

Introduction

The US Centers for Disease Control and Prevention (CDC) define child sexual abuse as any contact sexual act, or non-contact sexual utilization of a child by his or her caregiver.¹ Child sexual abuse is a widespread problem and the consequences it carries on the children is substantial and prolonged. According to a study done by Townsend & Rheingold, 1 in 10 children will be abused before their 18th birthday, and 1 in 7 girls and 1 in 25 boys will be abused before their 18th birthday. About 90% of the children who are sexually abused know their abuser.^{2,3} and in 30% of these cases, they are abused by a family member.^{2,3}

It is important to address the prevalence of child sexual abuse because it has a long-lasting impact on the mental health of the victims. Children who are sexually abused are 4 times more likely to develop PTSD and struggle with drug abuse as adults. In addition, they are 3 times more likely to experience major depressive episodes as adults.⁴

The treatment for child sexual abuse is complicated and multifactorial, requiring a team of health professionals, a case manager, the victim, and their care givers. Currently, there is significant evidence behind the effective use of psychotherapeutic treatment for the victims and their families.⁵ In particular, there is a study that examined the effectiveness of using psychotherapy for the victims who developed PTSD.⁵

There are many risk factors that increase the risk of a child suffering from sexual abuse. Those factors include neglect, single-parenting, domestic violence, low family support, low parental education, parental substance abuse, and high poverty.^{6,7} This project will focus on the impact of a child living in underserved communities on the rate of child sexual abuse.

Aims and Objectives

This goal of this project is to determine whether or not children who reside in underserved, low-income communities are more prone to being victims of child sexual abuse (CSA) in the form of either contact or non-contact sexual abuse

Aim I: Identify situational and environmental predictors of CSA including low parental education and high poverty that predispose to child sexual abuse

Aim II: Identify resilience mechanisms, which include Regulatory, Interpersonal, and Meaning-making strengths, in adults who have experienced CSA

Method

Participants

- 175 participants (50.6% male), ages 18-72 ($M=39.3$, $SD=12.3$).
- 80.1% White or Caucasian, 9.7% Black or African American, 8% Asian, 1.1% Multiracial, .6% Middle Eastern, .6% Latino(a).
- 51.4% reported an average income of \$50,000 or less in the last year.
- Majority (66.3% reported) growing up in dual-parent households.

Procedure

- Participants collected via Amazon Mechanical Turk (MTurk). Participants had to aged 18 years or older and reside in the United States.
- Completed an online survey and offered \$2 compensation.
- The survey contained questions regarding childhood sexual abuse, childhood trauma, resilient strengths, and demographic information.

Measures

The survey that will be used consists of the following:

Childhood Sexual Abuse. The Childhood Sexual Abuse scale (CSA; Whitmire et al, 1999) uses 7 items that ask questions about a range of sexual actions happening to them before the age of 14.

Resilience. The Resiliency Portfolio Model (Hamby et al., 2018) is designed to tap into three domains of resilience. Regulatory (sustaining and supporting emotional and cognitive behavioral components; 2 scales), Interpersonal (development and maintenance of close relationships; 2 scales), and Meaning-making (finding fulfillment and connecting with something larger than oneself; 2 scales) strengths.

Demographics. Demographic questions were designed to measure the different demographics that can impact CSA which include parent/guardian education attainment and income.

SES Ladder. An SES ladder (Adler et al., 2000) was included (range 1-10) where participants indicated where they would place their family on the ladder.

