

Implications of victims of childhood sexual abuse



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The effects of childhood sexual abuse (CSA) have been studied intensively for the past 100 years (cite). Studies have focused on several aspects of the effects of childhood sexual abuse including at risk populations, consequences and risk factors, preventative measures and therapy. CSA can occur subtly but result in severe consequences including depression (cite), disassociation (cite) and seductive behavior. One case study found that children who engaged in sexual acts chronically were in some cases seductive towards the adult staff and boastful about their actions amongst their peers (Bender & Blau, 1937). At a young age, a child who does not know right from wrong can be brought up to believe that their abuse is normal. If this belief is not corrected and monitored closely throughout adulthood, there is potential that these victims may continue the cycle and become abusers themselves (Hayes, 2009).

For this reason, children must be given special attention as it can sometimes be easy to dismiss the signs of a child undergoing CSA (Bender & Blau, 1937). A study investigating the role of social support in African-American children found that family support served as a significant mediator between sexual abuse and social functioning (Lamis, Wilson, King & Kaslow, 2014). This family support seemed to act as a buffer from the detrimental consequences of sexual abuse. It is vital that mental health works as well as educators stress the importance of building and maintaining strong family support systems to guardians of young children.

At Risk Population of CSA

The prevalence of individuals who are victims of childhood sexual abuse (CSA) can be daunting. Different studies have consistently found that the percentage of children who are sexually abused is at least 39% (cite several studies that show this). The percentages can then be broken down even further by gender, ethnicity, ability, etc. While all children are considered a vulnerable population for CSA because of their lack of strength and innocence, some populations such as children with disabilities, low socioeconomic status (SES) and ethnic minority backgrounds are considered even more so. It is essential that these populations be given immediate and fixated attention in order to exploit current perpetrators and protect these children and ultimately, prevent other children from the same fate.

Children with Disabilities

Caldas and Betsy (2014) found that one population that is most at risk for sexual abuse is children with disabilities. A questionnaire was filled out by a guardian or school teacher on behalf of their loved one and the results indicated that children with disabilities were up to three times more likely to be sexually abused than their non-disabled peers. They reported that the children that had developmental or cognitive disabilities were the ones who experienced the most severe and/or chronic maltreatment. The most shocking is that at least half of the abuse is reported to have happened inside of the classroom. Martinello (2014) found similar results such that students with special needs, especially those with motor, cognitive, language, and emotional delays are at an even higher risk of being sexually abused. A separate study found that many victims of childhood sexual abuse do not always have just one disability. It is often times the case that if there

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is an intellectual impairment, there may also be a mobility, hearing or psychological impairment (Sobsey & Doe, 1991) A possible reason for this higher rate of abuse may be in part to the children having a lower self-esteem because of their disability and as a result, accept the distorted version of love they receive (Martinello, 2014). In other cases, it may just be that these children are unable to speak out and defend themselves.

Impact of ethnicity on CSA

In addition to children with disabilities, a vulnerable population of CSA are children from a minority background. In a study investigating CSA in a primarily Mexican-American population found that the facilities in which the abuse was reported served low-income households (Huston, Parra, Prihoda, & Foulds, 1995). A majority of the abuse reported was from young girls while young boys made up 14%. A quarter of the Mexican-American children were abused by the father figure in their life which seems to have resulted in an extended delay of reporting the abuse. Therefore, it is not enough to teach a child about “stranger danger” as parents in a Nigerian sample tended to take away from a preventative intervention (Ige & Fawole, 2011). In fact, in the Mexican-American population, over 77% of the young children being sexually abused were either related to the perpetrator or knew them well (Huston, et al., 1995).

Impact of SES on CSA

Contrary to popular belief, CSA is prevalent is just about every socioeconomic status group. A review of CSA in developing countries found

that regardless of region or family income, CSA prevalence remains relatively the same worldwide (Veenema, Thornton, & Corley, 2015).

After accounting for how many children have some sort of disability, are an ethnic minority and or come from a low socioeconomic status household. The effects of childhood sexual abuse must be mitigated or prevented in order for survivors to live a functional life. The bottom line is that all children need to be valued and protected. (look up information on the percentage of children who live in poverty, have disabilities and come from ethnic minorities. Make the point that this is basically all children are at risk for CSA)

Long- Term Consequences and Effects of CSA

Risk Factors for Survivors of CSA

Therapy for Victims of CSA

These consequences of childhood sexual abuse are difficult to manage if they are not properly addressed. While there are is a countless variety of therapies for survivors of childhood sexual abuse, a large majority of individuals do not seek help(cite) for their trauma. There is abundant evidence that shows that how therapy not only alleviates the consequences and symptoms of abuse but also improves quality of life(cite). Three therapies that have consistently found reliable results have been group therapy, couple's therapy and therapy in which individuals are required to be creative, for example: expressive writing or dancing.

