An analysis of resiliency in victims of childhood sexual abuse

ASSIGN BUSTER

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Olfason (2011) defines childhood sexual abuse as “ any use of a child for sexual gratification by another person,” whether by an adult, an older and/or more advanced child, or a same-age child if done under duress. This definition covers (a) noncontact abuse, such as voyeurism and exhibitionism, (b) contact abuse without penetration, such as fondling, and (c) penetration (Olafson, 2011; Putnam, 2003) from infancy through adolescence.

According to the U. S. Department of Health and Human Services (2019), there were approximately 674, 000 victims of child maltreatment in 2017. Of these victims, 8. 6 percent were sexually abused (U. S. Department of Health & Human Services, 2019). This means that 58, 000 children were sexually victimized in 2017 alone. The true pervasiveness of child sexual abuse (CSA), however, remains unknown as studies continue to show that most cases go unreported to authorities (Herzog & Schmahl, 2018; Olafson, 2011).

From the current literature, the following demographics of CSA victims appear true. Girls are two to three times more at risk of CSA than are boys. Children with disabilities have nearly twice the incidence rate of children with no disability. Retrospective surveys of adult women show that African American and Caucasian women report CSA at similar rates while Hispanic women report at considerably greater rates. Finally, while low socioeconomic status is a strong risk factor for other forms of child maltreatment, such as physical abuse and neglect, it appears to be unrelated to CSA cases.

Child sexual abuse is costly at both the individual and social levels. Queiros and Caseiro (2018) assert that over 30% of adult psychopathology is directly

related to early childhood adverse experiences. Meanwhile, social costs are incurred each time the " judicial, health care, child welfare, mental health care, and law enforcement systems respond directly" to allegations of abuse (Rogers, 2016).

EXTANT SCHOLARSHIP ON CHILDHOOD SEXUAL ABUSE

Infancy and early child are critical periods of development. Early adverse experiences during this developmentally-sensitive period can have devastating consequences on long-term development. Optimal development occurs in the presence of consistent, predictable, and stimulating interactions within nurturing relationships. When children experience maltreatment, particularly in the absence of mitigating factors, it can lead to poor physical, psychological, and behavioral outcomes (Fallon, Filippelli, Joh-Carnella, Milne, & Carradine, 2018).

The availability of healthy parental support following disclosure of sexual abuse has been shown to have a positive influence on the child's well-being. Seeing attachment figure(s) as steadfast and unwavering in supportive qualities through traumatic experiences reinforces the attachment, and the child is taught that people can be reliable and trustworthy in future situations as well (Godbout, Briere, Sabourin, & Lussier, 2013). A lack of parental support, however, may undermine the development of otherwise protective features. Instead of learning skills for healthy interactions, a child may learn that interactions are callous and rebuffing (Riley & Masten, 2005), causing them to view attachment figures as unreliable or untrustworthy (Godbout, Briere, Sabourin, & Lussier, 2013).

Because of this, abuses at the hands of attachment figures are particularly dangerous to development. Subsequent experiences with nurturing caregivers may help the child learn to form positive relationships improve these systems, but residual issues related to early adversity may still remain. (Riley & Masten, 2005).

Sexual abuse does not occur within a vacuum; children who have been sexually abused are at high risk for being victimized by other adverse childhood experiences as well. In fact, strong relationships have been identified between sexual abuse and physical abuse, emotional abuse, neglect, parental mental illness, parental substance abuse, and other forms of familial dysfunction (Hornor, 2010). Putnam (2003) posits that " sexually abused children constitute a very heterogeneous group with many degrees of abuse about whom few simple generalizations hold."

There appear to be gender differences in coping with past sexual abuse. Where females are more likely to demonstrate internalizing behaviors, such as major depression and disordered eating, boys are more likely to demonstrate externalizing behaviors, such as delinquency, violence, and substance abuse (Hornor, 2010; Lewis, McElroy, Harlaar, & Runyan, 2015).

The most common recipient of disclosure from victims of CSA are friends of their own age (Priebe & Svedin, 2008). In a study of 256 children with a history of sexual abuse, Lahtinen, Laitila, Korkman, and Ellonen (2017) found that 80% of participants had disclosed information of the abuse. Nearly half (48%) of the participants disclosed to a peer and 32% disclosed to a parent,

but only 12% disclosed to an authority figure outside of the home (Lahtinen, Laitila, Korkman, & Ellonen, 2017).

In retrospective studies, men have offered insight into their hesitance to disclose experiences of CSA. When the perpetrator is male, men cite confusion over their sexual identity and a fear of being judged by society as homosexual as hindrances to report. When the perpetrator is female, however, hegemonic masculinity dictates to these men that they should have enjoyed it, so they worry about being understood and taken seriously (Priebe & Svedin, 2008).