"Think of this ladder as showing where people stand in their communities. People define community in different ways. Please define it in whatever way is most meaningful to you. At the top of the ladder are the people who have the highest standing in the community. At the bottom of the ladder are the people who have the lowest standing in the community. **Growing up, where would you place your family on this ladder?**"



Results

Table 1
Frequencies of Childhood Sexual Abuse

	Yes	No
Did anyone older ever show their genitals to you?	25.7%	73.0%
Did you ever see anyone older touch their genitals in front of you?	26.6	73.4
Did anyone older ever touch your genitals?	28.2	71.8
Did anyone older ever try to make you touch their genitals?	26.0	74.0
Did anyone older ever rub their genitals against your body?	23.6	76.4
Did anyone older ever TRY to put his penis in your mouth or rectum?	21.3	78.7
Did anyone older ever PUT his penis in your mouth or rectum?	21.0	79.0

Table 2. SES indicators Predicting Childhood Sexual Abuse

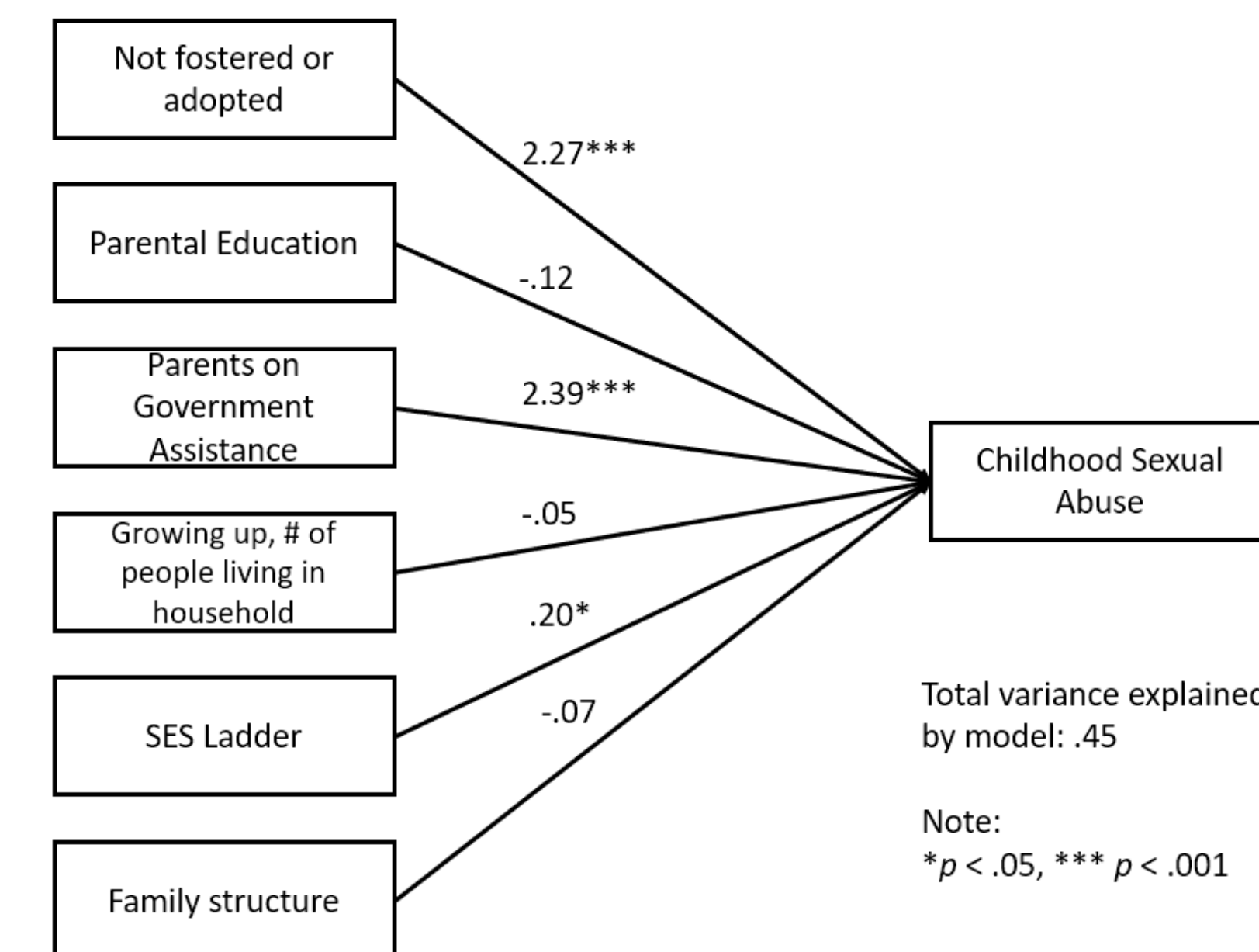
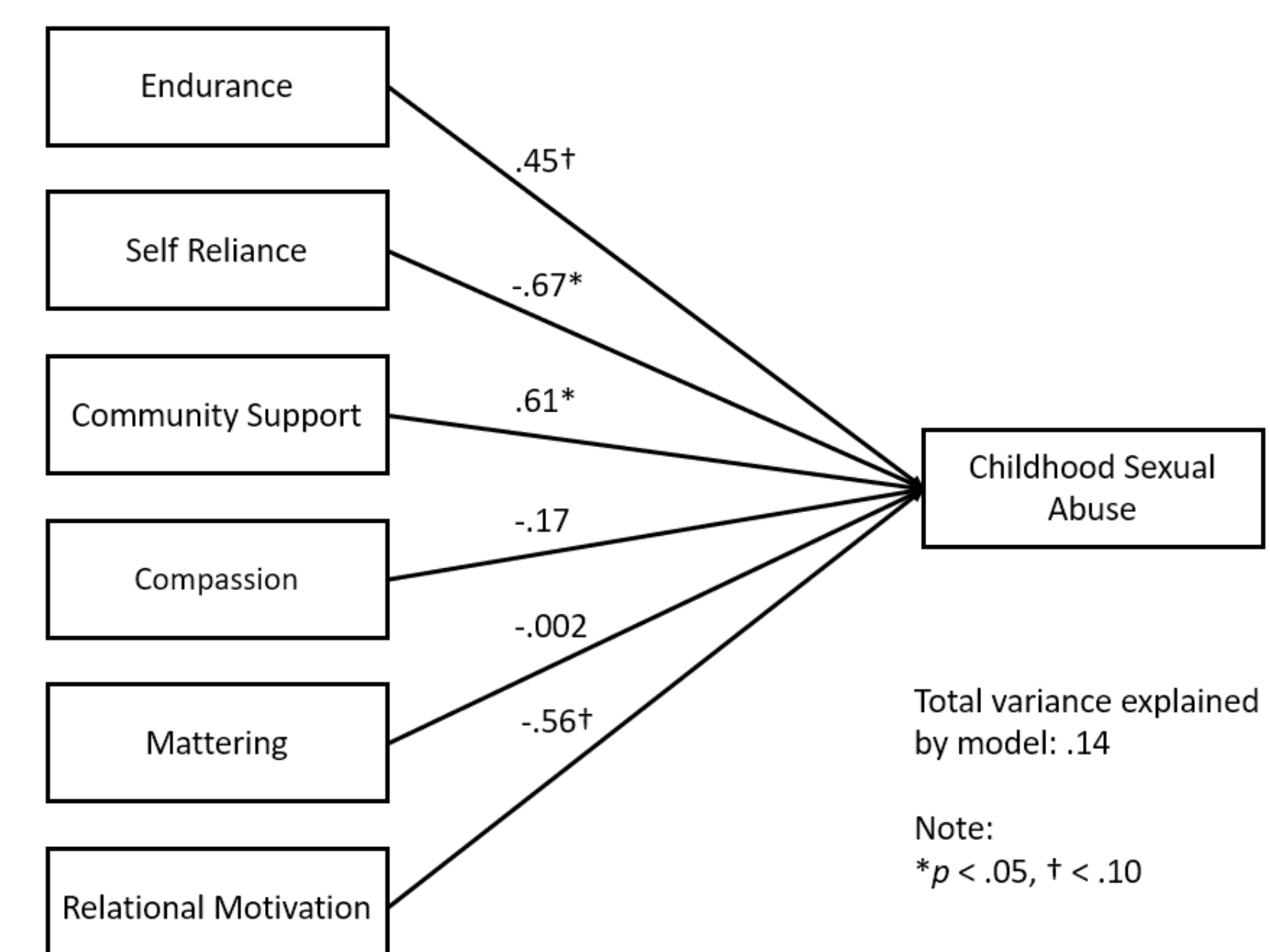


