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SPOTLIGHT ON PRACTICE

FACTORS ASSOCIATED WITH SEXUAL BEHAVIOR PROBLEMS IN YOUNG SEXUALLY ABUSED CHILDREN

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ABSTRACT

Objective: To identify variables associated with the presence of sexual behavior problems in young sexually abused children.

Method: Data were gathered from the clinical records of 100 sexually abused boys and girls ages 3–7 years enrolled in two treatment programs. Information was coded systematically on approximately 350 areas related to the child and family's history and functioning, the sexual abuse experience, and treatment outcome. The children were grouped and compared according to their presenting sexual behavior into three categories: (1) developmentally "expected"; (2) "sexualized/self-focused"; and (3) problematic "interpersonal" sexual behavior.

Results: Bivariate and multivariate analyses highlighted five variables which were predictive of sexual behavior problems among sexually abused children. Sexual arousal of the child during his/her sexual abuse, the perpetrator's use of sadism, and a history of physical and emotional abuse differentiated between those children with and without "interpersonal" sexual behavior problems. Who the child blamed for his/her sexual abuse further contributed to the distinction between children whose sexual behavior was exclusively "self-focused" (sexualized) versus "interpersonal."

Conclusions: The five major predictor variables, as well as other variables identified in this study, have potential utility in assessing child risk for negative outcomes and determining referral priorities for sexual abuse treatment. Given that sexual arousal and who the child blames for the abuse are prominent variables associated with sexual problems and self-blame, clinicians will need to ensure that sexually abused children and their caregivers are given specific opportunities to deal with these areas in the supportive context of treatment. Children with sexual behavior problems differ not only in the type and level of sexual behavior they exhibit but in most other areas as well, suggesting a need for differential assessment and individualized treatment approaches. © 1998 Elsevier Science Ltd

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Key Words—Sexual behavior problems, Child perpetrator, Children—sexual behavior, Child sexual abuse.

INTRODUCTION

PROBLEMATIC SEXUAL BEHAVIOR in young sexually abused children is well-documented in the clinical literature, though a precise estimate of its prevalence has not been established (Cohen & Mannarino, 1988; Deblinger, McLearn, Atkins, Ralphe, & Foa, 1989; Einbender & Friedrich, 1989; Friedrich, 1993; Friedrich et al., 1992; Friedrich, Beilke, & Urquiza, 1987, 1988; Gale, Thompson, Moran, & Sack, 1988; Kolko, Moser, & Weldy, 1988; Mian, Marton, & LeBaron, 1996; Wells, McCann, Adams, & Vorriss, 1995). Child and youth service workers in many fields express concern about children who exhibit sexual behavior problems, and professional demand for appropriate assessment protocols, policies, and intervention strategies is increasing. However, some argue that professional intervention in the lives of these children may be unwarranted or even harmful because of the risk of “pathologizing” what might simply be exploratory sexual behavior (Kilpatrick, 1987, 1992; Levine, 1996; Okami, 1992). “Anti-interventionists” claim there is no convincing research evidence that child sexual behavior labelled as inappropriate by professionals is related to sex crimes in adulthood. They also argue that if left alone these children will likely outgrow their problematic sexual behaviors. Those who believe intervention is necessary claim that to do nothing may increase the likelihood these sexual behavior problems will persist and that some children may even go on to become sex offenders in adolescence or adulthood.

Unfortunately, we do not know which children and adolescents who engage in problematic sexual behavior will develop ongoing patterns of sexual offending in adulthood (Vizard, Monck, & Misch, 1995). Also, there is little consensus regarding the role of previous victimization in the development of sex offending behavior. Few well-controlled studies have been conducted in these areas, though discussions concerning the intergenerational transmission of abuse abound in the literature (Bagley, 1992, 1994; Benoit & Kennedy, 1992; Pierce & Pierce, 1987; Vizard et al., 1995). There is a generally held belief that persons who have been abused are at greater risk to offend and that sex offenders are usually child sexual abuse survivors themselves. On-the-other-hand, research findings reveal that the majority of persons who have experienced child sexual abuse do not become adolescent or adult sex offenders (Becker, 1988; Murphy & Smith, 1996, p. 181). A summary of this research (Hanson, 1990; Hanson & Slater, 1988; Murphy & Smith, 1996) reveals that less than 30% of adult molesters report a history of child sexual abuse, with the percentage rising to approximately 50% (range 20%–70%) for adolescent male sex offenders (Ryan, 1996; Vizard et al., 1995; Watkins & Bentovim, 1992; Worling, 1995). However, among children who engage in problematic interpersonal sexual behaviors, preliminary findings from clinical treatment samples indicate that between 50%–100% are suspected to have been sexually abused with more girls than boys disclosing sexual victimization (Burton, Nesmith, & Badten, 1997; Friedrich & Luecke, 1988; Johnson, 1988, 1989).

Although a multitude of theories exist which attempt to explain the etiology of sex offending behavior, most are based on retrospective accounts of adult offenders (Abel, Mittelman, & Becker, 1985; Finkelhor, 1984; Freeman-Longo, 1983; Hall & Hirschman, 1992; Howitt, 1995; Marshall & Barbaree, 1988; National Task Force on Juvenile Sexual Offending, 1993). Emerging from that research is evidence that a considerable proportion of sex offenders report molesting their first victim while still in adolescence (Abel & Rouleau, 1990; Groth, Longo, & McFadin, 1982; Hindman, 1988; Marshall, Barbaree, & Eccles, 1991; Mathews, 1987, 1989).

Historically, the sexually problematic behavior of juveniles has been minimized and treated as simple adolescent sexual “experimentation” (Becker, Cunningham-Rathner, & Kaplan, 1986; Davis & Leitenberg, 1987). In the past decade, however, the realization that adult sex offending

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