

SEXUAL ABUSE DURING EARLY CHILDHOOD:

Characteristics, Outcomes and
Implications for Child Protection

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Child sexual abuse

- In 2007, over 60,000 children were verified as victims of sexual abuse
- Prevalence estimates: 12-35% will experience unwanted sexual contact before age 18
- CSA is associated with deleterious effects:
 - ▣ Victim (psychological, social, affective, behavioral problems, revictimization)
 - ▣ Family (separation, conflict, emotional distress of family members)
 - ▣ Society (social costs of mental health, prostitution, teen pregnancy, antisocial behaviors)
- Preschoolers account for 25-35% of sexually abused children
(Fontanella , Harrington & Zuravin, 2000).

Approach to child sexual abuse

- Originally, studies of CSA were largely influenced by models used in adult sexual trauma
- Research has focused on trauma-related symptoms in both child victims and adult survivors
- By 1990s, PTSD symptomology and sexualized behaviors/concerns were identified as most common manifestations among sexually abused children and adult survivors (Brier & Runtz, 1993; Kendall-Tackett, et al., 1993)

Symptom approach

- A plethora of symptoms associated with CSA:
 - *PTSD: Hyperarousal, nightmares, avoidance of stimuli related to trauma, mistrust, guilt, self-blame
 - *Sexualized behaviors and sexual concerns
 - Depressive symptoms
 - Anxiety
 - Social Withdrawal
 - Internalizing and externalizing behaviors
 - Dissociation

Symptom approach

- The severity and frequency of PTSD and other symptoms among victims of sexual abuse vary widely across studies (Kendall-Tackett, et al., 1993)
- In some studies, as many as 50% of children are found to be asymptomatic (Putnam, 2003), although researchers often argue symptoms may emerge later, or limitations of measurements preclude detection of developmentally-specific effects
- Trait-based instruments fail to identify emergent deviant developmental processes and tend to identify the more extreme **cases** (Wolfe & McGee, 1991, p. 264)

Perspectives in child maltreatment

- Over past 20 years, developmental perspectives in studying the impact of child maltreatment have been widely accepted, resulting in advances in interrelated theoretical constructs:
 - ▣ **Life Span development:** Series of age/stage developmental tasks; hierarchical, organizational adaptation across lifespan
 - ▣ **Ecological developmental model:** Dynamic interaction between developing self system and environment
 - ▣ **Developmental psychopathology:** Examination of atypical development as a basis for further understanding competent development

Purpose of the study

1. Apply ecological-developmental framework to study of child sexual abuse to address gaps in knowledge about nature & impact of sexual abuse of children ages 0 through 6 years:
 - (a) Characteristics of abuse
 - (b) Socioemotional functioning of young victims
 - (c) Role of family dynamics
2. Inform risk assessment, clinical assessment and early childhood intervention efforts

Rationale

- A. Preschool-aged children are most vulnerable to maltreatment.
- B. Paucity of empirical studies specific to children sexually abused ages 0 through 6 years.
- C. Previous studies have inconsistent findings, methodological problems; and/or inapplicable to young children.
- D. Young children have age- and stage-specific developmental needs that may be disrupted by child sexual abuse.
- E. Developmentally-sensitive findings may inform more comprehensive assessment and intervention strategies.

Human development

- Development is viewed as *hierarchical, organizational, transactional, progressive*
- During each developmental stage & across every realm new tasks emerge, building on competencies from the previous stage
- Successful negotiation of salient age- and stage-appropriate tasks are critical to adaptation *throughout the life span*

Stage-salient tasks of early childhood

- Infancy: Establishment of secure *attachment* relationship
- Toddlerhood: Emergence of *autonomous functioning* and *guided self-regulation*
- Early Childhood: *Emotional regulation* and *negotiation of peer relations*



The early years

- Love, nurturance, and emotionally responsive care from a primary caregiver are essential for normal, healthy development
- Early caregiving relationship
 - ▣ Supports child's early development
 - ▣ Incorporates child's sense of self
 - ▣ Carries forward into subsequent relationships



Research questions

1. What are the demographic characteristics of very young children who have been sexually abused?
2. What are the characteristics and qualities of the sexual abuse of very young children?
3. What is the impact of sexual abuse during early childhood on socioemotional developmental outcomes?
4. When compared with their nonabused counterparts, do sexually abused children demonstrate significantly more maladaptive socioemotional outcomes?
5. Do family contextual factors moderate the impact of sexual abuse on socioemotional outcomes?

Theoretical model

- Ecological-developmental model

- Constructs of socioemotional development Cicchetti & Schneider-Rosen (1986) model:
 - ▣ Modulation of arousal Autonomy & self-development
 - ▣ Peer relationships Social competence

- Family constructs based on premise that sensitive, responsive care promotes healthy child development.

