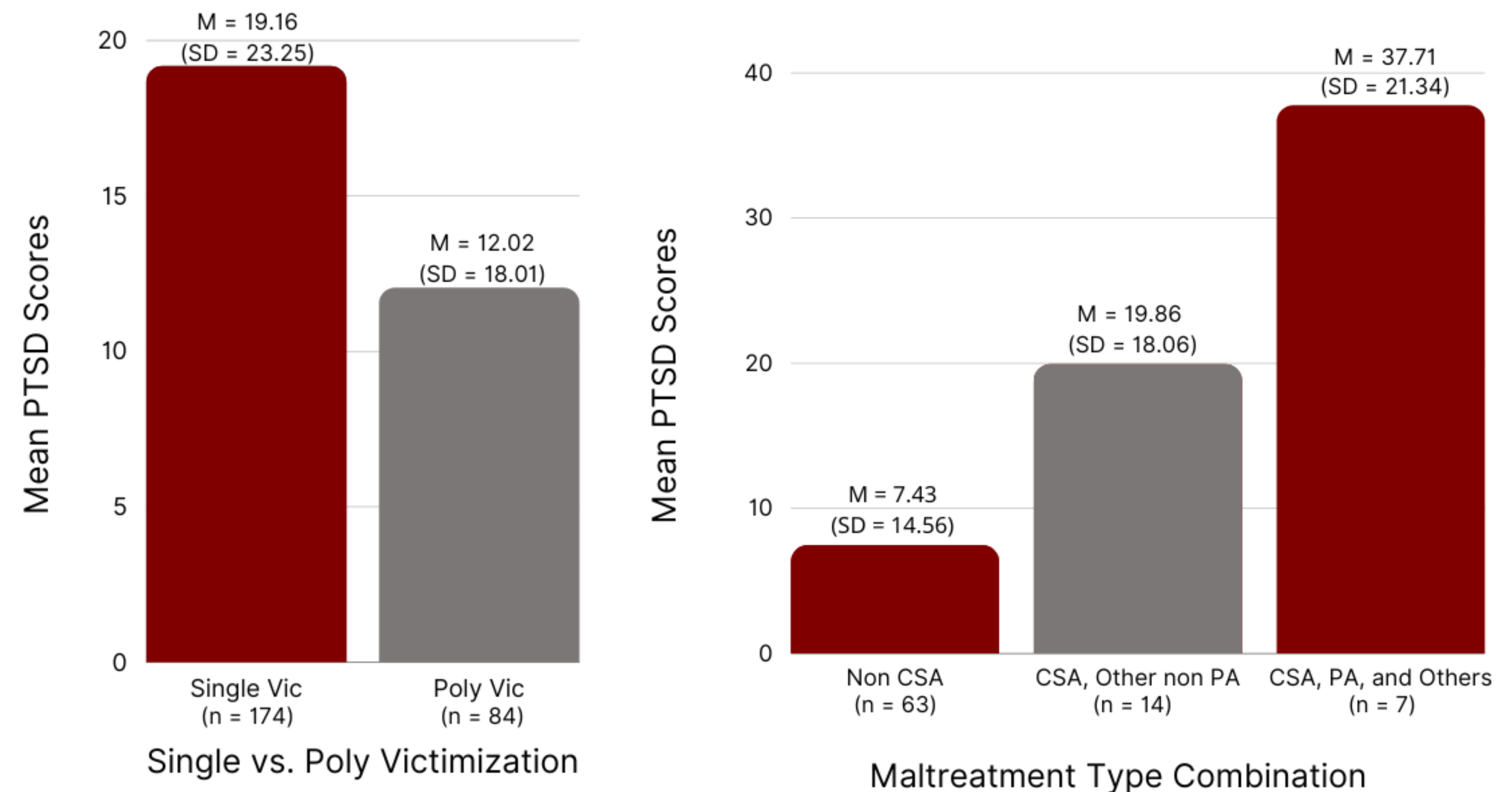
Procedure

Deidentified archival data was collected from a CAC from children with histories of maltreatment.

Hypotheses

- Victims of poly-victimization will have higher pre-treatment PTSD scores than victims of single victimization
- Among participants with poly-victimization, those with a combination containing sexual abuse and physical abuse will have the highest pre-treatment PTSD scores compared to other combinations, with groups containing sexual abuse having the second highest.

Results



Discussion

- An Independent Samples T test showed that single victimization PTSD scores were significantly higher than poly-victimization PTSD scores ($t = 2.704$, $p < .004$)
- We believe this is because most cases of single victimization is CSA.
- One Way ANOVA showed that there was a significant difference in PTSD scores between groups with different maltreatment combinations, $F(2, 81) = 13.713$, $p < .001$.
- Dunnettes T3 post hoc test showed a significant difference in only PTSD scores between Non-CSA combinations and combinations of CSA, PA, and others ($p = .024$).
- The limitations of this study included unequal groups and small sample sizes when broken down into tested groups.
- Scores of 35 and higher on the UCLA PTSD-RI-5 indicate the presence of PTSD. Therefore, the current study determines it is important to refer all children with a history of maltreatment to a CAC, as they can be assessed and assisted as needed. It is especially important to refer children who have experienced CSA, as they are more likely to develop PTSD.