Table 3. Resilient Strength Indicators Predicting Childhood Sexual Abuse



Conclusions

- In this sample, at least a quarter of participants endorsed each of the items on CSA. This indicates that CSA, though often underreported due to its sensitive nature, is quite prevalent.
- In regards to Table 2, participants who were not fostered or adopted and whose parents were on government assistance were more likely to report higher levels of CSA.
- However, contrary to our predictions, the SES ladder predictor was negatively associated with CSA, indicating that the higher the participants reported they were on the SES ladder, the more likely they were to experience CSA ($p < .05$).
- With respect to the resilient strength indicators, Endurance and Community support were significant predictors of CSA. This could be an indicator that even if the individual is facing CSA, they are still coping with the experience and persisting despite difficulties. Additionally, community support might not be as helpful because individuals in the community may be enabling or encouraging individuals to suppress their trauma.
- Individuals who are less self-reliant on themselves and who may not have mentors to look up to (relational motivation) are more likely to experience CSA.

In this study, the hypothesis stated that children in underserved communities are more likely to experience CSA, but our results show that only some indicators of lower SES predict CSA. Exploring how individuals cope with the burden of trauma and CSA through resilient strengths to interrupt the cycle of violence is an important next step in the field.

References

1. Adler, N. E., Epel, E. S., Castellazzo, G., & Ickovics, J. R. (2000). Relationship of subjective and objective social status with psychological and physiological functioning: Preliminary data in healthy, White women. *Health psychology, 19*(6), 586-592.
2. Leeb RT, Paulozzi LJ, Melanson C, Simon TR, Arias I. *CHILD MALTREATMENT SURVEILLANCE Uniform Definitions for Public Health and Recommended Data Elements Version 1.0*; 2008.
3. Townsend C. *Estimating a child sexual abuse prevalence rate for practitioners: studies. Charlesto Darkness to Light*. March 2016. https://www.d2l.org/wp-content/uploads/2020/01/Updated-Prevalence-White-Paper-1-25-2016_2020.pdf. Accessed March 2, 2020.
4. Finkelhor, D. *Characteristics of crimes against juveniles* (2012). Durham, NH: Crimes against Children Research Center. <https://www.ncjrs.gov/pdffiles1/ojdp/179034.pdf>. Accessed March 2, 2020.
5. Zinzow HM, Resnick HS, McCauley JL, Amstadter AB, Ruggiero KJ, Kilpatrick DG. Prevalence and risk of psychiatric disorders as a function of variant rape histories: Results from a national survey of women. *Soc Psychiatry Psychiatr Epidemiol*. 2012;47(6):893-902. doi:10.1007/s00127-011-0397-1
6. Gillies D, Taylor F, Gray C, O'Brien L, D'Abrew N. Psychological therapies for the treatment of post-traumatic stress disorder in children and adolescents. *Cochrane Database Syst Rev*. December 2012. doi:10.1002/14651858.cd006726.pub2
7. Pérez-Fuentes G, Olsson M, Villegas L, Morcillo C, Wang S, Blanco C. Prevalence and correlates of child sexual abuse: A national study. *Compr Psychiatry*. 2013;54(1):16-27. doi:10.1016/j.comppsy.2012.05.010
8. Butler AC. Child sexual assault: Risk factors for girls. *Child Abuse Negl*. 2013;37(9):643-652. doi:10.1016/j.chiabu.2013.06.009

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