LONGSCAN data

- Longitudinal Studies of Child Abuse and Neglect
 - Began in 1991; Consortium of studies at 5 sites
 - N=1354 maltreated, at-risk and controls
 - Culturally diverse, not nationally representative
 - Longitudinal assessment of children ages 4-21 & families
- Limitations:
 - Inconsistencies among data collection sites
 - Overrepresentation of minority populations, sampling bias

Sample

- N=250
- CSA Group (n=125) – at least one allegation of sexual abuse
- Nonabused Group (n=125) – no allegations of abuse
- Matched on demographic characteristics:
 - Gender, ethnicity & income
 - Contingency table analysis – no sig. differences between groups
- High statistical power ($\alpha = .05$, power = 0.95 required sample of at least 210)

Measures: Socioemotional outcomes

- Measures selected for relevance, reliability, validity, standardization, and multiple informants:
 - ▣ Child Behavior Checklist (Achenbach, 1991)
 - ▣ Vineland Screener (Sparrow et al., 1993)
 - ▣ Pictorial Scale of Perceived Competence and Social Acceptance (Harter & Pike, 1984)
 - ▣ Loneliness and Social Dissatisfaction (Cassidy & Asher, 1992)

Measures: Family dynamics

- Standardized Measures:
 - Adult-Adolescent Parenting Inventory (Bavolek, 1984)
 - Self-Report Family Inventory (Beavers, Hampson & Hulgus, 1990)
- Domains:
 - Parental Expectations of Child
 - Empathy Toward Child's Needs
 - Cohesion
 - Expressiveness

Demographics

- Gender:
 - Girls: n=91 (73%)
 - Boys: n=34 (27%)
 - Disproportionate representation of girls consistent with previous findings.

- SES:
 - 80 families (64%) earned under \$25K
 - No sig. differences with LONGSCAN sample

Demographics (cont.)

□ Ethnicity:

- White (n= 51) - 41% vs. 26% in LONGSCAN
- Black (n=30) - 24% vs. 55% in LONGSCAN
- Hispanic (n=16) - 13% vs. 8% in LONGSCAN

Age of report

- Age of report:
 - ▣ 61 % were ages 0-3 (n=77)
 - ▣ 30% were ages 4-6 (n=38)
 - ▣ 8% had a report during both age ranges (n=10)

- More reports on younger children contradicts research that risk increases with age.

Number of abuse allegations

- Number of Allegations:
 - ▣ One allegation: n=96 (77%)
 - ▣ 2 allegations: n=16 (13%)
 - ▣ 3 allegations: n=9 (7%)
 - ▣ 4 allegations: n=1; 5 allegations: n=2

- ▣ Generates concern regarding child protection intervention.

Abuse characteristics (cont.)

- Severity:
 - ▣ n= 111 (89%) were severe contact offenses:
 - 41% Touching: n=51
 - 44% Penetration: n=55
 - 4% Forced intercourse or prostitution n=5
 - ▣ No differences between genders on severity.
- Co-occurring Physical Abuse:
 - ▣ 50% were also physically abused (n=63)
 - ▣ Consistent with research regarding co-occurring abuse types.

Major findings

- Majority of victims (62%) fell below expected outcomes (borderline, clinical or less than adequate) on at least one standardized measure of socioemotional development
- Victims reported low degrees of perceived competence, social satisfaction and maternal acceptance
- Higher functioning children self-reported poorer perceived competence than expected, suggesting low self-efficacy

Major findings (cont.)

- Victims functioned significantly lower than nonabused counterparts on the majority of subscales, especially
 - Aggression
 - Attention
 - Thought problems

Influence of family dynamics

- In general, family factors did not significantly moderate relationships between abuse & socioemotional outcomes
- *Except:* Appropriate empathy significantly moderated social problems of child victims
- Expressiveness and cohesion were significant factors in predicting the severity of outcomes following abuse, especially on social problems, aggression and attention

Limitations of study

- Secondary data does not allow for control over measurement selection and data collection
- Limited data points, inconsistent administration of measures & missing data precluded longitudinal design
- Sampling bias, no randomization
- Challenges in “teasing out” particular impact of CSA due to co-occurring maltreatment and risks

Discussion

- Young victims appear to be a unique subtype:
 - Younger children may be at higher risk than older children
 - High incidence of severe contact offenses
 - Less gender variation in abuse type and severity
- Are we training child welfare professionals to assess for CSA of young children?

Discussion (cont.)

- Preliminary evidence suggests that sexual abuse may initiate a maladaptive developmental trajectory.
- Although most family dynamics did not buffer negative impact of abuse, measures may have been insufficient
- Empathy buffered the severity of social problems, which is consistent with previous research.
- Family expressiveness and cohesion may have substantive influence and should be further explored.

Implications for Social Work Practice

- Findings regarding nature of abuse inform child protection risk assessment, protocol & policy.
- Theoretical shift dictates more comprehensive, developmentally-sensitive clinical assessment & intervention
 - ▣ Reconceptualize the consequences of child sexual abuse
 - ▣ Restore & promote adaptive development (rather than target only trauma symptoms)
 - ▣ Redirect developmental pathways considering future tasks
 - ▣ Recruit multiple ecological systems in intervention

Directions for Future Research

- Future research should explore:
 - ▣ Protocols for child protection risk assessment and skills necessary for effective intervention
 - ▣ Longitudinal pathways to maladaptation & resilience
 - ▣ Influence of other parental & family factors, peer influences & school/community settings
 - ▣ Identification and enhancement of factors that prevent sexual abuse and buffers against its deleterious impact.