Even timely disclosure of sexual abuse with a female perpetrator

ASSESSMENT OF EVIDENCE

Existing literature is vastly limited by “ the reliance on retrospective recall of adult samples, single-time assessments, and lack of longitudinal data during the childhood and adolescent years” (Lewis, McElroy, Harlaar, & Runyan, 2015). Additional longitudinal studies are needed to document the trajectories of symptoms during adolescence and to gain more insight into the short-term consequences of CSA (Hebert, Lavoie, & Blais, 2014).

Additionally, most literature either exclusively considers the CSA among females or uses samples that combine males and females. An alarmingly small portion of studies focuses specifically on CSA among males.

RESILIENCE AND THE ECOLOGICAL FRAMEWORK

According to Shonkoff (2010), “ life outcomes are influenced by a dynamic interplay among the cumulative burden of risk factors and the buffering effects of protective factors that can be identified within the individual, family, community, and broader socioeconomic and cultural contexts.” Resilience, or “ good adaptations in a context of risk” (Masten, 2006), is sustained by these protective factors – consisting of both an individual’s internal assets and the resources available in the systems around them (Zimmerman, 2013).

Fallon, Filippelli, Joh-Carnella, Milne, and Carradine (2018) use an adapted ecological systems model to assess the child welfare system in terms of risks. The individual level includes child functioning concerns, such as attachment issues and developmental disabilities. The microsystem level includes caregiver risk factors, such as mental health issues, substance abuse, and a lack of social supports. The mesosystem level includes household risk factors, such as unemployment and frequent residential mobility. The macrosystem level includes the sociopolitical context, the Child, Youth and Family Services Act, and other laws and social policies (Fallon, Filippelli, Joh-Carnella, Milne, & Carradine, 2018).

The same ecological model can be used to identify protective factors. At the individual level, protective factors include cognitive, social, and emotional competencies, positive values, and positive personal and moral identities (Damon, 2004). At the microsystem level, the most salient protective factor is derived from secure attachment through healthy parent-child relationships (Luthar & Barkin, 2012). Active parenting that maintains a “ well-functioning system of supervision, authority, and mutuality” (Suarez-Orozco & Suarez-

Orozco, 2007), as well as provides for parental knowledge and vigilance (Luthar & Barkin, 2012), is a strong protective factor for resiliency. Positive interpersonal relationships – both with prosocial peers and non-parent adults – act to foster the development of social competencies; bolster feelings of self-esteem, acceptance, and approval; and mitigate potential negative influences on the child (Masten, 2006; Suarez-Orozco & Suarez-Orozco, 2007). Effective schools and assurances of safety, positive organizations, and emergency services in the community act as protective factors as well (Masten, 2006).

Alaggia (2010) describes disclosure as an ongoing process, rather than a singular event, also in terms of an ecological model. At the individual level, it has been shown that the younger the child is at the onset of abuse, the more difficult the undertaking of disclosure. The temperament of the child is also directly related to disclosure. For example, a child that is introverted and withdrawn is less likely to speak up about adversity. At the microsystem level, rates of disclosure are lowest in cases of chaotic homes with high levels of conflict. These homes are not conducive to disclosure because there is generally little to no healthy communication and emotional bonding. At the exosystem level, communities lacking in education programs are viewed as uncaring and ill-equipped to handle CSA disclosures. Finally, at the macrosystem level, negative male and female victim stereotypes in society discourage disclosure.

RECOMMENDATIONS FOR SOCIAL WORK PRACTICE

The U. S. tends to spend its resources on services targeting intervention and treatment more than prevention, despite a breadth of evidence indicating that preventative services would be less costly both individually and socially (Rogers, 2016).

Prevention should…

School-based educational programs have shown promise in increasing children's awareness of CSA, but these programs do not reach the large number of preschool-aged CSA victims and so must be extended (Olafson, 2011).

A survey of over 300 pediatricians showed that nearly one-third (32%) had no system in place to screen for adverse childhood experiences (Traub & Boynton-Jarrett, 2017).

" Preschool-aged, school-aged, and adolescent children who have been sexually abused should be referred to a mental health therapist with expertise in working with children who have been sexually abused for an assessment to determine the need for ongoing therapy" (Hornor, 2010).

" Asymptomatic children can benefit from therapeutic intervention and education designed to prevent repeated sexual abuse, to normalize and clarify their feelings, and to educate regarding healthy sexual/personal boundaries" (Hornor, 2010).

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