Prevention of CSA

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While so many children have suffered from the effects of childhood sexual abuse, the best thing that can be done for the future generations is educate them. A study conducted by Wurtele and Owens (1997) asked over 400 preschoolers to identify the difference between a good request and a bad request and found that only 38% were accurate. This alarming rate has led other researchers to design preventative programs to educate such a vulnerable population because as Caldas and Bensy (2014) found, over half of abuse in children with intellectual disabilities is done inside of the classroom. However, Celik et al (2012) found that it is not just students with disabilities that are vulnerable in the classroom, it is any young child in a classroom. The term, *professional perpetrator*, is used to describe individuals who are in a position of power and use it to abuse the children in their care.

While it is difficult to screen for possible perpetrators, it is possible to screen children who may have potentially come in contact with a perpetrator. This screening involves asking children questions about whether they have come in contact with anyone who has tried to hurt them physically or sexually. A study sought to explore whether this type of screening would be favored by health care educators as well as parents (Sekhar et al, 2018). The results found that there was an overwhelming amount of support for a screening of this sort from school nurses, teachers, counselors, pediatric physicians in addition to parents.

A study conducted by Wurtele and Kenny (2010) investigated whether children from ages three to five could recognize when either a “ good” or “ bad” adult would request for inappropriate touching. The person in the

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scenario was either male or female to avoid any misconception that women cannot be perpetrators. The primary goal of this intervention was to teach children that their conception of “ good” can be distorted by professional perpetrators. One of the key measures of the study asked in this study was “ Would it be OK for [person] to touch your private parts?”.

The results from the pre-test indicate that before the intervention children had difficulty distinguishing an inappropriate request from an appropriate one. After the completion of the questionnaire, the children participated in an educational intervention which included teaching body ownership, what “ private parts” are, responding to inappropriate requests by saying “ No!”, behavioral responses (getting away and finding an adult to help) and lastly, understanding that inappropriate touching is never their fault. The results indicate that there was a significant improvement in the responses of the children after the intervention. These results are consistent with other studies in the literature concerning school- based preventative programs (Fryda & Hulme, 2015). For example, a study conducted by Walsh, Woolfendens and Shlonsky (2018) also found that children in the informative intervention were more likely to respond accurately to written situations of sexual abuse than the group of children in the control condition. The only concerning finding from the study was that younger children of three years old still had some difficulty in discerning between a good person and a bad person, a healthy request and an inappropriate one. While they performed significantly better than the three year olds in the control condition, additional measures must be taken in order to further protect even the most vulnerable children.

While school-based interventions have been the most widely used method for preventing childhood sexual abuse (Finkelhour, 2009), it would be most effective if used in conjunction with additional parental support. For instance, it is important that parents review the materials that was discussed in the intervention in order to reinforce the lessons. However, due to denial or lack of awareness of CSA, relatively few parents comply. In addition, some parents report not reinforcing the information due to the negative side effects of knowing too much about “sex” (Wurtele & Kenny, 2010). This is alarming because in a study on sexual offenders, 56% reported that at least part of their motivation for choosing a job in education is to sexually offend (Sullivan & Beech, 2004). Parents should be given enough information about childhood sexual abuse to spring them into action.

In order for this to occur, universal school-wide screening and interventions should be implemented. In one case study, children who were committing chronic sexual acts were not ashamed or regretful of their actions (Bender & Blau, 1947). On the contrary, it was noted that they were boastful and enjoyed sharing their experiences with the other children and physicians in the mental hospital. Additionally, some cases reported making seductive advances on the staff as well as sexual play advances on the other children. Upon first arrival at the hospital, most of these children were unaware of having done anything wrong. It wasn't until they underwent therapy that they were explicitly told that what was done to them and what they were continuing to do to others was wrong. Some of the children had been carrying out sexual acts without the guidance of a caring guardian for so

long that they refused to acknowledge that sex was for anything other than pleasure.

Therefore, it is imperative that parents remain fully involved in every aspect of their children's lives, no matter how frivolous it may seem. While there are some consequences to teaching young children to be alert, such as, slight fear of touching or strangers, it is nothing to be compared with the consequences that victims of childhood sexual abuse experience every day.

Conclusion

However, as noted by Walsh et al. (2018), it is impossible to know whether these interventions would work when a stranger approach them in a social situation. It would be unethical to create a simulation in which children were subject to the advances of a stranger but perhaps having

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